



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

School of Pharmacy

Procedures for Standing Committees

Part 1: Roles and Responsibilities

COMMITTEE CHAIR

1. Planning: Meet with Chair Elect and Executive Committee Liaison initially to discuss assigned charges, clarify expectations, and plan objectives.
2. Meetings:
 - a. Schedule meetings with the assistance of the Committee Secretary based on availability of all members. Given various time commitments of faculty and students, it is a good idea to schedule these well in advance.
 - b. Prepare and distribute agenda and background materials for each meeting.
 - c. Conduct meetings, encouraging participation of all members. Use strategies to generate consensus.
3. Communications:
 - a. Distribute draft copies of the meeting minutes to committee members for review within one week following each meeting. Distribute draft reports or other deliverables to committee members early enough to allow adequate time for feedback (suggest one-week minimum).
 - b. Submit voting items to the Secretary of the Faculty no later than 72 hours prior to the General Faculty Meeting.
 - c. Submit progress and end-of-year reports to the Secretary of the Faculty no later than 72 hours prior to each General Faculty Meeting.
 - d. Ensure that all agendas and approved minutes are provided to the Dean's Office to be posted to the Web in a timely fashion.
4. Progress: Routinely review and evaluate progress on committee charges and individual member assignments and responsibilities. Communicate with individual members when needed to ensure that charges are completed on schedule.

CHAIR ELECT

1. Planning: Work with Chair and Executive Committee Liaison to discuss assigned charges, clarify expectations, and plan objectives.
2. Meetings: Conduct meetings in the absence of the Chair.
3. Communications:
 - a. Interact with Chair and Executive Committee Liaison monthly to discuss progress and facilitate completion of charges.
 - b. Prepare meeting minutes in the absence of the Secretary.
4. Provide additional support to the Chair as needed.

COMMITTEE MEMBERS

1. Submit schedule of availability for committee meetings to the Chair as requested.
2. Attendance at all committee meetings and activities is expected. Effort will be made to schedule meetings so that they do not conflict with committee member schedules.
3. Review the agenda and pertinent background material prior to each meeting.
4. Notify the Chair in advance of any unavoidable absence. In addition, communicate back to the committee on any delegated assignments or responsibilities.
5. Actively participate in all discussions.
6. Accept and follow through on assignments according to planned timelines.

COMMITTEE SECRETARY

1. Schedule meetings, rooms, and communications based on input from the Chair.
2. Record and prepare minutes from each meeting using the template.
3. Provide draft minutes to the Chair for review within one week following the meeting.
4. Submit approved minutes and agenda to the Dean's Office for posting to the Web within one week following receipt/approval.

EXECUTIVE COMMITTEE LIAISON

1. Assist the Dean annually with development of committee charges.
2. Meet with the Chair and Chair Elect to discuss assigned charges, clarify expectations, and plan objectives. Ensure that charges are clear and understood by the committee. Meet with the Dean as necessary to clarify charges.
3. Facilitate completion of charges by assisting the committee when needed. In particular, provide historical perspective, policy and procedural guidance, and other background information that may not readily be apparent to committee members.
4. Attend all committee meetings. Participate in committee discussion in a balanced manner that fosters but does not dominate committee interaction and Chair leadership.
5. Communicate committee progress to the Executive Committee.

Part 2: Committee Reporting

Each committee is responsible for submitting the following documents:

1. Meeting agenda and approved minutes for each meeting (to be posted on the Web).
2. Progress report prior to each full faculty meeting (submitted to the Secretary of the Faculty no less than 72 hours prior to each meeting).
3. Final report summarizing committee actions/activities for the year and providing recommendations for future.

TEMPLATES:

NAME OF COMMITTEE MEETING

TIME, DATE

ROOMS

AGENDA

I. Changes to/Additions to Agenda

II. Approval of Minutes of Last Meeting

III. Announcements

IV. Specific Items of Business

a. X

b. X

c. X

V. Standing Reports (If Applicable)

a. X

b. X

c. X

VI. Special Reports (If Applicable)

a. X

b. X

c. X

VII. Future Meeting Date

VIII. Adjourn

NAME OF COMMITTEE MEETING

**TIME, DATE
ROOMS**

MINUTES

Members Present:

Members Absent:

Non-Members/Guests Present:

IX. Changes to/Additions to Agenda

X. Approval of Minutes of Last Meeting – Accepted and by what margin

XI. Announcements

XII. Specific Items of Business

- a. X**
- b. X**
- c. X**

XIII. Standing Reports (If Applicable)

- a. X**
- b. X**
- c. X**

XIV. Special Reports (If Applicable)

- a. X**
- b. X**
- c. X**

XV. Action Items Agreed Upon (Describe, Timeline, Member(s) Assigned)

- a. X**
- b. X**
- c. X**

XVI. Future Meetings

XVII. Adjourn

(Minutes: NAME OF PERSON WHO REPORTED MINUTES)

PROGRESS OR FINAL REPORT

[Committee Name]

[Date Submitted]

Members:

Executive Committee Liaison(s):

Secretary:

This report summarizes progress to date on the committee's charges as outlined below:

I. Assigned Charges:

Briefly state each charge, provide a summary of progress to date, list ongoing activities. Bulleted format is acceptable.

II. List of Proposed Actions for Full Faculty Consideration:

1. Approve the _____ (Attachment A)

-- Append attachments as necessary

II. Follow-up Recommendations (final report only)

Describe any issues the committee has identified that warrant action in future years. Outline any remaining aspects of current charges that could not be completed in their entirety.



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

School of Pharmacy

Procedures for Submitting Policies

Offices, committees and departments submitting proposed policies/procedures or changes to policies/procedures to the Dean's Office must provide an *electronic* version of the policy in MS Word that follows the required format set forth in SOP 01.P.01 Operating Policies and Procedures for TTUHSC SOP.

Be sure the policy is properly numbered or at least give the number you think it should have with some explanation. Please note if the policy REPLACES one already in place.

In addition, staff and faculty submitting policies for review must include a cover sheet with the following information:

- Name of the committee, office or department that developed the policy;
- Name of the key individual responsible for submission of the policy or providing information about the policy;
- A short paragraph giving the background on the policy and the reason for its development (if new) or revision;
- If coming from a committee recommendation, the vote tally of the committee moving the policy/procedure forward;
- Any other information that would be relevant to review of the policy/procedure and assessment of its relevance.

Any policies/procedures received by the Dean's Office in draft form (including policy/procedure revisions), may then be placed on the Executive Committee agenda for review and recommendation to the Dean on approval.



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

School of Pharmacy

OPERATING POLICY AND PROCEDURE

SOP OP: 01.P.01 OPERATING POLICIES AND PROCEDURES FOR TTUHSC SOP

PURPOSE: The Texas Tech University Health Sciences Center School of Pharmacy Operating Policy and Procedure system was instituted in order to standardize TTUHSC SOP policies and procedures and to provide a consistent and coherent method of defining School policy on any given matter.

The system is intended to:

1. Provide a School-wide pattern of developing and instituting policies and procedures;
2. Ensure the regular reviewing and updating policies and procedures;
3. Provide for the removal of policies and procedures when appropriate;
4. Outline a standard format for policies and procedures;
5. Provide a rapid means of identification of policies and procedures;
6. Facilitate continuity of performance by personnel despite changes in assignments;

All TTUHSC SOP policies and procedures should be developed in the format indicated in this OP and processed through the approval procedures as set out below.

REVIEW: This policy shall be reviewed on March 1 of each even-numbered year by the Academic Dean of the TTUHSC SOP with recommendations from the Executive Committee.

POLICY/PROCEDURE:

1. **Format**

- a. All SOP OPs will follow the format used here. There will be three major sections as follows:

- **PURPOSE**
- **REVIEW**
- **POLICY/PROCEDURE**

- b. The **PURPOSE** section should provide a rationale for the policy/procedure. The rationale might be a reference to a legal requirement, the General Appropriations Act, State Constitution, Regents' Rules, a statement of the goals that the OP is attempting to facilitate, or some other description of the reasons for implementation of the policy.
- c. The **REVIEW** section should define the individual responsible for reviewing the OP, the date the review takes place and how often the policy is reviewed.
- d. The **POLICY/PROCEDURE** section should explain the who, what, when, where, how, and why of the policy/procedure.

- e. The heading and format of all OPs should be similar to this document. The font to be used is Times New Roman, 10 pt.

2. Development of a Policy/Procedure

- a. Any department head at Texas Tech University Health Sciences Center School of Pharmacy may propose a new policy/procedure or a revision to an existing policy/procedure by routing the suggestion (in the proper format) through administrative channels for review and approval.
- b. The flow for creation of a new OP is illustrated below:
 - 1) Department, Office or Committee develops;
 - 2) Responsible Associate or Assistant Dean reviews and approves;
 - 3) Draft of OP is sent to the Office of the Academic Dean for assignment of a number and placement on the Executive Committee Agenda;
 - 4) Draft of OP is sent to the Executive Committee for recommendation to the Academic Dean;
 - 5) Academic Dean provides final approval of all policies.

3. Revision of an Operating Policy/Procedure

- a. To maintain an effective set of operating policies and procedures, it is necessary that all SOP OPs have a regular schedule of review and be revised as necessary. SOP OPs stay in full force and effect until republished, whether or not they have been through the scheduled review process.
- b. An SOP OP may be revised at any time, not only during its scheduled review. Anyone wishing to recommend revisions should forward them to the reviewer identified in the **REVIEW** section. All revisions will follow the procedure outlined in Section 2.
- c. The Academic Dean's Office will notify the responsible reviewer when an SOP OP is up for review by sending a transmittal letter along with a copy of the OP to be reviewed.
 - 1) The person(s) responsible for a scheduled review of an SOP OP should make the suggested revisions in red ink and return to the Academic Dean's Office within ten (10) working days from the date on the memo.
 - 2) Any Department, Office or Committee may suggest updating, revising, or canceling an SOP OP by sending a written suggestion through appropriate channels. If, in the opinion of a Department, Office or Committee, an SOP OP should be revised or removed before the scheduled review cycle, the memorandum for the suggestion should indicate clearly why the author suggests the review should be undertaken immediately.

4. Operating Policy Approvals and Numbering Plan

Operating policies are to be approved by the reviewer and the designated administrator for the specific area of the policy. However, any SOP OP, from any area, in which the Dean wishes to personally approve and maintain a high level of involvement, will be placed in Category 01.

5. Policy versus Procedure

For purposes of the SOP OP Manual, no distinction will be made between "Policy" and "Procedure." Most SOP OPs contain both. It is a basic philosophy of the SOP OP System that both policies and procedures that are developed and approved under the authority of the TTUHSC SOP Administration will be included within the TTUHSC SOP Operating Policy and Procedure Manual.

The SOP OPs are subordinate to higher authorities, including federal law, rules and regulations; state law, rules and regulations; TTUHSC Policies and Procedures and Regental policies and orders.

6. Publication

The procedures for publication are as follows:

- a. SOP OPs are available online only. The Academic Dean's Office will electronically submit SOP OPs that have been approved for publication for inclusion on the TTUHSC SOP Administration on the Internet. The address for SOP online OPs is: <http://www.ttuhsc.edu/sop/administration/policies/default.aspx>
- b. The Academic Dean's Office will send a notice through the TTUHSC Announcement Page (accessed on the TTUHSC Homepage at www.ttuhsc.edu/announce every time that an SOP OP has been published.
- c. Those departments who wish to maintain SOP OP Manuals may print the online OPs upon notification of a new publication and place them in their manuals.

7. Authority Invoked by SOP OPs

- a. Should there occur at any time a conflict between policy/procedure of an SOP OP and policy/procedure as reflected in documents of a higher authority (e.g., federal law, state law, Coordinating Board policy, Regents' Rules, TTUHSC policy), the policy or procedure document of higher authority will prevail.
- b. Should there occur at any time a conflict between policy or procedure of an SOP OP and policy or procedure of any other written or oral policy statement developed by an operating unit at the SOP, the policy/procedure of the SOP OP will prevail.

8. Disclaimer Statement.

TTUHSC SOP reserves the right to interpret, change, modify, amend or rescind any policy in whole or in part at any time without the consent of employees.



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OPERATING POLICY AND PROCEDURE

SOP OP: **XX.P.XX NAME**

PURPOSE: The PURPOSE section should provide a rationale for the policy/procedure. The rationale might be a reference to a legal requirement, the General Appropriations Act, the State Constitution, *Regents' Rules*, a statement of the goals which the SOP OP is attempting to facilitate, or some other description for the reasons for the implementation of the policy.

REVIEW: The REVIEW section should define the individual responsible for reviewing the SOP OP and the date the review takes place.

**POLICY/
PROCEDURE:** The POLICY/PROCEDURE section should explain the “who, what, when, where, how and why” of the policy or procedure.