

MD Curriculum Committee Terms of Reference Policy

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| Office of Accountability: | Dean, Faculty of Medicine & Dentistry |
| Office of Administrative Responsibility: | MD Program |
| Approver: | MD Program Committee |
| Scope: | Compliance with this policy extends to all members of the Faculty of Medicine & Dentistry. |

Overview

The *Post-Secondary Learning Act* of Alberta gives General Faculties Council (GFC) responsibility, subject to the authority of the Board of Governors, over “academic affairs” (Section 26(1)). Faculty councils “may determine the programs of study for which the faculty is established” (Section 29(1)). In addition, “a faculty council may delegate any of its powers, duties and functions under this act as it sees fit and may prescribe conditions governing the exercise or performance of any delegated power, duty or function, including the power of sub-delegation (Section 29(3)).”

Acknowledging the mission and vision of the Faculty of Medicine & Dentistry, Faculty Council and the dean assign the MD Program Committee (MDPC) the responsibility to ensure the coordination of all academic elements of, supports for, and overall direction of the MD Program. The MDPC assigns, with the consent of the dean, the MD Curriculum Committee authority to oversee the overall design, management and evaluation of a coherent and coordinated curriculum.

Purpose

In keeping with the MD Program’s aim to foster a positive learning environment which facilitates student learning, promotes professionalism and equips students for lifelong self-directed learning, the purpose of the MD Program Curriculum Committee is:

1. To provide central oversight of MD program curriculum by ensuring that the curriculum is designed, managed, evaluated and revised in a coherent and coordinated fashion that meets or exceeds the **Committee on Accreditation of Canadian Medical Schools (CACMS)** and **Liaison Committee on Medical Education (LCME)** accreditation standards.
2. To ensure the educational objectives of the MD Program, which are rooted in the **Association of Faculties of Medicine of Canada (AFMC)** articulated social accountability mission for Canadian medical schools, are being achieved.

POLICY

1. RESPONSIBILITIES

- a. The MD Program Curriculum Committee has three areas of responsibility:
 - i. the establishment of curricular content and design
 - ii. curricular implementation and ongoing management
 - iii. ongoing evaluation and revision of the curriculum

These functions follow the overall mission of the Faculty of Medicine & Dentistry and are informed by the CACMS accreditation standards.

- b. The MD Program Curriculum Committee must:
 - i. Assume institutional oversight and responsibility for the design and implementation of the integrated MD Program as a whole and ensure the educational objectives of the program are being achieved. The input, membership, reporting structure and terms of reference allow for oversight of the design, management

and evaluation of a coherent and coordinated UME curriculum in the MD Program, Faculty of Medicine & Dentistry.

- ii. Review and recommend to the MD Program Committee any new courses, and/or any substantive changes to any component of the undergraduate MD Program. Ensure that these changes are implemented in the appropriate section of the MD program curriculum, with the assistance of the appropriate associate dean and/or curricular coordinator.
- iii. Set overall educational objectives, curriculum content and pedagogical structure for the MD program curriculum.
- iv. Assign curriculum time to achieve curriculum objectives.
- v. Recommend appropriate allocation of resources to support curriculum.
- vi. Define methods of student assessment appropriate to the specified MD Program's learning objectives and educational methodologies of individual courses and their component parts. Ensure that the curriculum is evaluated for effectiveness with appropriate outcome analysis.
- vii. Ensure the periodic review of the objectives, content and pedagogy of the medical education curriculum.
- viii. The MD Curriculum Committee may establish sub-committees made up of committee members (students, staff and faculty) with specific information or skills to support the task of the committee to develop, monitor and improve the MD program curriculum. Such sub-committees may include but are not limited to:
 - Pre-Clerkship Sub-Committee
 - Clerkship Sub-Committee
 - Assessment Sub-Committee
 - Program Evaluation Sub-Committee

2. MEMBERSHIP AND VOTING

The membership will reflect the structure of the curriculum, its administrative support and need for student input.

- a. Ex-Officio Members (4 non-voting)
 - i. dean, Faculty of Medicine & Dentistry
 - ii. vice-dean, education, Faculty of Medicine & Dentistry
 - iii. associate dean, MD Program, Faculty of Medicine & Dentistry
 - iv. associate chair, academic, dentistry
- b. Standing Members (4 voting)
 - i. associate dean, curriculum, MD Program
 - ii. J. Allan Gilbert chair, medical education
 - iii. coordinator of academic mentoring & remediation, MD Program
 - iv. director of assessment & program evaluation
- c. Appointed Members (11 voting)
 - i. basic and clinical sciences – one (1) appointed representative
 - ii. clinical medicine – one (1) appointed representative with generalist background and a member of the College of Family Physicians of Canada
 - iii. clinical medicine – one (1) appointed representative with generalist background and a member of the Royal College of Physicians & Surgeons of Canada
 - iv. course/block coordinators – two (2) appointed representatives
 - v. clerkship coordinators – two (2) appointed representatives
 - vi. allied health professional – one (1) appointed representative

- vii. departmental and/or divisional chair, Faculty of Medicine & Dentistry – one (1) appointed representative
- viii. appointed faculty member will serve a two (2) year term

Members are appointed by the associate dean, curriculum.

- d. Student Members (2 voting)
 - i. medical student representatives – two (2) from the MD ProgramMedical student members will be appointed by the Medical Student Association.
 - e. Administrative (non-voting)
 - i. medical education specialist, MD Program
 - ii. team lead, curriculum, MD Program
3. CHAIR
- a. associate dean, curriculum, MD Program
4. MEETING SCHEDULE AND PROCEDURAL ISSUES
- a. The committee will meet every month from September to June.
 - b. Additional meetings may be called at the discretion of the chair.
 - c. Agenda and meeting materials will be pre-circulated.
 - d. Minutes will be kept and pre-circulated before each meeting.
 - e. Minutes require approval.
 - f. The chair only votes in the event of a tie.
 - g. Quorum is 50% of attendance of the voting members, plus the chair.
 - h. The chair may invite non-committee members of staff and faculty to address specific issues; these guests are non-voting.
5. COMMITTEE ON ACCREDITATION OF CANADIAN MEDICAL SCHOOLS (CACMS/LCME) STANDARDS
- Educational Program for the MD Degree
- a. Educational Objectives
 - i. ED-1. The medical school faculty must define the objectives of its educational program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the educational program.
 - ii. ED-1-A. The objectives of the educational program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.
 - iii. ED-2. There must be a system with central oversight to assure that the faculty defines the types of patients and clinical conditions that students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of student responsibility. The faculty must monitor student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met.
 - iv. ED-3. The objectives of the educational program must be made known to all medical students and to the faculty, residents and others with direct responsibilities for medical student education.
 - b. Structure (General Design)
 - i. ED-4. The program of medical education leading to the M.D. degree must include at least 130 weeks of instruction.
 - ii. ED-5. The medical faculty must design a curriculum that provides a general professional education, and that prepares students for entry into graduate medical education.

- iii. ED-5-A. The educational program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.
- iv. ED-6. The curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health and disease.
- v. ED-7. It must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on care.
- vi. ED-8. There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline.
- vii. ED-9. The LCME must be notified of plans for major modifications of the curriculum.

c. Curriculum Management

Roles and Responsibilities

- i. ED-33. There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.
- ii. ED-34. The program's faculty must be responsible for the detailed design and implementation of the components of the curriculum.
- iii. ED-35. The objectives, content and pedagogy of each segment of the curriculum, as well as for the curriculum as a whole, must be subject to periodic review and revision by the faculty.
- iv. ED-36. The chief academic officer must have sufficient resources and authority to fulfill the responsibility for the management and evaluation of the curriculum.
- v. ED-37. The faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school's educational objectives will be achieved.
- vi. ED-38. The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships.

d. Curriculum Management

Geographically Separate Programs

- i. ED-39. The medical school's chief academic officer must be responsible for the conduct and quality of the educational program and for assuring the adequacy of faculty at all educational sites.

e. Evaluation of Program Effectiveness

- i. ED-46. A medical school must collect and use a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which its educational program objectives are being met.
- ii. ED-47. In assessing program quality, schools must consider student evaluations of their courses and teachers, as well as a variety of other measures.

f. Educational Resources

- i. ER-1. A medical education program must notify the LCME and CACMS, when applicable, of any substantial change in the number of enrolled medical students or in the resources available to the institution, including the faculty, physical facilities or finances.

6. FUTURE OF MEDICAL EDUCATION IN CANADA: A COLLECTIVE VISION FOR MD EDUCATION

a. Recommendation I: Link to Community Needs

That Faculties of Medicine work, both individual and collectively, to respond to Canada's diverse individual, community and national needs, as well as the needs of the international community.

b. Recommendation III: Basic and Clinical Sciences

That basic and clinical science components of the medical education curriculum be fully integrated throughout the undergraduate experience.

c. Recommendation IV: Prevention and Public Health

That prevention and public health competencies be clearly valued and integrated throughout the undergraduate curriculum.

d. Recommendation V: The Hidden Curriculum

That the hidden curriculum be regularly made explicit by both learners and educators at all stages of learning. That learners understand the nature of professional cultures, and how the professional culture of medicine influences how they are taught, what they learn, how they interact and how they may eventually practice.

e. Recommendation VI: Learning in Community Contexts

That there be exposure to community settings in each year of the undergraduate experiences that sufficient learning experiences take place in a variety of community settings in order for students to fully understand the ecology of care.

f. Recommendation VII: Learning in Family Medicine and Generalist Contexts

That family physicians and other generalists be integral in all stages of undergraduate medical education (UME). That undergraduate learning experiences be located in family medicine and other generalist contexts.

g. Recommendation VIII: Exposure to Inter- and Intra-professionalism.

That undergraduate learners develop the competencies that will enable them to function effectively in a variety of inter- and intra-professional teams.

h. Recommendation IX: Towards a Competency Based Approach

That the transition from undergraduate studies to residency be based on demonstration of competency and not merely on length of training and accumulation of credits. That undergraduate medical education provide more flexible opportunities for students to pursue areas of scholarly interest beyond core curriculum requirements.

i. Recommendation X: Build a Generation of Medical Leaders

That Canada build a generation of medical leaders who understand the health system and population health issues, advocate for community needs, know how and why to follow as well as lead and understand and embrace the need of the medical professional to continuously adapt in order to best serve society.

DEFINITIONS

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use. [▲ Top](#)

MD Program Committee (MDPC)

The senior committee in the MD Program. The MDPC advises the associate dean, undergraduate medical education.

Committee on Accreditation of Canadian Medical Schools (CACMS)

The Committee on Accreditation of Canadian Medical Schools (CACMS), working with the Liaison Committee on Medical Education (LCME) in the United States, ensures that Canadian medical faculties' MD programs meet the quality expected when producing tomorrow's doctors. Medical schools demonstrating compliance are afforded accreditation, a necessary condition for a program's graduates to be licensed as physicians.

Liaison Committee on Medical Education (LCME)

The Liaison Committee on Medical Education (LCME) is the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in the U.S. and Canadian medical schools. The LCME is sponsored by the Association of American Medical

Colleges and the American Medical Association.

RELATED LINKS

[Committee on Accreditation of Canadian Medical Schools \(CACMS\)](#)

[Liaison Committee on Medical Education \(LCME\)](#)

[MD Program Committee, Faculty of Medicine & Dentistry](#)

| APPROVER | STATUS | DATE |
|------------------------------|--|------------------|
| MD Program Committee | Approved | 23 January 2013 |
| Kent Stobart, associate dean | <p>Updated following title: <i>Assistant Dean, Curriculum to Associate Dean, Curriculum</i></p> <p>Changed <i>UME program/MD Undergraduate Program</i> name to <i>MD program</i></p> <p>Changed title from <i>Curriculum Committee Terms of Reference to MD Curriculum Committee Terms of Reference Policy</i></p> <p>Inserted proper formatting (1.a.i).</p> <p>Revised following sentence, <i>The MD Curriculum Committee may establish sub-committees made up of members of the committee student, staff and faculty with specific information or skills to The MD Curriculum Committee may establish sub-committees made up of committee members (students, staff and faculty) with specific information or skills</i></p> | 15 February 2014 |