

**DEPARTMENT OF PATHOLOGY  
UNIVERSITY OF IOWA HEALTH CARE  
Policy and Procedure Manual**

**This policy is utilized at the following locations:**

√ Emory Warner Laboratories      √ Iowa River Landing Laboratory

**STANDARDS OF COMPETENCE AND PERFORMANCE  
FOR  
SALARIED PATHOLOGY FACULTY PROVIDING CLINICAL SERVICE**

**POLICY**

Standards of competence and performance for salaried clinical track faculty, as specified by the University of Iowa Operations Manual Section III.10.9.d, and the College of Medicine Policies and Procedures Concerning Faculty Appointments, Evaluation and Promotion Revision 10, Approved by Provost 5/19/95, Updated as approved 8/15/95, Approved by Provost 6/10/02; updated 12/5/05, updated 9/22/2018 approved by the Provost. This requirement is the same as for other salaried faculty who provide clinical service, including faculty with tenure track appointments (see College of Medicine Policies and Procedures Concerning Faculty Appointments, Evaluation and Promotion, e.g. I.A.1.d).

**REQUIREMENTS**

In order to maintain continued eligibility for employment in the College of Medicine, the salaried clinical track faculty member and tenure track faculty member providing clinical service must:

1. Maintain a license to practice in the state of Iowa, if applicable.
  - Faculty are encouraged (or required) to obtain and maintain appropriate board certification for the relevant areas of clinical practice
  - Meet CME requirement and certifications
2. Maintain current eligibility and the appropriate credentials in University of Iowa and external organizations necessary to fully participate in University of Iowa Physicians (UIP) Group endorsed clinical activities.
  - Signed compliance statements
  - Comply with University mandated requirements
  - Complete all necessary training and testing in a timely manner
3. If a member of the UIP, abide by the policies and by-laws of the UIP Plan.
4. Demonstrate competence as a provider of pathology services in the area(s) of clinical Pathology. Competence as a physician will be established by the hospital

staff process of reviewing clinical credentials and granting hospital privileges. Individuals other than physicians involved in the provision of pathology services should meet the criteria established by hospital bylaws and any relevant state licensure requirements.

- Division directors will provide the mechanism for and outcomes of regular peer review of clinical cases as appropriate.
  - These reviews will be based on evaluation criteria specific to each specialty
  - APFAR (Annual Pathology Faculty Activity Report) generation will be evaluated annually as part of the Pathology Practice Plan. A minimum score of 50 is required for faculty providing clinical service at >30% effort. A minimum score of 40 will be required of all other faculty.
5. Complete medical records and other clinical documentation in a timely manner, as specified by the UIHC (and published annually in the UIHC Formulary and Handbook).
  6. Guidelines for completion of pathology services are as follows
    - 75% of autopsy cases will be reported in less than 42 calendar days
    - 85% of CPT code 88305 surgical pathology cases completed within 3 days (5 day work week)
    - Non-gynecologic cytology cases signed out in 1 day or less (7 day work week)
    - Gynecologic cytology cases signed out 1 day or less (1 day work week)
    - Quarterly OPPE metrics must be met ([400.105: Ongoing Professional Practice Evaluation \(OPPE\)](#))
  7. Perform assigned clinical responsibilities as prospectively developed on an annual basis between the faculty member and department, or any other administrative unit (e.g. Clinical Cancer Center, Joint Outreach Office, etc.) providing salary support in which the faculty member has clinical duties.
    - Developed agreed upon clinical assignments. Should be reflective of contract at the time of hire or subsequent contracts.
      - Should also reflect time for administrative work that may have revenue streams
    - Develop incentives for clinical based productivity
  8. Perform assigned teaching responsibilities as prospectively developed between the faculty member and department, and maintain a record of satisfactory teaching quality, as documented by the evaluations of peers and students.
  9. Comply with section III.15 of the University of Iowa Operations Manual (Professional Ethics and Academic Responsibility) as well as all other University policies relevant to faculty activities and behavior (e.g. II.4.1 University Policy on Harassment Prevention; II.18 Conflict of Interest Policy).

10. Comply with all policies of UI Healthcare including but not limited to policies related to Protected Health Information (RI-PHI-04.03) and Disruptive Behavior (CS-SOP-01.09). Founded violation of these policies could result in disciplinary action up to and including termination.
11. Comply with any additional written standards of the Department in which the faculty member is appointed, as long as these have been approved by the Dean, and as long as these were in effect at the time of appointment, or at the time of subsequent contract renewal of the affected faculty member.
  - Comply with details of the non-compete agreements unless prospectively modified

**REFERENCES:**

- [10.9 Clinical Track Policy](#)
- [9.1 Appointments, General](#)

Signed:

\_\_\_\_\_ Date: \_\_\_\_\_  
Nitin J. Karandikar, MD, PhD  
Professor and Chair

\_\_\_\_\_ Date: \_\_\_\_\_  
Matthew D. Krasowski, MD, PhD  
Vice Chair for Clinical Pathology and Laboratory Services

\_\_\_\_\_ Date: \_\_\_\_\_  
Roseanne S. Meyer  
Director, Clinical Functions