

Pattern of Administration for The Ohio State University Department of Radiation Oncology

Approved by the Office of Academic Affairs: 06/17/2021;
reaffirmed 9- 3-2021

Updated for SB-1 Compliance: 8/18/2025

Revision Approved by the Office of Academic Affairs: 11/4/2025

Table of Contents

I	Introduction	3
II	Department Mission	3
III	Academic Rights and Responsibilities	4
IV	Faculty and Voting Rights.....	4
V	Organization of Department of Radiation Oncology Services and Staff.....	4
VI	Overview of Department of Radiation Oncology Administration and Decision-Making.....	6
VII	Department of Radiation Oncology Administration	6
	A Department Chair	6
	B Other Administrators	7
	C Committees.....	11
VIII	Faculty Meetings.....	15
IX	Distribution of Faculty Duties and Responsibilities.....	16
	A Instructional Activity	16
	B Research/Scholarly Activity.....	17
	C Service Activity	17
	D Balance Between Instructional, Research/Scholarly, and Service Activity	17
	E Parental Modification of Duties.....	17
X	Course Offerings and Teaching Schedule.....	17
XI	Allocation of Department of Radiation Oncology Resources	18
XII	Leaves and Absences	19
	A Discretionary Absence	19
	B Absence for Medical Reasons	19
	C Unpaid Leaves of Absence	19
	D Faculty Professional Leave	19
XIII	Supplemental Compensation and Paid External Consulting.....	21
XIV	Financial Conflicts of Interest.....	22
XV	Grievance Procedures	22
	A Salary Grievances	22
	B Faculty Misconduct	23
	C Faculty Promotion and Tenure Appeals.....	23
	D Harassment, Discrimination, and Sexual Misconduct.....	23
	E Violations of Laws, Rules, Regulations, or Policies.....	23
	F Complaints by and about Students.....	23
	G Academic Misconduct.....	23

I Introduction

This document provides a brief description of Department of Radiation Oncology as well as a description of its guidelines and procedures. It supplements the [Rules of the University Faculty](#), and other policies and procedures of the university to which the Department of Radiation Oncology and its faculty are subject. The latter rules, policies and procedures, and changes in them, take precedence over statements in this document.

This Pattern of Administration is subject to continuing revision. It must be reviewed and either revised or reaffirmed on appointment or reappointment of the Department Chair. However, revisions may be made at any time as needed. All revisions, as well as periodic reaffirmation, are subject to approval by the college office and the Office of Academic Affairs.

II Department Mission

The mission of the Department of Radiation Oncology is to provide state-of-the-art personalized care for our cancer patients through:

- Capitalizing upon the unique expertise of our treatment team
- Implementation of our cutting-edge technologies geared to eradicate cancer
- Commitment to timely, equitable and compassionate oncologic patient care and service
- Dedication to education of all undergraduate, graduate, residency and fellowship students and trainees
- Advancing the frontiers of the field of radiation oncology, biology and physics through the conduct of cutting edge clinical, translational, epidemiological, and basic science research

III Academic Rights and Responsibilities

In April 2006, the university issued a [reaffirmation](#) of academic rights, responsibilities, and processes for addressing concerns.

IV Faculty and Voting Rights

Faculty Rule [3335-5-19](#) defines the types of faculty appointments possible at The Ohio State University and the rights and restrictions associated with each type of appointment. For purposes of governance, the faculty of this department includes tenure-track, clinical, and research faculty with compensated FTEs of at least 50% in the department, and associated faculty.

The Department of Radiation Oncology makes tenure-track appointments with titles of instructor, assistant professor, associate professor, or professor. Tenure-track faculty may vote in all matters of departmental governance.

The Department of Radiation Oncology makes clinical appointments. Clinical faculty titles are assistant clinical professor, associate clinical professor, and clinical professor. This department has a long tradition of extending governance rights to clinical faculty. Clinical faculty may vote in all matters of Department of Radiation Oncology governance except tenure-track appointment, promotion and tenure decisions and research appointment and promotion decisions.

The Department of Radiation Oncology makes research appointments. Research faculty titles are research assistant professor, research associate professor, and research professor. Research faculty can comprise no more than 20% of the tenure-track faculty. On February 19, 2021, the Department of Radiation Oncology faculty voted to extend governance rights to research faculty. Research faculty may vote in all matters of Department of Radiation Oncology governance except tenure-

track appointment, promotion and tenure decisions and clinical/associated appointment and promotion decisions.

The Department of Radiation Oncology makes associated faculty appointments. Associated faculty titles include tenure-track faculty on less than a 50% appointment, adjunct titles, clinical titles, lecturer titles, and visiting titles. Associated faculty may not participate in personnel matters, including promotion and tenure reviews, and may not vote on any matter.

Emeritus faculty in this department are invited to participate in discussions on non-personnel matters, but may not participate in personnel matters, including promotion and tenure reviews, and may not vote on any matter.

Detailed information about the appointment criteria and procedures for the various types of faculty appointments made in the Department of Radiation Oncology is provided in the [Appointments, Promotion and Tenure Document](#).

V Organization of Department of Radiation Oncology Services and Staff Radiation Oncology Clinical Services

The Department of Radiation Oncology is organized into various disease-site specialties within the discipline of Radiation Oncology between three clinics at the main James and one clinic at the Breast Center.

Each specialty constitutes an academic sub-unit, responsible for teaching, research, and patient care related to the specific specialty. In addition, the department as a whole and the members of the department as individuals are responsible for contributing to the overall mission of the Department.

The Chair is responsible for the organization of services in the Department. All faculty, staff, and administrators in the Department report ultimately to the Chair. In addition to the administrative roles of the chairs of committees, other services are organized as follows:

- **Radiation Oncology at the Main James**

This site functions primarily for Radiation Oncology related to multiple disease sites. As appropriate, radiation oncology care is provided to patients on an independent and/or supervised basis by radiation oncology faculty, radiation oncology residents, radiation oncology advanced practice providers, radiation oncology nurses, radiation therapists, and radiation therapy students; all report to the Chair. The Vice Chair of Clinical Operations has oversight responsibility for the setting related to patient safety, including quality of care, protocol and practice guideline development and review in the Clinical Department.

- **Radiation Oncology at the Stefanie Spielman Comprehensive Breast Center**

This site functions primarily for radiation oncology related to breast cancer. As appropriate, radiation oncology care is provided to patients on an independent and/or supervised basis by radiation oncology faculty, radiation oncology residents, radiation oncology advanced practice providers, radiation oncology nurses, radiation therapists, and radiation therapy students; all report to the Chair. The Director of Breast Radiation Oncology at the Comprehensive Breast Center will have the oversight responsibility of all activities associated with the Breast Radiation Oncology Clinic, including, but not limited to the oversight of the clinical services, quality of care, resource

utilization, protocol and practice guideline development and review, and assuring that the education and training of the Residents and Fellows in breast radiation oncology is commensurate with their activity and trainees are provided proper supervision. The Vice Chair of Clinical Operations has oversight responsibility related to patient safety, including quality of care, protocol and practice guideline development and review for all department clinical areas including the Clinical Department at the Breast Center.

- **West Campus Ambulatory/Proton**

This site functions primarily for Radiation Oncology related to multiple disease sites who require Proton therapy. As appropriate, radiation oncology care is provided to patients on an independent and/or supervised basis by radiation oncology faculty, radiation oncology residents, radiation oncology advanced practice providers, radiation oncology nurses, radiation therapists, and radiation therapy students; all report to the Chair. The Vice Chair of Clinical Operations has oversight responsibility for the setting related to patient safety, including quality of care, protocol and practice guideline development and review in the Clinical Department.

- **Radiation Oncology Network Locations**

Network sites have various levels of oversight by the chair depending on the level of affiliation, and MSA (Material Services Agreement), and as to whether the physician is OSU faculty.

- **The International Training Center**

The Department of Radiation Oncology at The Ohio State University provides state-of-the-art radiation therapy with internationally recognized medical expertise, education and research at the International Training Center in the Brain and Spine Hospital.

This center provides training to radiation therapy professionals from around the world, and also includes an observation program. Faculty, Clinical, and Administrative staff teach courses this program.

Management of the International Training Center is shared by several individuals in the department of Radiation Oncology. Those things related to the Classroom, planned courses for the fiscal year, financial oversight and the strategy for future growth will be managed by the Director of Clinical Operations. The Research Manager/Director will have oversight for those things related to Research whether it be International Observers visiting the Department, or the Radiation Oncology team visiting countries who are part of its strategic plan. A program coordinator will coordinate day to day operations for the classroom of the training center.

The Chief Physicist or designee will select leads from Dosimetry and Physics to be content experts for courses provided in the Training Center. Because of the technical content to courses taught in the training center, all will be approved by the Chief Physicist or their designee prior to presentation.

The Director of Physician Education at the International Training Center will have the shared responsibility of assigned activities associated with the Education of Physicians in the ITC, including, leadership in the promotion and provision of education for countries and health care facilities across the world, the nation, and locally as well as be a resource for department run courses, conferences and programs.

VI Overview of Department of Radiation Oncology Administration and Decision-Making

Policy and program decisions are made in a number of ways: by the Department of Radiation Oncology faculty as a whole, by standing or special committees of the department, or by the Department Chair. The nature and importance of any individual matter determine how it is addressed. Department of Radiation Oncology governance proceeds on the general principle that the more important the matter to be decided, the more inclusive participation in decision making needs to be. Open discussions, both formal and informal, constitute the primary means of reaching decisions of central importance.

VII Department of Radiation Oncology Administration

A. Department Chair

The primary responsibilities of the Department Chair are set forth in Faculty Rule [3335-3-35](#). This rule requires the Department Chair to develop, in consultation with the faculty, a Pattern of Administration with specified minimum content. The rule, along with Faculty Rule [3335-6](#), also requires the Department Chair to prepare, in consultation with the faculty, a document setting forth policies and procedures pertinent to appointments, reappointments, promotion and tenure. Other responsibilities of the Department Chair, not specifically noted elsewhere in this Pattern of Administration, are paraphrased and summarized below.

- To have general administrative responsibility for Department of Radiation Oncology programs, subject to the approval of the dean of the college, and to conduct the business of the department efficiently. This broad responsibility includes the acquisition and management of funds and the hiring and supervision of faculty and staff.
- To plan with the members of the faculty and the dean of the college a progressive program; to encourage research and educational investigations.
- To evaluate and improve instructional and administrative processes on an ongoing basis; to promote improvement of instruction by providing for the evaluation of each course when offered, including written evaluation by students of the course and instructors, and periodic course review by the faculty.
- To evaluate faculty members annually in accordance with both university and Department of Radiation Oncology established criteria; to inform faculty members when they receive their annual performance and merit review of their right to review their primary personnel file maintained by their department and to place in that file a response to any evaluation, comment, or other material contained in the file.
- To recommend, after consultation with the eligible faculty, appointments, reappointments, promotions, dismissals, and matters affecting the tenure of members of the Department of Radiation Oncology faculty to the dean of the college, in accordance with procedures set forth in Faculty Rules [3335-6](#) and [3335-7](#) and this department's Appointments, Promotion and Tenure Document.
- To see that all faculty members, regardless of their assigned location, are offered the privileges and responsibilities appropriate to their rank; and in general, to lead in maintaining a high level of morale.

- To maintain a curriculum vitae for all personnel teaching a course in the department's curriculum.
- To see that adequate supervision and training are given to those members of the faculty and staff who may profit by such assistance.
- To prepare, after consultation with the faculty, annual budget recommendations for the consideration of the dean of the college.
- To facilitate and participate in prescribed [academic program review](#) processes, in collaboration with the dean of the college and the Office of Academic Affairs.

Day-to-day responsibility for specific matters may be delegated to others, but the Department Chair retains final responsibility and authority for all matters covered by this Pattern, subject when relevant to the approval of the dean, Office of Academic Affairs, and Board of Trustees.

Operational efficiency requires that the Department Chair exercise a degree of autonomy in establishing and managing administrative processes. The articulation and achievement of Department of Radiation Oncology academic goals, however, is most successful when all faculty members participate in discussing and deciding matters of importance. The Department Chair will therefore consult with the faculty on all educational and academic policy issues and will respect the principle of majority rule. When a departure from majority rule is judged to be necessary, the Department Chair will explain to the faculty the reasons for the departure, ideally before action is taken.

B. Other Administrators

Vice Chairs

The Chair may make Vice-Chair appointments as needed to meet the needs of the Department. The Department Chair has the final responsibility for academic and clinical affairs of the Department. These responsibilities may be delegated by the Chair. The Vice Chair(s) and/or Clinical Director will be responsible for all duties assigned by the Chair. Evaluation of Vice Chair(s) shall be done on an annual basis by the Department Chair. Vice-Chair appointments and terms will be determined by the Chair on an individual basis. Appointment and/or reappointment is subject to satisfactory performance and at the discretion of the chair. Each Vice Chair will be reviewed at the conclusion of their term. Such review(s) will be conducted by the Department Chair and will be based on the results of preceding annual reviews.

- **Vice Chair, Clinical Operations**

The Vice Chair of Clinical Operations will have oversight responsibility related to patient safety, including quality of care, protocol and practice guideline development and review, and assuring appropriate staffing for the delivery of clinical services. The Vice Chair of Clinical operations will align the department clinical mission with that of the cancer program ensuring high-quality care through the standardization of clinical practice, program implementation and staff mentoring.

- **Vice Chair, Clinical Research**

The Vice Chair of Clinical Research will have oversight responsibilities related to patient safety, including quality of care, protocol and practice guideline development and review. The Vice Chair of Clinical Research will align the department clinical research mission with that of the cancer program ensuring participation in and adherence to the policies, procedures and standards of the OSUCCC – Clinical Trials Office (CTO).

- **Vice Chair, Translational Research**

The Vice Chair of Translational Research will work, with the Chairman, the Vice Chairs, Scientists, Physician Scientists, throughout the department to set the tone for the Department of Radiation Oncology initiatives including research strategy.

- **Vice Chair, Clinical-Basic Science Liaison**

Lead efforts to foster collaborations between basic investigators and clinicians in the realm of all solid tumors within the Department of Radiation Oncology. Leading to new NIH and non-NIH funding, and to novel clinical studies that will fundamentally change current clinical practices and standards of care. Manages distribution of seed grants determined by the chair annually.

Chief Administrative Officer (CAO)

Responsible for the day-to-day departmental administrative operations of the department. The CAO will act as the representative of the Chair to accomplish the administrative duties pursuant to its academic, clinical, and financial goals. The CAO will work with the Chair to strategically implement recruitment, and future growth. The CAO represents and reports directly to the Chair.

Clinical Director

Is a physician and provides clinical leadership and management of Radiation Oncology. The Clinical Director reports through the Vice Chair of Clinical Operations (if different individuals) ultimately to the Chair.

Medical Director, Breast Radiation Oncology

Provides clinical leadership and management of the Radiation Oncology at the Stefanie Spielman Comprehensive Breast Center. Reports through Clinical Director/Vice Chair Clinical Operations, to the Department Chair.

Associate Medical Director Breast Radiation Oncology

Provides clinical leadership and management of Radiation Oncology at the Stefanie Spielman Comprehensive Breast Center. Reports through the Medical Director, Breast Radiation Oncology, Clinical Director/Vice Chair of Clinical Operations, and ultimately to the Chairman. Associate Clinical Director reports through the Clinical Director/Vice Chair of Clinical Operations and ultimately to the Department Chair, and will provide clinical leadership and management at the Main James.

Disease Site Director(s): All disease site/service line directors report, including the Director of West Campus Ambulatory/Proton report to the Vice Chair, Clinical Operations for patient safety, including quality of care, protocol and practice guideline development and review and ultimately report to the Chair for all aspects of their responsibilities.

- **Director, Thoracic Radiation Oncology**
Provides clinical leadership for the Thoracic Oncology program in the Department of Radiation Oncology.
- **Director, Head & Neck Radiation Oncology**
Provides clinical leadership for the Head and Neck program in the Department of Radiation Oncology.
- **Director of Hematologic Radiation Oncology**
Provides clinical leadership for the Hematologic program in the Department of Radiation Oncology.
- **Director, Gamma Knife**
Provides clinical leadership for the Gamma Knife program in Radiation Oncology.
- **Director of Gynecologic Brachytherapy**
This position will be the co-leader of the interdisciplinary healthcare team that provides radiation oncology brachytherapy services. The Gynecologic Brachytherapy Director will have oversight responsibility of assigned activities associated with the Radiation Oncology Department, including, but not limited to the oversight of operations within the clinical service, quality of care, resource utilization, protocol and practice guideline development and review.
- **Director of Physician Education**
Participates in the planning, development and execution of programs for the DRO-ITC, as well as helps implement educational curricula in multiple settings, works with department leaders and program managers on the creation of courses.

Disease site/Service line leaders may be appointed by the Chairman according to Department of Radiation Oncology needs and the development of new programs.

Chief of Clinical Medical Physics

Provides leadership and management of Physics program in Radiation Oncology as well as to IT in radiation Oncology, This position reports directly to the Chair.

Director Clinical Operations James Radiation Oncology

Oversees the financial, and operational aspects of the hospital (and ambulatory sites), representing and directly reporting to the Chair. This is a hospital position, representing and directing Clinical Operations.

Technical Director

Responsible for directing all matters related to technical coding, billing, compliance, documentation under the direction of the Chief Administrative Officer of the Department of Radiation Oncology in regards to the Professional billing aspects of the position and under the supervision of The Director of Clinic Operations for all things related to the hospital clinical operations with some overlap, reporting directly to the Chair.

Director of Radiation Oncology Network

Responsible for all matters related to the James Cancer Network and Radiation Oncology network operations. Reports to the Chief Administrative Officer, Vice Chair of Clinical Operations, then ultimately the Department Chair.

Radiation Therapy Program Director

Responsible for the administration, didactic and clinical education of students in the Radiation Therapy Education program; including portions of the clinical and didactic experience for radiologic technology students from the School of Health and Rehabilitation Sciences, reporting directly to the Director Of Clinic Operations and Chair.

Radiation Therapy Manager

Directs the treatment team who oversees and assists in the preparation and daily delivery of radiation therapy services, reporting directly to the Director Clinical Operations, Vice Chair of Clinical Operations and Chair.

Clinic Nurse Manager

Responsible for educating, guiding, coaching and evaluating the Nursing and Patient Care staff in the Department of Radiation Oncology, reporting to both Department Clinical Administration and to the Director of Nursing in the hospital.

Lead, Radiation Oncology Advanced Practice Providers (APPs)

The Lead APP and APP team reports to the Director of the Advanced Practice Providers through the APP manager at the James Cancer Hospital. Clinical guidelines and assignments will be collaboratively managed with Department Clinical leadership and the APP leadership team.

Dosimetry Manager

Responsible for educating, guiding, coaching and evaluating the Lead and Staff Dosimetrists in the Department of Radiation Oncology. This position reports to the Chief of Physics.

Business Operations Manager/Finance Manager

Directs and manages all fiscal activities for the Department of Radiation Oncology which includes the Department's activities in the James Cancer Hospital, the COM, OSU Physician's Group Practice Plan and the Comprehensive Cancer Center (CCC) research labs. Supervises office support staff. This position reports directly to the Director Clinical Operations, CAO and Chair.

Senior Systems Administrator

Leads the administration and management of infrastructure components which include: physical and virtual servers, operating systems, infrastructure applications and appliances for the Department of Radiation Oncology. This position reports through the Chief of Clinical Medical Physics.

Director, Radiation Oncology Residency Program

Provides leadership for Radiation Oncology residency program, assuring that the education and training of the Residents in clinical research commensurate with their activity and trainees are provided proper supervision in the Department of Radiation Oncology. Reporting directly to the Chair.

Associate Director, Radiation Oncology Residency Program

Provides support to the Director of the Radiation Oncology Residency Program. Reports to the Residency Director and Department Chair.

Director, Medical Physics Residency Program

Provides leadership for Radiation Oncology Physics Residency program, reporting directly to the Chair.

Associate Director, Medical Physics Residency Program

Provides support to the Director of the Medical Physics Residency Program. Reports to the Residency Director and Chair.

Director, Medical Student Education

Provides leadership for the Radiation Oncology Medical Student Education, reporting directly to the Chair.

Program Manager Residency Program

Manages and oversees the medical student education, Medical Residency, Medical Physics Residency and Fellowship programs within the Department of Radiation Oncology. This position reports to the CAO.

Director, Radiation Oncology Fellowship Programs

Provides leadership for Radiation Oncology fellowship programs, assuring that the education and training of the Fellows in clinical research commensurate with their activity and trainees are provided proper supervision in the Department of Radiation Oncology. Reporting directly to the Chair.

Research Program Director

Has oversight for the Department of Radiation Oncology Research lab operations. Supports the Chair's lab, as well as adds support to translational efforts within the Clinical Department. This position co-directs the training center and those things related to research collaborations across the world. Reports to the Chair.

International Training Center Program Coordinator

Supports the day-to-day operations of the International Training Center has dual reporting to the Director of Clinical Operations and to the Research Program Director.

C. Committees

Much of the development and implementation of the Department of Radiation Oncology's policies and programs is carried out by standing and ad hoc committees. The Department Chair is an ex officio member of all department committees and may vote as a member on all committees except the Committee of Eligible Faculty and the Promotion and Tenure Committee. Each committee advises the Chair upon the operating policies and procedures. The Chair has the right to accept or modify these recommendations in accordance with the rules of the College of Medicine and the University.

Appointments

- Appointments of the chairpersons and membership of these committees shall be made by

the Department Chair. Department members are encouraged to volunteer for appointments that they are interested in.

- Appointees shall be advised of committee objectives by the Department Chair.
- A current list of the committee appointments shall be provided to each faculty member.

Term of Office

- The normal term of office shall be for a minimum of one year beginning on July 1 of the academic year of appointment.
- A faculty member shall be eligible for reappointment to the same committee in the interests of continuity.
- The normal term of office may be adjusted as necessary to enhance the effectiveness of the committee.

Meetings

- Each standing committee shall meet upon the call of the committee chairperson or upon the petition of two members. The frequency of meetings shall be related to the purpose of the committee, but in general not less than bi-annually.
- The quorum will be determined by each committee.

Reporting Requirements

- A secretary shall be appointed by the chairperson of each committee and shall be responsible for the preparation of a written report of each meeting (minutes).
- This report will be approved by the chairperson and forwarded to the Department Chair and the Executive Committee with any recommendations.

Departmental Committee Support

- Departmental administrative and secretarial support shall be provided as the committee deems necessary with the approval of the Department Chairperson.
- Departmental financial support shall be provided as necessary to achieve the committee objectives with the approval of the Department Chairperson.
- As part of its annual report the committee should submit a budget if significant expenditures are anticipated.

Ad hoc Committees

In addition to the committees listed below, other *ad hoc* committees may be formed as required by particular matters that do not fall within the purview of the standing committees. Appointments of the Chairs and membership of these committees shall be made by the Chairperson of the Department. Committee members shall be advised of committee objectives by the Department Chair.

Standing Committees

Executive Committee

The Executive Committee is comprised of representatives appointed by the Chair who are from the clinical, administrative and academic missions of the department. The Executive Committee communicates departmental committee activities to the faculty and formulates and recommends departmental policies including space. This group includes the Vice Chair of Clinical Operations,

Director of Clinical Operations (Staff), Chief Administrative Officer (CAO), and Chief of Physics. Other individuals may be appointed at the discretion of the Chair.

Appointments, Promotion and Tenure (AP&T) Committee

The AP&T Committee oversees all aspects of Department AP&T process as well as departmental adherence to relevant OSUCOM guidelines. The chair of the committee is appointed by the Chairperson for a 3-year staggered term (renewable). Members include faculty as outlined in [Department AP&T document](#). The committee meets as needed, but a minimum of 3 times per year.

Radiation Oncology Graduate Medical Education Committee

Reviews, formulates, and recommends the curricular policies and educational programs of the core general radiation oncology program. Develops clinical rotation schedules and departmental resident/fellow policies and benefits. Evaluates resident/fellow performance in consideration for promotion. Responsible for organizing resident interviews, recruitment, and selection. GMEC members are the Residency Program Directors, Director and Associate Director of the Physics Residency Program, and designated faculty as assigned by the Department Chair.

Radiation Oncology Medical Physics Residency Program Committee

Reviews, formulates, and recommends the curricular policies and educational programs of the core radiation oncology medical physics residency program and advises the chair on relevant policies to this end. Develops rotation schedules and policies for departmental medical physics residents. Evaluates medical physics resident performance in consideration for promotion. Responsible for organizing medical physics resident interviews, recruitment, and selection. Membership of this committee includes Residency Program directors, Associate program director, Vice Chair of Clinical Operations.

Clinical Operations Committee

This committee advises the clinical director and the chair on all aspects related to clinical operations. Reviews and measures quality of clinical practice within the Department, assessing outcomes as a measure for quality of care, patient satisfaction, and developing new system protocols to improve individual and system practice outcomes and reduce cost. Recommendations are made to the Chairperson and the faculty. The committee consists of approximately 16 faculty member(s) and representation from the technical operation. The committee will meet monthly to:

- Review and measure quality of clinical practice within the Department, assessing outcomes as a measure for quality of care, patient satisfaction, and developing new system protocols to improve individual and system practice outcomes and reduce cost.
- Review and oversee projects including but not limited to:
 - Review and modify if necessary existing departmental policies and procedures and develop new policies and procedures as appropriate. (Safety related policies reviewed by Safety committee).
 - Identify quality and patient and staff satisfaction improvement projects and designate an appropriate team to lead evaluation of each project.
 - Review progress of ongoing initiatives.
- Recommendations for change in department processes are made to the Department Clinical Director for determination of appropriate next steps for implementation or approval from

leadership.

- The clinical operations committee will present the following to the Executive Committee for the Clinical Operations Committee and all Clinical Operations Sub-Committees:
 - Review of ongoing improvement projects
 - Review follow up of previously completed initiatives
 - Present any new or modified policies or procedures
 - Present new proposed projects

Clinical Operations-Sub-Committee- All locations outside of Main campus

This committee will review clinical operations specific to ancillary sites, such as the Breast Center and West Campus Ambulatory Facility and review and develop procedures and guidelines related to Department/site operations. The committee consists of a multidisciplinary team including, but not limited to; physicians, Advance Practice Providers (NP and/or PA), medical physicists, medical dosimetrists, nurses, radiation therapists, and administrative support.

This sub-committee will make recommendations for change in department processes to the Site Director, for determination of appropriate next steps for implementation or approval from leadership. The chair of the Clinical Operations Committee will include the Sub-Committee projects, initiatives, and procedures in the summary to the Executive Committee.

Patient Safety Committee

This committee serves as liaison with the chair, department leadership, and James and OSU Medical Center safety committees. The committee monitors for department compliance with local, national and international safety, licensure and credentialing standards, and ensures serious or potentially serious incidents are investigated in near real-time (e.g., less than 24 hours). The committee reviews errors or events affecting or possibly affecting patient safety or quality of care, near-misses, and ensures that actions are taken for implementing change when needed. The committee consists of a multidisciplinary team including, but not limited to; physicians, Advance Practice Providers (NP or PA), medical physicists, medical dosimetrists, nurses, radiation therapists, and administrative support. The committee will develop and maintain a departmental reporting and monitoring system for safety related events at the Main James, Breast Center, and Ambulatory/Proton Facility.

The committee will meet monthly to:

- Review near misses, incidents and event reports.
- Develop initiatives related to patient safety.
- For any new technology or complex treatment technique, review implementation plan and need for oversight, competencies, written procedures.
- Ensure mechanism in place to investigate serious incidents in near real-time (<24 hours).
- Monitor appropriate compliance with local, national, and international safety, licensure, and credentialing.
- Disseminate safety information through peer review meetings, morning meeting, safety rounds.
- Review and modify if necessary existing safety related departmental policies and procedures and develop new policies and procedures as appropriate.

The chair of the safety committee will provide standing reports to the Executive Committee for

review, including:

- Summarize near misses, incidents, event reports for previous quarter.
- Review any safety initiatives implemented during the time period.
- Review state mandatory reports to the Ohio Department of Health required Gamma Knife and Brachytherapy reports.

Research Committee

Enhances research, collaboration, and mentorship activities, establishes infrastructure and resource allocation, reviews and awards Departmental Research Grants and allocates additional Department research funds to develop new initiatives. Promotes research among new faculty in collaboration with experienced faculty members. Membership includes all research faculty in the Department of Radiation Oncology and is led by experienced research faculty with a history of successfully obtaining funding.

VIII Faculty Meetings

The Department Chair will provide to the faculty a schedule of Department of Radiation Oncology faculty meetings at the beginning of each academic term. The schedule will provide for at least one meeting per semester and normally will provide for monthly meetings. A call for agenda items and completed agenda will be delivered to faculty by e-mail before a scheduled meeting. Reasonable efforts will be made to call for agenda items at least seven days before the meeting, and to distribute the agenda by e-mail at least three business days before the meeting. A meeting of the Department of Radiation Oncology faculty will also be scheduled on written request of 25% of the faculty. The Department Chair will make reasonable efforts to have the meeting take place within one week of receipt of the request. The Department Chair will distribute minutes of faculty meetings to faculty by e-mail—within seven days of the meeting if possible. These minutes may be amended at the next faculty meeting by a simple majority vote of the faculty who were present at the meeting covered by the minutes.

Special policies pertain to voting on personnel matters, and these are set forth in the Department of Radiation Oncology's Appointments, Promotion and Tenure Document.

For purposes of discussing Department of Radiation Oncology business other than personnel matters, and for making decisions where consensus is possible and a reasonable basis for action, a quorum will be defined as a simple majority of all faculty members eligible to vote.

Either the Department Chair or one-third of all faculty members eligible to vote may determine that a formal vote conducted by written ballot is necessary on matters of special importance. For purposes of a formal vote, a matter will be considered decided when a particular position is supported by at least a majority of all faculty members eligible to vote. Balloting will be conducted by mail or e-mail when necessary to assure maximum participation in voting. When conducting a ballot by mail or email, faculty members will be given one week to respond.

When a matter must be decided and a simple majority of all faculty members eligible to vote cannot be achieved on behalf of any position, the Department Chair will necessarily make the final decision.

The Department of Radiation Oncology accepts the fundamental importance of full and free discussion but also recognizes that such discussion can only be achieved in an atmosphere of mutual respect and civility. Normally department meetings will be conducted with no more formality than is needed to attain the goals of full and free discussion and the orderly conduct of

business. However, Robert's Rules of Order will be invoked when more formality is needed to serve these goals.

Additionally, the Department of Radiation Oncology holds clinical faculty meetings. Meetings of the clinical faculty will be held regularly, routinely once per month, but at a minimum once per quarter. The Vice Chair Clinical Operations or designee will chair the meeting. This meeting will serve as the forum for regular reporting to the clinical faculty from the department Safety Committee and Clinical Operations committee, review of any changes or planned changes to clinical procedures or guidelines, updates of faculty and staff personnel changes. It will also serve as a forum for presentations from organizations or groups for topics of interest to faculty or issues that impact the clinical operations of the department.

IX Distribution of Faculty Duties and Responsibilities

The Office of Academic Affairs requires departments to have guidelines on the distribution of faculty duties and responsibilities (See the OAA [Policies and Procedures Handbook](#), Volume 1, Chapter 2, Section 1.4.3).

Faculty assignments are described in the initial letter of offer. Assignments and expectations for the upcoming year are addressed as part of the annual review by the department chair based on departmental needs as well as faculty productivity and career development.

Telework exception: Faculty members with responsibilities requiring in-person interaction are to work at a university worksite to perform those responsibilities. Telework and the use of remote, virtual meetings are allowed at the discretion of the department chair if such work can be performed effectively and faculty members are able to fulfill their responsibilities. Telework will be encouraged under certain circumstances if it serves the needs of the department, college, university, and/or community. The department chair has the discretion to require faculty to work on campus if there are concerns that responsibilities are not being fulfilled through telework.

The guidelines outlined here do not constitute a contractual obligation. Fluctuations in the demands and resources of the Department of Radiation Oncology and the individual circumstances of faculty members may warrant temporary deviations from these guidelines.

A full-time faculty member's primary professional commitment is to Ohio State University and the guidelines below are based on that commitment. Faculty who have professional commitments outside of Ohio State during on-duty periods (including teaching at another institution; conducting research for an entity outside of Ohio State; external consulting) must disclose and discuss these with the Department Chair in order to ensure that no conflict of commitment exists. Information on faculty conflicts of commitment is presented in the OAA [Policy on Faculty Conflict of Commitment](#).

In crisis situations, such as life-threatening disease (COVID, for example) or physical dangers (natural disasters, for example), faculty duties and responsibilities may be adjusted by the department chair to take into account the impact over time of the crisis. These adjustments may include modifying research expectations in order to maintain teaching obligations. These assignment changes must be considered in annual reviews.

A Instructional Activity

All faculty members, except research and associated faculty, are expected to participate in some

form of student, resident, or continuing medical education instruction for which they receive formal evaluations, at least once per year. Teaching peer evaluation is performed at least once per year for each faculty member.

B Research/Scholarly Activity

Research and scholarship are the responsibility of every faculty member, with the exception of clinical excellence and associated faculty. Research and scholarship are manifested by conducting research, publishing research works in peer reviewed, high impact journals. Other indicators of a faculty member's research and scholarship program are attracting funds, generating intellectual property, mentoring students and colleagues, consultation in areas of research expertise, serving on expert panels in the area, giving invited lectures at scientific meetings, actively participating in scholarly societies, receiving recognition for research and scholarly contributions to science and the discipline, and providing professional expertise to the public.

C Service Activity

With the exception of those faculty members who are assigned research activities for 90-95% percent of their time and those who have negotiated a non-patient care workload assignment with the Chair, all physician and other health care provider faculty members are expected to devote time to direct patient care activity. In addition, all faculty members are expected, at a minimum, to participate in one or more Department, College, University, or Hospital committee(s).

D Balance Between Instructional, Research/Scholarly, and Service Activity

Each academic/clinic program within the Department of Radiation is expected to be productive within each of these three areas. It is the responsibility of the program director to insure that an appropriate balance of activities is maintained between faculty members consistent with the expectation of the division.

E Parental Modification of Duties

The Department of Radiation Oncology strives to be a family-friendly unit in its efforts to recruit and retain high quality faculty members. To this end, the Department of Radiation Oncology is committed to adhering to the College of Medicine's guidelines on parental modification of duties to provide its faculty members flexibility in meeting work responsibilities within the first year of childbirth/adoption. See the OHR [Parental Care Guidebook](#) and the [college pattern of administration](#) for details.

The faculty member requesting the modification of duties for childbirth/adoption and the Department Chair should be creative and flexible in developing a solution that is fair to both the individual and the unit while addressing the needs of the university. Expectations must be spelled out in an MOU that is approved by the dean.

X Course Offerings and Teaching Schedule

The Department Chair will annually develop a schedule of course offerings and teaching schedules in consultation with the faculty, both collectively and individually. While every effort will be made to accommodate the individual preferences of faculty, the department's first obligation is to offer the courses needed by students at times and in formats, including on-line instruction, most likely to meet student needs. To assure classroom availability, reasonable efforts must be made to distribute course offerings across the day and week. To meet student needs, reasonable efforts must be made to assure that course offerings match student demand and that timing conflicts with other courses students are known to take in tandem are avoided. A scheduled course that does not

attract the minimum number of students required by Faculty Rule [3335-8-16](#) will normally be cancelled and the faculty member scheduled to teach that course will be assigned to another course for that or a subsequent semester.

Finally, to the extent possible, courses required in any curriculum or courses with routinely high demand will be taught by at least two faculty members across semesters of offering to assure that instructional expertise is always available for such courses.

XI Allocation of Department of Radiation Oncology Resources

The Department Chair is responsible for the fiscal and academic health of the department and for assuring that all resources—fiscal, human, and physical—are allocated in a manner that will optimize achievement of department goals and has all authorities to these ends.

The Department Chair will discuss the Department of Radiation Oncology budget at least annually with the faculty and attempt to achieve consensus regarding the use of funds across general categories.

However, final decisions on budgetary matters rest with the Department Chair.

Research space shall be allocated on the basis of research productivity including external funding and will be reallocated periodically as these faculty-specific variables change.

The allocation of office space will include considerations such as achieving proximity of faculty in sub- disciplines and productivity and grouping staff functions to maximize efficiency.

The allocation of salary funds is discussed in the Appointments, Promotion and Tenure Document.

Compensation is provided for Radiation Oncology clinical faculty to support their academic activities including travel. The designated amount may be utilized for conferences, and seminars, and related travel expenses, publications and membership dues. These dollars are subject to the University travel policies. The clinical faculty will provide the University with adequate proof of such costs as required under University policy.

Budgets for the Department as a whole will be submitted in advance of July 1 of the next academic/fiscal year for approval. The Departmental budget will consist of expenditures for Visiting Professors, Clinical Research, Faculty Recruitment, the Residency Program plus support for other appropriate Departmental activities. Additional areas for expenditure by the Department may be considered by the Executive Committee (COM/OSUP or Hospital Leadership) as submitted by the Department Chair. The following items will also be included in the budget can be amended as necessary: patient care and other revenue, personnel, supplies, postage, communications, equipment repair, equipment rental, reproduction services, travel, general services purchasing, general expenditures, and transfers. It is expected that the Department will utilize and review the accounting ledgers for the various Clinical, Research, and Academic missions. The budget will be reviewed by the Department Finance Team (team members include CAO, Finance Manager and Chair) and approved by the Department Chair by the set deadline. (Timeline for budget submission is subject to change based on requirements as determined by the COM.)

A substantial portion of the funding for the Department will come from OSU Radiation Oncology LLC practice funds. Because of the interaction between the Department fiscal planning and OSU Radiation Oncology LLC fiscal planning, regular meetings will be held between the Department

Finance Team and the OSUP Leadership for purposes of planning and monitoring of Department Monthly Financial Statements. The Finance Team will review, and should there be any significant deficit of funding, the financial variances will be explained and justified to COM/OSUP or Hospital Leadership on a monthly basis. Any new material expenditures not included in the Department budget must be approved by the Chair, and ongoing Departmental expenses will be approved by the Finance Team, following current OSU Business and Finance Financial Policies.

XII Leaves and Absences

In general, there are four types of leaves and absences taken by faculty (in addition to parental leave, which is detailed in the [Parental Care Guidebook](#)). The university's policies and procedures with respect to leaves and absences are set forth in the Office of Academic Affairs [Policies and Procedures Handbook](#) and Office of Human Resources [Policies and Forms website](#). The information provided below supplements these policies.

A Discretionary Absence

Faculty are expected to complete a travel request or a [request for absence form](#) well in advance of a planned absence (for attendance at a professional meeting or to engage in consulting) to provide time for its consideration and approval and time to assure that instructional and other commitments are covered. Discretionary absence from duty is not a right, and the Department Chair retains the authority to disapprove a proposed absence when it will interfere with instructional or other comparable commitments. Such an occurrence is most likely when the number of absences in a particular semester is substantial. [Rules of the University Faculty](#) require that the Office of Academic Affairs approve any discretionary absence longer than 10 consecutive business days (see Faculty Rule [3335-5-08](#)).

B Absence for Medical Reasons

When absences for medical reasons are anticipated, faculty members are expected to complete a [request for absence form](#) as early as possible. When such absences are unexpected, the faculty member, or someone speaking for the faculty member, should let the Department Chair know promptly so that instructional and other commitments can be managed. Faculty members are always expected to use sick leave for any absence covered by sick leave (personal illness, illness of family members, medical appointments). Sick leave is a benefit to be used—not banked. For additional details see OHR [Policy 6.27](#).

C Unpaid Leaves of Absence

The university's policies with respect to unpaid leaves of absence and entrepreneurial leaves of absence are set forth in OHR [Policy 6.45](#).

D Faculty Professional Leave

Information on faculty professional leaves is presented in the OAA [Policy on Faculty Professional Leave](#). The information provided below supplements these policies.

The Department of Radiation Oncology's Executive Committee will review all requests for faculty professional leave and make a recommendation to the Department Chair based on the following criteria:

- Satisfactory completion of [OAA Form 202](#)
- Application for Faculty Professional Leave
- Submission of detailed plan for research and/or observation which demonstrates credible potential for:

- Enhancing the individual's ability to function their assigned faculty role and/or
- Introducing new and innovative knowledge, procedures and technology for the benefit of the Department, and its faculty and/or
- Improving the recognition and prestige of the Department and the University

The chair's recommendation to the dean regarding an FPL proposal will be based on the quality of the proposal and its potential benefit to the Department of Radiation Oncology and to the faculty member as well as the ability of the department to accommodate the leave at the time requested.

Policy for Academic Leave time (ALT) for Clinical Care-Focused Radiation Oncology Faculty may be found [here](#).

Guidelines for Optimal ALT Utilization:

- Pursue academic activities that move the field of cancer care forward and support career development and/or increase national/international reputation such as presentation of peer-reviewed publications, participation in clinical trial development, and activities that lead to extramural research funding.
- Pursue activities leading to personal clinical skill enhancement and/or OSUWMC clinical program development.
- Participate in academic forums that promote the field of radiation oncology and departmental reputation (grand rounds, invited lectures, etc.).
- Use strictly for earning CME is discouraged. Attain available CME while pursuing the aforementioned.
- Minimize time away per activity with recommended: In general, arrive the night before and return evening of any activity in the continental US; and arrive the morning before and return the day after an overseas activity. Any extensions before or after will require use of personal vacation time and funds for extensions.

ALT Allowances:

Each full-time CCROF is eligible annually for ALT away from OSU in order to pursue academic activities benefitting the individual and the Department of Radiation Oncology, with academic merit established jointly by the CCROF and Department Chair. Weekends do not count against the designated hour allowance.

- Funding source will be the individual member's annual FGP fund or sponsoring organization for the event. All funding provided from outside the department must be allowed within the OSUWMC institutional guidelines.
- Eligible time guideline:
 - Assistant Professor: 120 hours per fiscal year
 - Associate Professor: 150 Hours per fiscal year
 - Professor: 180 hours per fiscal year
- Exceptions:
 - A new full-time CCROF joining the Department after the start of the Academic/Fiscal Year will be eligible the remainder of the first year for a pro-rated number of hours (based on % year's employment) of paid ALT.
 - A part-time CCROF is eligible annually for a pro-rated number of hours (based on %

FTE) of paid ALT.

Procedures:

- Use of ALT requires prior official approval from the Department Chair or their designee (Department Clinical Director) via submission of University Business Leave request.
- Additional ALT can be requested by a CCROF, but prior official Chair approval is a pre-requisite.
- Unused ALT balances:
 - Cannot be carried forward into the following Academic/Fiscal Year
 - Cannot serve as a bridge between the completion of work obligations and the actual termination date.
 - Are not eligible for pay out.

Physician faculty preparing for ABR oral board exams:

- All physician faculty who are preparing to take the oral board examination for the first time will be allowed protected time to study.
- Each member will be allowed up to 24 ALT hours to attend a formal review course and 40 ALT hours to study and/or attend additional formal preparatory courses/sessions. The cost associated with any educational sessions will be treated as with any other CME and funded through the members FGP account. These hours are part of the faculty member's annual ALT allowance, not in addition to.
- Scheduling of the above as well as scheduling of any additional desired vacation time for study purposes will be subject to clinical needs of the department. The committed time outlined above will be accommodated, but scheduling of those days will be subject to departmental needs.
- If a faculty member is retaking oral examinations, the department leadership will determine the degree of protected time on a case-by-case basis.

XIII Supplemental Compensation and Paid External Consulting

Information on faculty supplemental compensation is presented in the OAA [Policy on Faculty Compensation](#). Information on paid external consulting is presented in the university's [Policy on Faculty Paid External Consulting](#). The information provided below supplements these policies.

The Department of Radiation Oncology adheres to these policies in every respect. In particular, this department expects faculty members to carry out the duties associated with their primary appointment with the university at a high level of competence before seeking other income-enhancing opportunities. All activities providing supplemental compensation must be approved by the Department Chair regardless of the source of compensation. External consulting must also be approved. Approval will be contingent on the extent to which a faculty member is carrying out regular duties at an acceptable level, the extent to which the extra income activity appears likely to interfere with regular duties, and the academic value of the proposed consulting activity to the Department of Radiation Oncology. In addition, it is university policy that faculty may not spend more than one business day per week on supplementally compensated activities and external consulting combined.

Faculty who fail to adhere to the university's policies on these matters, including seeking approval for external consulting, will be subject to disciplinary action.

Faculty with an administrative position (for example, chair, vice/associate/assistant dean, center

director) remain subject to the Policy on Faculty Paid External Consulting and with appropriate approval, are permitted to engage in paid external work activities. However, faculty members with administrative positions are not permitted to accept compensation/honoraria for services that relate to or are the result of their administrative duties and responsibilities.

Should a Department of Radiation Oncology faculty member wish to use a textbook or other material that is authored by the faculty member and the sale of which results in a royalty being paid to him or her, such textbook or material may be required for a course by the faculty member only if (1) the faculty member's Department Chair and dean or designee have approved the use of the textbook or material for the course taught by the faculty member, or (2) an appropriate committee of the Department of Radiation Oncology or college reviews and approves the use of the textbook or material for use in the course taught by the faculty member.

XIV Financial Conflicts of Interest

Information on faculty financial conflicts of interest is presented in the university's [Policy on Faculty Financial Conflict of Interest](#). A conflict of interest exists if financial interests or other opportunities for tangible personal benefit may exert a substantial and improper influence upon a faculty member or administrator's professional judgment in exercising any university duty or responsibility, including designing, conducting or reporting research.

Faculty members with external funding or otherwise required by university policy are required to file conflict of interest screening forms annually and more often if prospective new activities pose the possibility of financial conflicts of interest. Faculty who fail to file such forms or to cooperate with university officials in the avoidance or management of potential conflicts will be subject to disciplinary action.

In addition to financial conflicts of interest, faculty must disclose any conflicts of commitment that arise in relation to consulting or other work done for external entities. Further information about conflicts of commitment is included in section IX above.

XV Grievance Procedures

Members of the Department of Radiation Oncology with grievances should discuss them with the Department Chair who will review the matter as appropriate and either seek resolution or explain why resolution is not possible. Content below describes procedures for the review of specific types of complaints and grievances.

A Salary Grievances

A faculty or staff member who believes that their salary is inappropriately low should discuss the matter with the Department Chair. The faculty or staff member should provide documentation to support the complaint.

Faculty members who are not satisfied with the outcome of the discussion with the Department Chair and wish to pursue the matter may be eligible to file a more formal salary appeal (see the Office of Academic Affairs [Policies and Procedures Handbook](#)).

Staff members who are not satisfied with the outcome of the discussion with the Department Chair and wish to pursue the matter should contact [Employee and Labor Relations](#) in the Office of Human Resources.

B Faculty Misconduct

Complaints alleging faculty misconduct or incompetence should follow the procedures set forth in Faculty Rule [3335-5-04](#).

C Faculty Promotion and Tenure Appeals

Promotion and tenure appeals procedures are set forth in Faculty Rule [3335-5-05](#).

D Harassment, Discrimination, and Sexual Misconduct

The [Civil Rights Compliance Office](#) exists to help the Ohio State community prevent and respond to all forms of harassment, discrimination, and sexual misconduct.

1 Ohio State's policy and procedures related to equal employment opportunity are set forth in the university's [policy on equal employment opportunity](#).

2 Ohio State's policy and procedures related to nondiscrimination, harassment, and sexual misconduct are set forth in the university's [policy on nondiscrimination, harassment, and sexual misconduct](#).

E Violations of Laws, Rules, Regulations, or Policies

Concerns about violations of laws, rules, regulations, or policies affecting the university community should be referred to the [Office of University Compliance and Integrity](#). Concerns may also be registered anonymously through the [Anonymous Reporting Line](#).

F Complaints by and about Students

Normally student complaints about courses, grades, and related matters are brought to the attention of individual faculty members. In receiving such complaints, faculty should treat students with respect regardless of the apparent merit of the complaint and provide a considered response. When students bring complaints about courses and instructors to the Department Chair, the Department Chair head will first ascertain whether or not the students require confidentiality. If confidentiality is not required, the Department Chair will investigate the matter as fully and fairly as possible and provide a response to both the students and any affected faculty. If confidentiality is required, the Department Chair will explain that it is not possible to fully investigate a complaint in such circumstances and will advise the student(s) on options to pursue without prejudice as to whether the complaint is valid or not. See Faculty Rule [3335-8-23](#).

Faculty complaints regarding students must always be handled strictly in accordance with university rules and policies. Faculty should seek the advice and assistance of the Department Chair and others with appropriate knowledge of policies and procedures when problematic situations arise.

G Academic Misconduct

Board of Trustees Rule [3335-23-15](#) stipulates that the [Committee on Academic Misconduct](#) does not hear cases involving academic misconduct in colleges having a published honor code, although some allegations against graduate students fall under the committee's jurisdiction. Accordingly, faculty members will report any instances of academic misconduct to the department administrator who will involve the Committee on Academic Misconduct, if appropriate, or will otherwise follow the department's procedures for addressing allegations of violations of the professional student honor code. The College of Medicine's policy on medical student conduct is

found [here](#).