UNIVERSITY OF BRITISH COLUMBIA

FACULTY OF MEDICINE

MD UNDERGRADUATE PROGRAM

Curriculum Renewal

Report of the Working Group on Curriculum Governance for the Implementation Task Force on Curriculum Renewal

Final

11 April 2012

Report Submitted by the Curriculum Governance Working Group

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TABLE OF CONTENTS

1 EXECUTIVE SUMMARY 4

2 INTRODUCTION 7

3 GOVERNANCE 7

3.1 Characteristics of Good Governance 8

3.2 Governance in Academic Medicine 10

3.3 Best Practices 11

4 METHODOLOGY 12

5 FINDINGS 13

5.1 Environmental Scan of North American Medical Schools 13

5.2 Panel 13

5.3 Survey 15

5.4 MD Undergraduate Program Retreat 20

5.5 Summary of Findings 21

6 RECOMMENDATIONS 23

7 REFERENCES 36

1 EXECUTIVE SUMMARY

At the outset of the Implementation Phase of the MD Undergraduate Curriculum Renewal process, it was felt that the implementation of a renewed curriculum would be constrained without systematic reform, which included an adaptable governance framework that could accommodate transformational change. To this effect, the Implementation Task Force for Curriculum Renewal (ITFCR) established the Curriculum Governance Working Group, and commissioned it to: review the current system of curriculum governance in the University of British Columbia (UBC) Faculty of Medicine (FoM) MD Undergraduate program (MDUP), identify its strengths and weaknesses, and suggest changes for future implementation that were aligned with the LCME/CACMS accreditation standards.

The ultimate goal of the group was to propose a renewed governance framework that would identify the policies, procedures and organizational structures to guide and direct how people and committees should interact and make decisions. The group undertook an extensive methodology, and found that, overall, there is no one model that medical schools adopt to govern decisions within their curriculum, and that it is more important to adhere to principles of good governance, rather than structure, to facilitate decision making. In keeping with the benchmarks of excellence espoused by UBC and the FoM, the group adopted the United Nations framework of good governance as a guideline for making recommendations. The United Nations defines good governance as a framework that contains the following eight characteristics: participation, rule of law, transparency, responsiveness, consensus-oriented, equity and inclusiveness, effectiveness and efficiency, and accountability.(1)

Through its methodology, the group identified a number of strengths in the current governance of the MDUP. These include: a participatory, consensus-oriented and inclusive system; a willingness of faculty and staff to cooperate; an appreciation for an organizational structure that is reasonably well-aligned with university policies and accreditation standards. Weaknesses were also identified, which included: a lack of transparency around some decision-making processes; insufficient flexibility in decision-making; a lack of communication about how decisions are made; committees sizes as too large, which can hamper effectiveness and efficiency; a process of program evaluation is not systematically followed by planning and improvement; and an overall sense that there is a need for a more effective curriculum management system.

In light of its research and findings, the Curriculum Governance Working Group has proposed recommendations to address weaknesses in the current MD Undergraduate governance structure and coupled them with a renewed governance model.

The recommendations are, in summary form, as follows (please refer to Chapter 5 for further context and details):

Recommendation 1: Principles and Values

That the Faculty of Medicine adopt the eight characteristics of good governance defined by the United Nations (1) to guide the development of new policies and that existing structures and processes of decision-making (both formal and informal) be revisited to determine how well they align with these characteristics.

Recommendation 2: Organizational Structure

That the MD Undergraduate Program's governance structure undergoes reform to enable more effective leadership, encourage transparency and clarity of roles and decision-making processes, and accountability. Five committees that should be the first to undergo modifications in order to improve the effectiveness, efficacy and accountability of the governance system: Council of Undergraduate Associate Deans, MD Undergraduate Program Committee, Curriculum Committee, Program Evaluation Committee and the Student Assessment Committees.

- **2.1** Dissolve the Council of Undergraduate Associate Deans (CUAD) and replace it with a Regional Executive for the MDUP (MDU-REX).
- **2.2** Change the Terms of Reference of the MD Undergraduate Program Committee (MDUPC) to become a more focused education committee and rename it the MD Undergraduate Education Committee (MDUEC).
- **2.3** Revise the Terms of Reference of the Program Evaluation Committee (PEC) to support an iterative process of planning, evaluation, and program improvement, and rename it to "Program Evaluation, Planning and Improvement Committee." This committee will report to the MDU-REX. Create a sub-committee to oversee the Undergraduate Curriculum quality improvement that will report to the Program Evaluation and Planning Committee.
- **2.4** Redesign the Curriculum Committee (CC).
- **2.5** Create a Student Assessment committee as recommended by the Curriculum Renewal Working Group on Student Assessment.
- **2.6** Revise the original organizational structure and function of the MD Undergraduate Program to reflect the aforementioned recommendations.

Recommendation 3: Decision-making Process

That the MDUEC develop a guide to curricular changes and a decision-making tree to show where responsibilities lie and who is accountable for what, and that these are communicated widely.

Recommendation 4: Representation Model/Committee Size

That committees in the MD Undergraduate Program be downsized to a more manageable level. Overall, the model would have individuals from both central and regional campuses at any given time.

Recommendation 5: Committee Terms of Reference (TOR) Format

That in order to ensure clarity of purpose, accountability, responsibilities and consistency of message, the Terms of Reference (ToR) of all committees in the MDUP be revised to comply with a standardized template.

Recommendation 6: Decision-making Framework

That the Faculty of Medicine revisits the concept of where decision making takes place in the MDUP. The Faculty should explore changes to the governance framework that will result in the most optimal delegation and distribution of authority that will promote timely and effective decision making and will help to preserve sustainability in a model that is growing in size and complexity.

Recommendation 7: Communications

That the MD Undergraduate Program develop and implement a communication strategy to ensure all the stakeholders have easy and timely access to pertinent information on governance. This strategy must recognize and ensure that communication flows in more than one direction.

2 INTRODUCTION

In May 2010, the Implementation Task Force for Curriculum Renewal (ITFCR) was formed to oversee the implementation of the recommendations put forward by the Dean's Task Force on Curriculum Renewal. To facilitate the implementation process, the ITFCR established twelve working groups responsible for suggesting pilot proposals and plans that would ultimately lead to a renewed curriculum design.

Of the twelve, one of them was the Curriculum Governance Working Group. The main drivers in the creation of this group were:

- The findings from the 2008 UBC Faculty of Medicine (FoM) CACMS/LCME Accreditation report;
- The perception by faculty and staff that there are significant issues with the current Faculty of Medicine (FoM) MD Undergraduate Program's (MDUP) governance system; and
- The need for a renewed governance model to support a renewed MD Undergraduate curriculum.

The Curriculum Governance Working Group was tasked with: reviewing the current system of curriculum governance in the University of British Columbia (UBC) FoM MDUP, identifying its strengths and weaknesses, and suggesting changes for future implementation. The group's membership was strategic with representation from educational leaders, faculty, administrators, researchers, and subject matter experts external to the Faculty of Medicine.

The group consciously worked to conflate the Liaison Committee on Medical Education/Committee on Accreditation of Canadian Medical Schools (LCME/CACMS) requirements for accreditation, and in particular standard ED-33, seamlessly with the design of the governance framework and model. Standard ED-33 states that, "There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum."(2)

The implementation of a renewed curriculum will be constrained without an adaptable governance framework that can accommodate transformational change. Thus, the ultimate goal of the group was to propose a renewed governance framework that would identify the policies, procedures and organizational structures to guide and direct how people and committees should interact and make decisions. This report is a result of the Working Group's research, findings, and deliberations. It provides recommendations to address weaknesses in the current MD Undergraduate governance structure coupled with a renewed governance model.

3 GOVERNANCE

To describe what is meant by Governance is equivalent to describe what is meant by Love: Many have attempted to define it, and there is no single or generally agreed upon definition. (3)

The concept of governance can be applied to several contexts which include corporate, international, national and local contexts. For the Working Group's purposes, however, governance in higher education institutes was considered. According to the Education Encyclopedia,

> "[Governance] has been described as structures, legal relationships, authority patterns, rights and responsibilities, and decision-making patterns. One commonly given definition of governance is the way that issues affecting the entire institution, or one or more components thereof, are decided. It includes the structure and processes, both formal and informal, of decision-making groups and the relationships between and among these groups and individuals." (3)

In American universities, a pattern of shared governance has emerged, which is considered, "the joint efforts in the internal operations of institutions, but also characterized certain decisions as falling into the realm of different groups." (3) Shared governance implies that different actors within an institution play a role in institutional decision-making. It advocates the importance of consultation and participation of campus constituents in major decision making, reflecting democratic principles.

Shared governance can be observed within the context of the UBC MD Undergraduate program. As an example, while the Dean and his Associate Deans are empowered to oversee the program, policy decisions lie with the Faculty Executive and University Senate, and decisions about curriculum management lie with specific committees made up of faculty, staff and students.

As governance in higher education institutes was considered, it is important to regard the vision stated in the UBC Strategic Plan. It is to "create an exceptional learning environment that fosters global citizenship, [and] advances a civil and sustainable society," (4) a sentiment echoed in the Faculty of Medicine's Strategic Direction. Thus, to meet UBC's standard of excellence, it is not sufficient to only consider what is meant by governance, but to strive towards *good* governance.

3.1 Characteristics of Good Governance

The Working Group spent considerable time exploring key characteristics for a renewed governance structure, and identified key values that should be included in the model: fairness, flexibility, transparency, clarity, respect, credibility and accountability. It consulted with the literature on best practices, and found that many sources referred to the concept of good governance as defined by the United Nations (UN).

The UN defines good governance as a framework that contains the following eight characteristics.

1. **Participation**: "Participation by both men and women is a key cornerstone of good governance. Participation could be either direct or through legitimate intermediate institutions or representatives. […] Participation needs to be informed and organized."

2. **Rule of law**: Good governance requires fair legal frameworks that are enforced impartially. The United Nations Secretary General's report (5) offers this interpretation of the rule of law:

   > "… The rule of law refers to a principle of governance in which all persons, institutions and entities, public and private, including the State itself, are accountable to laws that are publicly promulgated, equally enforced and independently adjudicated, and which are consistent with international human rights norms and standards. It requires, as well, measures to ensure adherence to the principles of supremacy of law, equality before the law, accountability to the law, fairness in the application of the law, separation of powers, participation in decision-making, legal certainty, avoidance of arbitrariness and procedural and legal transparency."

3. **Transparency**: Transparency means that decisions taken and their enforcement are done in a manner that follows rules and regulations. It also means that information is freely available and directly accessible to those who will be affected by such decisions and their enforcement. This is coupled with the notion that enough information is provided in easily understandable forms and media.

4. **Responsiveness**: Good governance requires that institutions and processes try to serve all stakeholders within a reasonable time frame.

5. **Consensus-oriented**: Good governance requires mediation of the different interests to reach a broad consensus on what is in the best interest of the whole community and how this can be achieved.

6. **Equity and inclusiveness**: A society's well being depends on ensuring that all its members feel that they have a stake in it, and do not feel excluded from mainstream society. This requires all groups have opportunities to improve or maintain their well-being.

7. **Effectiveness and efficiency**: Good governance means that processes and institutions produce results that meet the needs of society while making the best use of resources at their disposal.

8. **Accountability**: This is a key requirement of good governance. Systems must be accountable to the public and to their institutional stakeholders. Who is accountable to whom varies depending on whether decisions or actions taken are internal or external to an organization or institution. In general, an organization or an institution is accountable to those who will be affected by its decisions or actions. Accountability cannot be enforced without transparency and the rule of law.

After considerable discussion, the Working Group decided to accept the UN's eight characteristics of good governance as their benchmark since it provided an all-encompassing framework. The group utilised these

characteristics in reviewing the MDUP's current governance model and in the formulation of their recommendations.

3.2 Governance in Academic Medicine

Many articles in medical education literature refer to the United Nations eight characteristics of good governance. (1) Willing and colleagues note that the core issue of governance in academic medicine is, "how decisions are made and where the decision authority resides." (6) In undergraduate medical schools there is a growing consensus that curricular governance be centralized,)(7,8)as opposed to departmentalized. As Reynolds and colleagues report (7), centralized governance provides rational and integrative mechanisms for ensuring a broad general education in medicine, and also, "provides a mechanism for dealing with 'turf' and time issues in the new curriculum," while allowing for and encouraging changes and providing mechanisms for evaluating those changes. Regular, systematic evaluations of the curriculum are a key function to facilitate an ever improving curriculum. (9)

Recommendations about the need to remove departmental or subject 'silos,' and, instead, have a centralized curriculum committee structure, can be found in the pertinent literature.(7,10) Collaborative leadership remains challenging in institutions where departmental and hierarchical structures have been the dominant organizational structure. Yet, departments are an essential component of the academic and clinical organizational structure and function. Thus, it is imperative to engage them, identify common goals and nurture collaborative alliances. Centralized oversight of the interdisciplinary curriculum and a perception that the educational changes are an institutional rather than a departmentally-based initiative will be important to facilitate change and achieve acceptance of the changes.

Various types of organizational structures currently exist in higher education institutions and private sector organizations including: decentralised, centralised, or a dynamic hybrid of the two. The UBC model is a hybrid of centralized and decentralized structures. It is fairly decentralized; one example being the power given to Faculties to set their own curriculum. However, there are many centralized overarching processes and policies. One such example is the policy whereby a change in tuition fees must be approved by the Board of Governors and academic programs must be approved by Senate.

A comprehensive search and review of the literature on curriculum governance in medical education and other institutions was undertaken by a sub-group of the Curriculum Governance Working Group (see bibliography in Appendix 1A).

Armstrong's paper outlines that it is critical that processes be designed and managed, not in isolation, but as elements of an interdependent system.(10) Medical education reforms usually focus on the addition (but seldom

the subtraction) of particular topics, or focus on how specific topics are taught, without addressing medical education as a longitudinal process; it is a system of interdependent elements in which relationships among the elements must be actively managed over time. In contrast, there is ample evidence that the most outstanding organizations in other demanding, high-tech, knowledge-intensive industries manage complex processes such as design, production, engineering, logistics, and training both in terms of the pieces of the system (e.g., how individual people do work) and in terms of the relationships among the pieces.

The complex systems of quality-driven industries offer pertinent lessons to medical educators engaged in curriculum reform. When work and learning systems are managed so that what is expected to occur is clear, with mechanisms to identify where expectations are not met, and with protocols and resources to make improvements when problems develop, then customers, shareholders, and employees all benefit from increased quality, productivity, reliability, and safety. Or, translated into medical education, patients, physician educators, administrators, and students all benefit. Our challenge in curriculum reform is to address all levels of the medical education system. If we focus on individual courses or activities without examining the relationship between these elements, we deny ourselves the opportunity to create the substantive reform we all seek.

Clarity of roles allows for transparency. And transparency requires a method to ensure that relevant members of the medical school are kept informed of decisions made and processes to follow if concerns arise. Whatever the discipline, specific determinants of good governance have yet to be defined and universally accepted. As medicine is becoming more intra-professional, the governance structure must be able to change and adapt rapidly in order to seize new clinical, scientific and educational opportunities.(11)

3.3 Best Practices

There is remarkably little literature on best practices for curriculum governance, in general, and for the curriculum governance of medical schools, in particular, in the fields of medical and other professions education. While the medical literature does describe various curricular governance structures or models,(12) there is a paucity of papers critiquing or analyzing their strengths, weaknesses, efficiencies and efficacies. The medical literature mostly focuses on clinical governance while the business, political science, and education literatures mostly describe various governance models such as shared governance (previously mentioned), corporate governance, integrated governance, collaborative governance, relational governance, matrix governance, educational governance, and many others. There appears to be no best practices or guidelines on the governance of Undergraduate Medical curricula, except for broad accreditation requirements.

4 METHODOLOGY

The Curriculum Governance Working Group developed its framework and governance model based on: an extensive review of literature; environmental scans of one hundred and twenty eight North American medical schools' governance structures (concentrating specifically on schools with distributed campuses); review of the Faculty of Medicine's (FoM) current governance structure; research on best practices; and stakeholder engagements, which included a panel discussion with senior education leaders, a targeted FoM survey, and focused interaction at the 2011 MDUP retreat.

The importance of a governance framework is not simply its principles, but also, how the process is applied and creates attributes for structure and function. One of the primary functions of a governance structure is facilitating the process of decision-making and implementing those decisions. Therefore, based on the analysis of the literature and on their collective knowledge of and experience in the MDUP, the group made an early decision to focus on the ***process of decision-making and the process by which decisions are implemented***.

5 FINDINGS

From the analysis of data accumulated through Working Group meetings, a panel discussion, a survey of faculty, administration and students, engagement of faculty, students and staff at the MDUP Retreat, environmental scans and literature reviews, the findings are as follows.

5.1 Environmental Scan of North American Medical Schools

There are many models of governance structures to guide decision-making within medical schools. The Working Group looked at published data from one hundred and twenty eight schools in North America.(12) Of particular interest to the Working Group were medical schools that had regional or distributed campuses that aligned with the UBC Medical School. Of the schools with a distributed program that had been reviewed, each had unique strengths and weakness, but it was clear that there were multiple governance models and committee structures overseeing the curriculum. Some of the key findings observed in schools having regional or distributed campuses were a sense of regional autonomy and site representation within educational committees of these schools. Overall, it is clear that there is no one model that medical schools adopt to govern decisions within their curriculum, and that it is key to adhere to principles of good governance, rather than structure, to facilitate decision making.

5.2 Panel

A panel was convened that included a cross section of past and present education leaders and faculty involved in the governance of the MD Undergraduate Program curriculum, and a resident who recently graduated from the UBC Medical School. The discussion was focused on strengths and weaknesses in the current governance of the Faculty of Medicine's curriculum. Three questions were posed to the panel:

1. What are the strengths in the governance of our current curriculum?
2. What are the weaknesses in the governance of our current curriculum?
3. What opportunities for change would you suggest?

Generally, the panel believed that a major strength of the MDUP existing governance structure is the participatory nature of the meetings which, in turn, leads to a well-informed and engaged base. A recurring theme among the panelist was their perception of a lack of clarity around decision making and definition of roles and responsibilities, and lack of cohesiveness in delivery of the curriculum in the current structure. It was also suggested that expertise province-wide could be more fully utilized. Opportunities for change such as the granting of more autonomy to distributed sites and creation of a leaner overarching curriculum governance committee were seen as a counterbalance to the weaknesses articulated. Finally, there were no significant differences in the opinions expressed by the panelists (See Table 1 below).

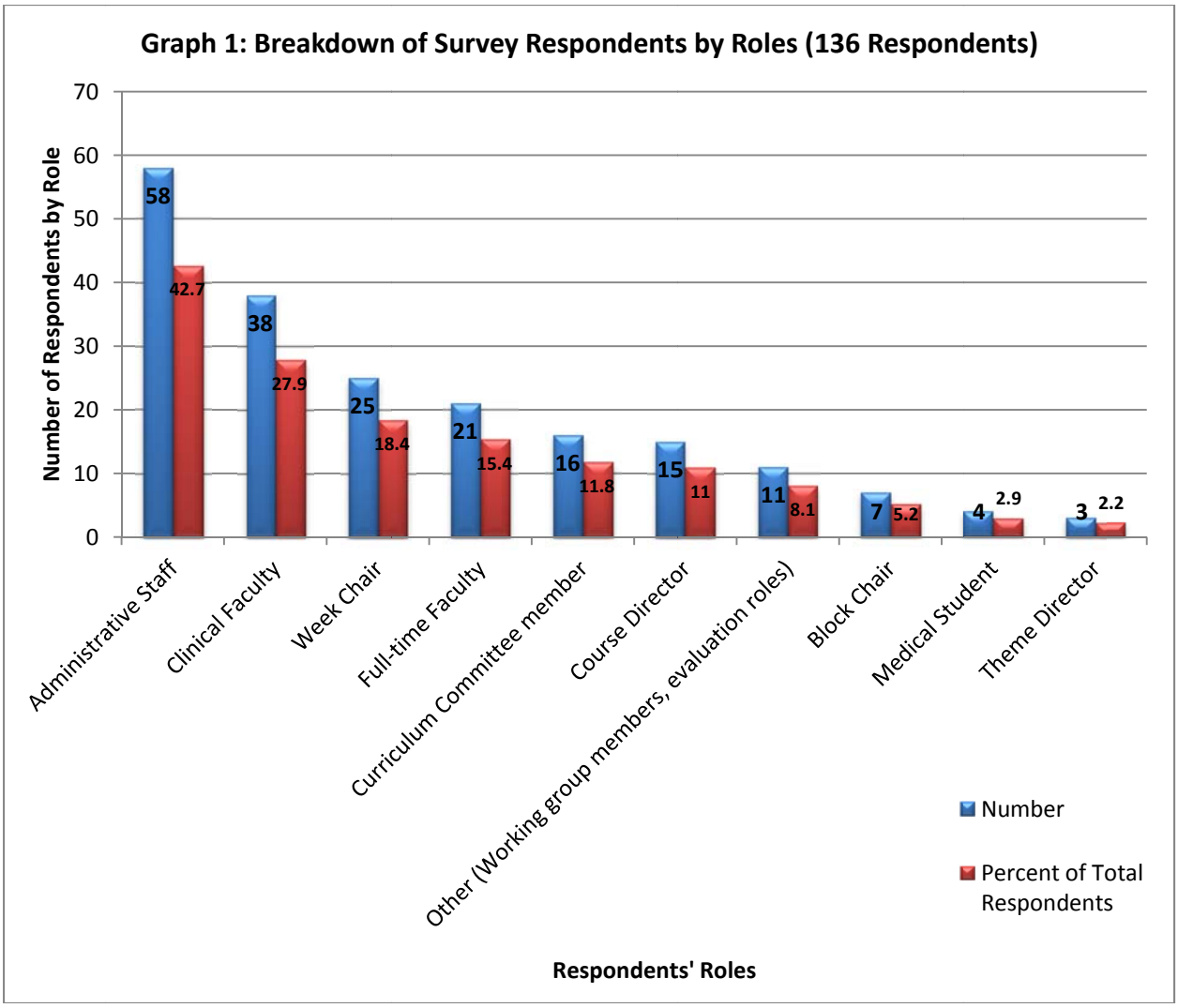
Table 1: Results of the Panel discussion on the current MD Undergraduate Program's governance system

Strengths	Weaknesses	Suggestions
• **Communication** – participatory democracy, large representative assemblies and consequently there is a well informed base	• **Fragmentation**. 'Siloing' of different pieces of the medical school. • **Lack of Clarity around communication**- There is a lack of clear consultation and expectation. There are many committees with no clear expectations of communication.	• Establish a **smaller oversight curriculum committee** with a global or holistic mandate, as per ED-33 accreditation standard. • Apply **checks and balances to curriculum functions** – apply small groups to work on each function area.
• **Pragmatism** – implementers have direct access to the decision-making forums and are thus heard.	• Dominated by specialists at the Year 3 and 4 committees.	• Establish a profile for the redesigned committee and a culture of earned deference
• **Agility** – Integrated clerkship	• **Lack of Innovation** - Risk of being bogged down with traditional approaches.	• Promote the differences and play off the strengths of the distributed sites.
• **Distributed Sites** - Expansion to the Distributed Sites allows engagement of experts across the province	• **Lack of transparency and clarity around decision making** - Many are unsure of decision-making protocols and the amount of decision-making power they have in this large complex structure. • Control issues limit exercising the expertise present/available across the sites.	• A smaller focused group to lead and work with colleagues in each block • Encourage input from the distributed sites by people outside of the lower mainland.
• **Administration** - Strong administration at the sites which affords some autonomy. • Strong Leadership at the Executive Level	• **Lack of understanding of roles and responsibilities.** • Difficult to distinguish site versus program responsibilities • Committee members are always external to the process.	• Define who should be consulted such as when updating objectives. • With responsibilities delegated from the Dean, the four Regional Associate Deans in the MDUP must operate as a unit.
• **Pedagogy** - An engaged faculty that is keen to teach.	• Student assessment is not linked to the overall objectives. • Content delivered to students daily depends on the preceptor.	• Distribute support and sustainability for the educational program in multiple areas such as: faculty development, student assessment, simulation, policy, expertise in education, curriculum design, and program evaluation.
• **Student Satisfaction** - A successful program with positive feedback from students.		

5.3 Survey

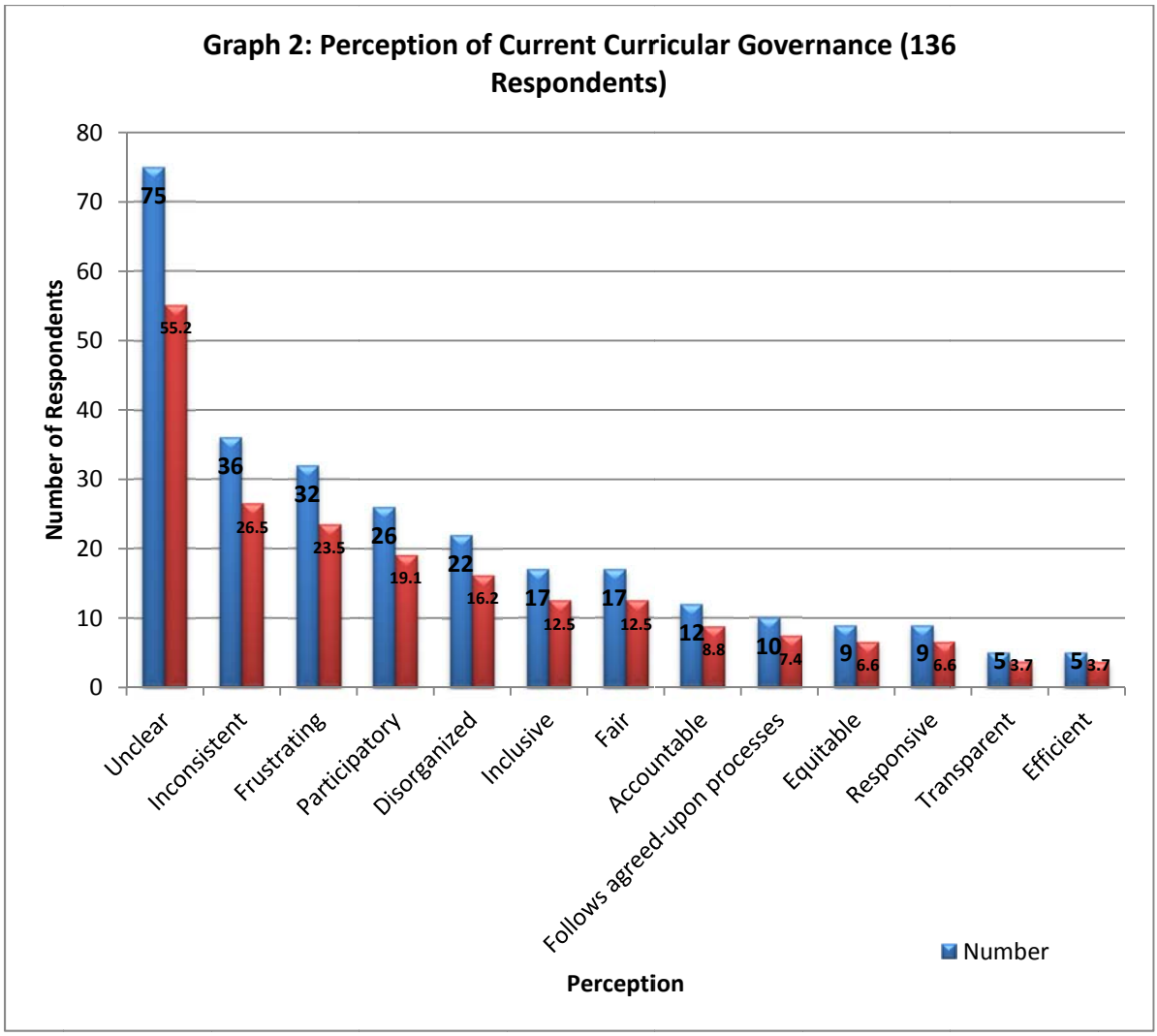
A survey to ascertain their awareness of and familiarity with governance in the current curriculum was administered to 301stakeholders consisting of faculty, students and staff at all sites (see Graph 1 for a breakdown of the respondents). With the Evaluation Studies Unit's (ESU) assistance in developing the survey, eight questions were posed to garner answers on clarity in decision making and overall understanding of governance in the current system. Questions centred on implementing curricular changes, changes to the assessment process, and the overarching decision-making process. The questionnaire is shown in Appendix 5.

The group received 136 responses out of a total of 301(45.2%). Recurring themes among the responses were the need for: a smaller central oversight committee with clear representation, transparency, the importance of communication, comparability of governance across distributed sites and representation across all four years. Participants in the survey expressed the hope that the inclusiveness demonstrated in the current governance system will remain when the improved model is implemented.



Note: Some respondents responded to multiple roles.

When asked how they would describe current curricular governance, the responses were as follows.



Note: Respondents were able to respond to multiple categories.

The following tables list the survey questions and their response rates.

Table 2: Curricular Changes – Implementing Change

	Yes	No	n
Have you ever tried to make changes to the curriculum?	60 (45.1%)	73 (54.9%)	133
If yes, were you already aware of what process to follow to achieve curricular change?	26 (32.5%)	54 (67.5%)	80

	Yes	No	Somewhat	n
Were you successful in making the desired change?	27 (33.75%)	26 (32.5%)	27 (33.75%)	80
If not, were you satisfied with the reasons as to why the desired change was not possible?	6 (13.6%)	29 (64.4%)	10 (22.2%)	44

Tables 2 to 4 are courtesy of the UBC Faculty of Medicine Evaluation Studies Unit, May 2011.

The survey results in Table 2 above were reinforced by the narrative from respondents.

With respect to implementing curricular change, the narrative was centred on the following themes:

- An **ineffective** process and the difficulty in making changes to the curriculum due to the scale and complexity of the program;
- **Responsiveness** to change efforts which must progress through numerous committees, "requiring significant planning time before implementation," some of which are only for "rubber-stamping" purposes; and
- The lack of **clarity and transparency** in the change process, lack of defined processes for change and understanding of the structure.

Only **32.5%** of respondents were aware of the processes to follow to achieve curricular change.

Table 3: Curricular Changes: Change Processes

	N/A	Strongly Disagree	Disagree Somewhat	Agree Somewhat	Strongly Agree	n[1]
It is clear to me how decisions are made regarding the curriculum.	16 (14.0%)	24 (21.1%)	61 (53.5%)	25 (21.9%)	6 (5.3%)	114
If I wanted to develop new or modify existing course content, I would know the process to follow.	26 (24.5%)	25 (23.6%)	48 (45.3%)	24 (22.6%)	8 (7.6%)	106

In Table 3 above the respondents narrative illustrated the following themes:

- **Accountability** varies with respect to curricular change processes. Some decisions regarding change are made on an "ad hoc" basis while in other cases consensus is sought.
- Approximately **22%** of respondents said that they were aware of the how decisions are made and the processes to follow to add or modify a course. Of the 22%, none could discern a standard process or pattern. However, a few respondents mentioned the Curriculum Committee.

Table 4: Curricular Changes: Assessment Change Processes

	N/A	Strongly Disagree	Disagree Somewhat	Agree Somewhat	Strongly Agree	n
If I wanted to make a change to the way students are assessed for a particular learning event or course, I would know the process to follow.	20 (17.9%)	29 (25.9%)	45 (40.2%)	26 (23.2%)	12 (10.7%)	112

The approximately 33% of respondents who indicated that they somewhat or strongly agreed with the above statement in Table 4 were asked to briefly describe the process. The answers ranged from detailed steps beginning with "contacting the course director" to simply contacting the Educational Assessment Unit (EAU).

Respondents (126 responded) were presented with a series of statements, and asked to reflect which statement most strongly reflected their feelings and views about curricular governance.

- **16 respondents (12.7%):** Control of curricular content should belong to the Departments responsible for teaching that particular content. They know what is important and what isn't.

- **16 respondents (12.7%):** Control of the curriculum should rest with the Curriculum Committee as this will ensure that curricular objectives and accreditation requirements are met.
- **24 respondents (19.1%):** I have no strong feelings on curricular governance. I just want a clear process that is well communicated.
- **70 respondents (55.6%):** The Curriculum Committee should be in control of curricular objectives, but individuals and departments should be free to innovate and decide how best to teach/meet those objectives.

5.4 MD Undergraduate Program Retreat

Two Curriculum Governance Working Group facilitators posed three strategic questions to approximately sixty attendees (six groups of approximately ten people per group) at the annual Faculty of Medicine's MD Undergraduate Program retreat held on June 23 and 24, 2011. The composition of each group included basic scientists, clinicians, administrators and researchers. Each group was shown a diagram of the current governance structure, and asked to comment on the following questions:

1. How would you change this model to increase transparency, responsiveness, efficiency and effectiveness in the decision making process?
2. Would this new model provide clarity in the decision making process, why or why not? How would you improve/modify it? How would curriculum management be improved with this new model?
3. What decisions could be made at the distributed sites to increase efficiency, flexibility and opportunities for innovation while maintaining comparability without infringing on identity?

The Retreat assisted in solidifying the group's findings; retreat attendees focused their queries and comments on decision-making processes and accountability, communication and understanding of governance policy and structure, lack of clarity, and smaller oversight committees with strategic representation to maintain inclusiveness. The general consensus on small oversight committees was that it should include a combination of experts, faculty, and student representatives with a decreasing number of members from the base to the tip of the organizational pyramid. As an example, a maximum of twelve members was recommended for the curriculum oversight committee. There was support for site/course specific committees with a representative sitting on the central oversight committee.

There was consensus that the program needed to improve its communication structure and strategies in order to foster more transparent governance. It was suggested that the functions, roles and responsibilities of faculty, committees and departments needed to be more clearly defined and communicated. Retreat attendees expressed enthusiasm for a governance structure which maintained comparability across the distributed sites while allowing sites to exercise increased flexibility and autonomy in decision-making.

5.5 Summary of Findings

Based on the Working Group's work as described in the preceding sections, as well as raw data included in the appendices, the group has identified the following:

Strengths

1. Our governance system is a very good representation of some good governance characteristics such as: **Participation, Inclusiveness** and **Consensus-orientation.**
2. Some faculty members expressed appreciation for the current governance framework's attempt to be transparent and consistent.
3. There is a sense of goodwill, momentum, a sense of cooperation and willingness to make changes.
4. The organization structure of the MD Undergraduate Program is aligned with accreditation standards.
5. There is a sophisticated evaluation strategy and process in place (Evaluation Studies Unit).

Areas Requiring Improvement / Weaknesses

6. There is a **lack of clarity and transparency** around some decision-making processes. The reporting structures of some committees are not clearly articulated, mandates of many committees are not well-known, and decision-makers can be hard to identify. Terms of Reference (ToR) do not always clearly define and articulate the roles and responsibilities of committees.
7. A need for a more **effective** curriculum management system and/or process.
8. There is perceived **insufficient flexibility** in decision-making with respect to the central system and the distributed sites. The current system does not allow for local/distributed decision-making even when the decision falls in local conditions.
9. Even though there is representation from the distributed sites on committees, the perception is that their ability to influence decisions is limited and that they are overshadowed by the central (VFMP) site.
10. There is a lack of **communication** around how decisions are made, the process of decision-making, and the ease of availability of information on governance policies, processes and structures within each Year of the program and the overarching MDUP.
11. There is overwhelming consensus that although in general there is good representation, committees with large membership in the MDUP **hamper effectiveness and efficiency**.
12. It is not obvious that the data and recommendations of the Evaluation Studies Unit are systematically acted on, that the continuous quality improvement (CQI) loop is closed on and where these responsibilities lie in the organizational structure.

13. The current organization structure of UBC MD UG program is in line with what is required from University policy and accreditation standards. The focus for change should be more on function, in order to avoid costly re-engineering exercises that may not lead to increased **efficiency and effectiveness**.

14. The Regional Associate Deans are responsible for the stewardship of the MDUP and they are members of the Council of Undergraduate Associate Deans. However, CUAD is outside the main MDUP governance structure and, therefore, decisions about the program do not necessarily go through the Regional Associate Deans (RADs).

6 RECOMMENDATIONS

Upon gathering and analyzing the findings from various sources, the Working Group evaluated how best to respond to the major areas of weaknesses and those requiring improvement. It guided its work based on the UN's eight characteristics of good governance, the findings obtained as delineated in the previous section, and the Faculty of Medicine's Strategic Direction. It also considered what changes could be effectively made without interfering with the current structure's strengths. The resulting seven recommendations are a consequence of the group's careful deliberation.

Recommendation 1: Principles and Values

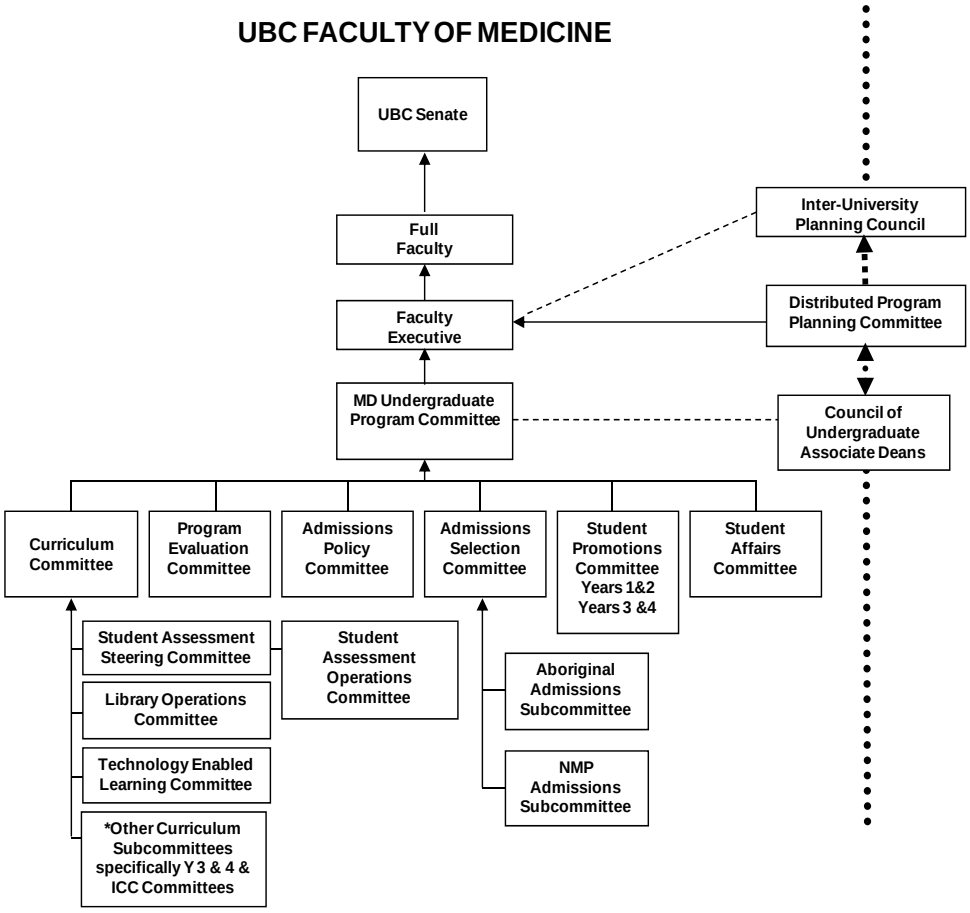
The United Nations has identified eight key attributes of good governance (see Section 3.1). We believe that aligning our MD undergraduate program's governance structure and policies with these attributes will strengthen its operation and provide a strong foundation for curricular change. This is because the United Nations framework provides universal values of governance that align with UBC's Place and Promise as well as the Faculty of Medicine's Strategic Direction.

The Working Group **recommends:**

That the Faculty of Medicine adopt the eight characteristics of good governance to guide the development of new policies and that existing structures and processes of decision-making (both formal and informal) be revisited to determine how well they align with these characteristics.

Recommendation 2: Organizational Structure

The current MD Undergraduate Program Committee Organizational Structure is as follows.



As articulated by Adrianna Kezar in "What is more important to Effective Governance: Relationships, Trust and Leadership, Structures and Formal Processes:"(13)

> "The evidence is that relationships, trust and leadership supersede structures and processes in effective decision-making. A governance system can operate with imperfect structures and processes, but if leadership is missing and relationship and trust damaged, the governance system will likely fail for lack of direction, motivation, meaning, integrity, a sense of common purpose, ways to integrate multiple perspectives, open communication, people willing to listen, and legitimacy." [2]

While the following recommendations propose structural changes, they have been put forward as a means to enable more effective leadership, encourage transparency and clarity of roles and decision-making processes, and accountability. It is the hope of the Working Group that the following recommendations will enable improved communications and strengthen the MD Undergraduate Program's curricular governance.

To this end, the Working Group identified five committees that should be the first to undergo modifications in order to improve the effectiveness, efficacy and accountability of the governance system: Council of Undergraduate Associate Deans, MD Undergraduate Program Committee, Curriculum Committee, Program Evaluation Committee and the Student Assessment Committees.

2.1 Dissolve the Council of Undergraduate Associate Deans (CUAD) and replace it with a Regional Executive for the MDUP (MDU-REX). (Please see Appendix 9A for Terms of Reference)

CUAD was created to oversee the strategic planning, financial stewardship, implementation and management of the expansion and distribution of the MD undergraduate program. It was purposely positioned outside of the main MDUP organizational structure in order to ensure nimbleness, efficiency and effectiveness of the planning and implementation processes. Distribution within the Vancouver Fraser Medical Program and to the Island Medical Program, Northern Medical Program and Southern Medical Program (underway, starting Fall 2011) has been accomplished. The mandate of CUAD is to focus on issues in the MD undergraduate program that cross the individual authority of any single Associate Dean, and to bring these issues where required to the attention of the MDUPC. As per its terms of reference, CUAD is "responsible as a coordinating collective of responsibility and authority for the integrity of the distributed program," and as the "keeper of the strategic vision," it oversees the strategic planning, implementation and management of the expansion and distribution of the program within the context of its mission, principles, goals and objectives.

There is now a need to bring the roles and responsibilities of CUAD into the main organizational structure and to integrate the four Regional Associate Deans into an appropriate executive level in the FoM. The Working Group, therefore, is recommending the establishment of a Regional Executive for the MD undergraduate program (MDU-REX), comprised of the Executive Associate Dean, Education, the four Regional Associate Deans and the Executive Director, Education and Strategic Projects. The MDU-REX will report to the Faculty Executive and will communicate effectively with the Distributed Program Planning Committee (inter-university committee charged with financial stewardship of the MDUP expansion) and with the Committee of Department Heads and School Directors.

The Faculty of Medicine's strategic direction is to continue the delivery of excellent and innovative health education programs, responsive to the needs of our communities. The MDU-REX will provide strategic leadership and executive oversight for the distributed MD undergraduate program, with a particular focus on issues that extend beyond the authority of any of the Regional Associate Deans. The MDU-REX will have the authority to create and implement a common vision for the distributed

MD undergraduate program that ensures that the key principle of equity is taken into account in all decisions, that the fundamental principle of one integrated program across the Province is honored, that the program is delivered efficiently and effectively and that all sites have input to the planning, implementation and operation of the distributed program.

The MDU-REX will oversee the strategic planning, policy development, implementation and management of the distributed MDUP. It will provide financial leadership, develop a process to identify and manage key risks, encourage the dissemination of information and ensure the program meets accreditation standards. The proposed MDU-REX will have budgetary oversight responsibilities; budgets will then be approved by the Distributed Program Planning Committee (DPPC). As budgetary control/approval is not a function of the University Senate, this function is on a different stream than curriculum-related decisions and oversight.

Five committees, with broad mandates and chaired by faculty leaders reporting directly to the Executive Associate Dean-Education, will report to the MDU-REX: Admissions Selection (and its sub-committees), Admissions Policy Advisory, MDU-Education (currently MDUPC; see 2.2 below), Program Evaluation, Planning and Improvement (currently Program Evaluation; see 2.3 below), and Student Affairs.

The Admissions Selection Committee, with input from the Aboriginal Admissions Subcommittee, the NMP Admissions Subcommittee and the MD PhD Admissions Subcommittee, considers and selects applicants for interview, offer, and ultimately admission, to the MD Undergraduate Program, in accordance with University of British Columbia and Faculty of Medicine admissions policies and the Faculty of Medicine's social responsibility mandate. It ensures that the admissions processes and recommendations are transparent, equitable and legally defensible.

The Admissions Policy Advisory Committee develops recommendations for the criteria, policies and procedures for the admission of applicants to MD undergraduate Program, in accordance with University of British Columbia and Faculty of Medicine admissions policies and the Faculty of Medicine's social responsibility mandate. The Admissions Policy Advisory Committee has the authority to develop recommendations for the criteria, policies and procedures that govern the admission of all applicants to the UBC MD Undergraduate Program throughout the Province. It periodically evaluates recruitment and selection processes for MD Undergraduate Program admissions, and ensures that the admissions policies are transparent, equitable and legally defensible.

The Student Affairs Committee has the authority to recommend policies and solutions to ensure that all students in all sites have comparable and timely access to student services (health, personal and career counselling, financial aid and debt management, scholarships and bursaries) and to resolve related issues and problems. It also reviews and makes recommendations regarding the budget for student services, supports and travel. These recommendations are currently reviewed and approved by the Council of Undergraduate Associate Deans.

MDU-REX will receive, review and approve reports from these committees for forwarding to Faculty Executive. Its mandate will be aligned with LCME accreditation standards ED-36, ED-39, ED-40, ED-41, ED43/45, ED-44, FA-6, MS-4 (Appendix 10).

2.2 Change the Terms of Reference of the MD Undergraduate Program Committee (MDUPC) to become a more focused education committee and rename it the MD Undergraduate Education Committee (MDUEC). (Please see Appendix 9B for Terms of Reference)

The stated purpose of the MDUPC is to manage the MD Undergraduate Program across all sites, including all related program delivery, admissions, policy development and implementation, program evaluation, student affairs and student promotions activities. In reality, this committee meets infrequently, acts more as a discussion forum and receives reports but has not fulfilled its oversight and management responsibilities, resulting in repeated citations by accreditation bodies regarding ineffectual governance of the MDUP.

The Governance Working Group recommendations will shift MDUPC's current strategic responsibilities over admissions, student affairs and program evaluation to MDUREX and Faculty Executive. The new MDUEC will ensure the educational objectives of the MD undergraduate program are being achieved, and it will review and recommend to the MDU-REX new courses and any substantive changes to any component of the MD undergraduate program that require Faculty and Senate approval. It will recommend policy and strategic direction related to the MD undergraduate program to the MDUREX; will provide central oversight of MD undergraduate education across all sites, including all related curricular, student academic performance and program delivery activities; monitor quality and outcomes of the educational program; and will review the program objectives periodically. The input, membership, reporting structure and terms of reference will allow for management of a clear and coordinated curriculum in the Faculty of Medicine. It is expected that Department Heads will form part of the MDUEC, as well as being members of Faculty Executive, the body that approves MDUP policies.

Five committees will report to the MDUEC: Curriculum (see 2.4 below), Technology Enabled Learning, Library Operations, Student Promotions, and Student Assessment (new; see 2.5 below). Its mandate will be aligned with LCME accreditation standards ED-33, ED-34, ED-35, ED-38, MS-18, MS-19, and MS-33.

2.3 Revise the Terms of Reference of the Program Evaluation Committee (PEC) to support an iterative process of planning, evaluation, and program improvement, and rename it to "Program Evaluation, Planning and Improvement Committee." This committee will report to the MDU-REX. Create a sub-committee to oversee the Undergraduate Curriculum quality improvement that will report to the Program Evaluation and Planning Committee.

Program evaluation (PE) and continuous quality improvement (QI) have in common a commitment to an ongoing cycle of development and improvement that requires evaluators, planners and decision-makers to engage in evidence-based planning and practice. PE provides information about processes and short-term outcomes for purposes of QI. However, in addition, PE determines value or success by assessing intermediate and long term outcomes and indicators of impact, according to predefined goals, objectives, and a long term vision. Characteristics of evaluations and organizations are two primary factors that influence use of evaluation findings in making decisions leading to program changes. Key organization characteristics supporting utilization include commitment, organizational structures, attitudes towards the role of evaluation, decision-making climate, and the culture of the organization, i.e., a "learning organization")

The Evaluation Studies Unit (ESU), created in 2004, is mandated to support program improvement and enhance accountability and social responsibility by: (1) evaluating the achievement of undergraduate and postgraduate medical education goals and objectives, (2) monitoring the quality and comparability of the educational program, and (3) assessing the short, intermediate and long-term outcomes of the undergraduate medical program. Program evaluation has become a central activity in the undergraduate and postgraduate medical education programs. Although there is a formal system in place to plan, execute and deliver results of evaluation studies, the use of evaluation is not what it could be. To maximize use of the ESU it will be necessary to institute: (1) an organizational structure and formal processes to use information from evaluations and, (2) ongoing review and dialogue regarding tactics that maximize use, contextual relevance and continuity within an evolving program. To achieve these aims the following areas need to be addressed:

1. **Organizational Culture**: The culture of evaluation in the Faculty is currently not as proactive and strategic as it could be. While conducting evaluations is widely accepted and supported, using

evaluation results is inconsistent and not a high priority. For example, it is not clear that follow-up plans are made when evaluation data are provided. Building a stronger culture of evaluation will require ongoing support for evaluation from senior leaders and program planners.

2. **Governance**: The current governance model is decentralized with regards to curriculum planning and quality improvement. Responsibility for these initiatives rests with Year 1-4 committees, departments, and block chairs. The Faculty lacks a central mechanism or body to discuss and identify key areas for improvement, ensure action plans are developed, and oversee the implementation of action plans. There is a lack of central, strategic discussion and coordination of plans related to evaluation and curriculum QI across the Faculty. There is a need to strengthen linkages between evaluation, curriculum management, and program planning.
3. **Curriculum Leadership**: The role, authority and responsibility for evaluation use, planning and ongoing improvement activities need to be clarified. Currently, the decision making process lacks transparency and clarity regarding lines of communication and responsibility for execution of program changes. Committees with large membership are a barrier to implementing the rapid, ongoing cycles of continuous improvement and renewal where it would have most benefit.
4. **Accountability**: To nurture participation, ownership, and a culture of evaluation it is recommended that follow up on recommendations made in evaluation reports be overseen by faculty leadership. ESU will continue to serve as a catalyst in this process by working in collaboration with faculty to develop recommendations based on findings. In accordance with accreditation requirements ESU will also continue implementing the monitoring process regarding follow up on recommendations that have been agreed upon by the faculty. Faculty will be responsible for using and implementing results.

The new "Program Evaluation, Planning and Improvement Committee" will emphasize the close association between evaluation and planning. This committee will be responsible for overseeing the strategic direction of evaluation activities related to the undergraduate education program. The committee will have responsibility for overseeing ESU's mission and recommending policies that provide direction to the ESU Director for planning and implementing successful evaluation of medical education programs. It will also be responsible for successful linkage of ESU with planning that supports the use of evaluation in decision-making at all levels of the program.

To bolster the work of this committee, an Undergraduate Curriculum Quality Improvement Sub-Committee should be created to provide direction and oversight of QI efforts. The respective Year Committees would still be charged with implementing the QI recommendations and would report back to the Program Evaluation, Planning and Improvement Committee.

2.4 Redesign the Curriculum Committee (CC).

The findings reveal that the Faculty perceives that large committees hamper effectiveness and efficiency. Accreditation bodies have cited the lack of compliance with standard ED-33, requiring integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The Curriculum Committee, with current membership approaching 60 people, has not been able to fulfill its mandate effectively. To resolve this, the Working Group recommends that the membership of the Curriculum Committee should include a combination of experts in curricular design, pedagogy, and education methods; faculty; and student representatives to a maximum of 12 members, drawn from all four sites (VFMP, NMP, SMP, and IMP). In this manner, participation and inclusiveness will be preserved, while enhancing efficiency in the decision-making process.

The redesigned Curriculum Committee will ensure that the content of the curriculum is coherent and coordinated and integrated within and across the academic periods of study, and that the methods of pedagogy and student evaluation are aligned with specific objectives. Its mandate will be aligned with LCME accreditation standards ED-33, ED-34, ED-35, ED-37, and ED-38. This committee will:

- Monitor the content and workload in each discipline and course, including the identification of omissions and unwanted redundancies.
- Coordinate the review of the objectives of individual courses and methods of pedagogy and student evaluation to ensure alignment with program educational objectives.

2.5 Create a Student Assessment committee as recommended by the Curriculum Renewal Working Group on Student Assessment.

The Student Assessment Working Group initially decided upon the broad goals and principles that would underpin and define the new assessment system. It used the framework developed by the Exit Competencies Working Group to determine the most appropriate assessment methods and strategies.

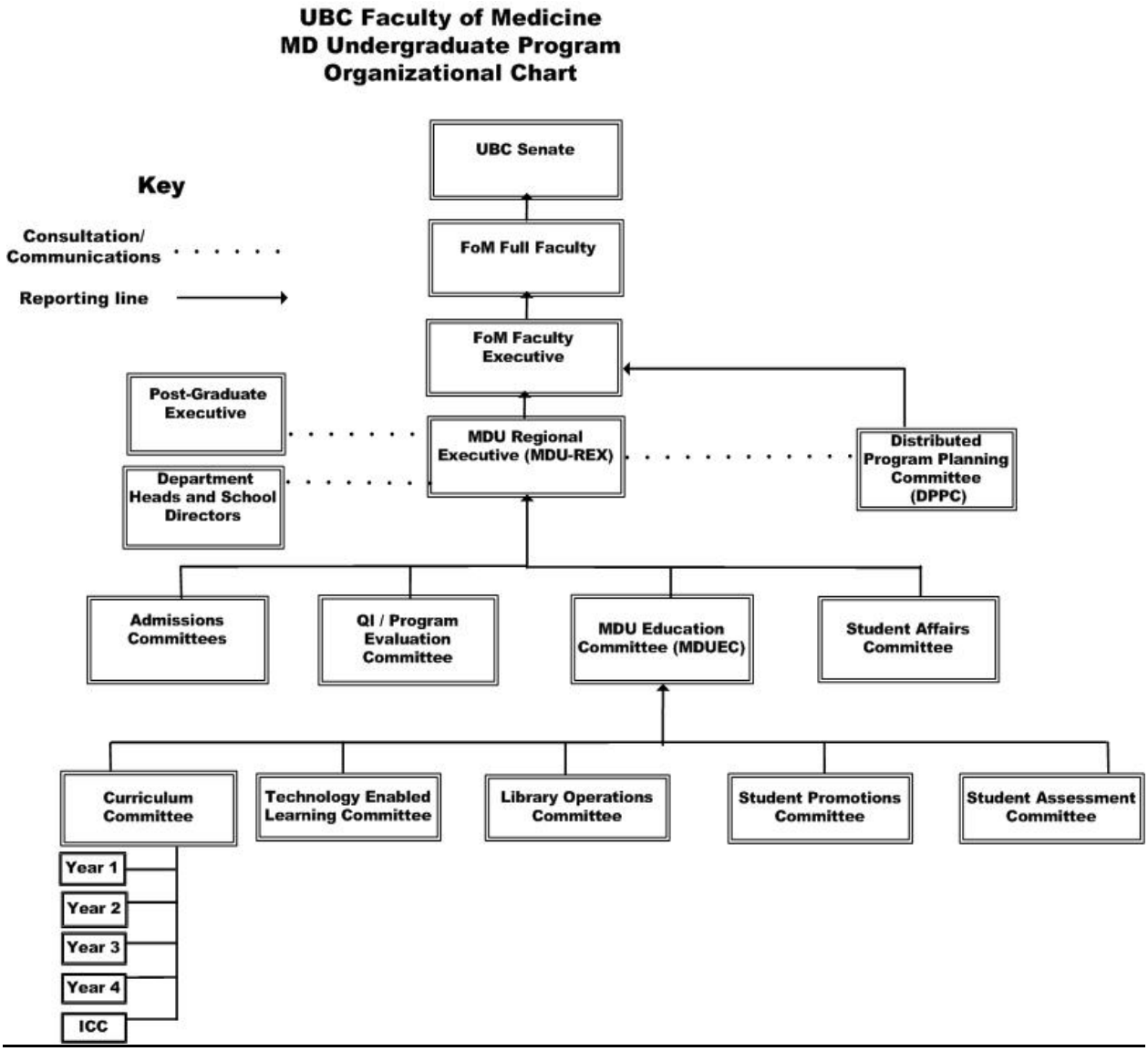
As the group is determining and developing a renewed assessment system, it has concluded that to be successful a renewed assessment system will require strong governance support. Accordingly, it has made the following governance recommendations which align with the renewed framework, and have been accepted by the Curriculum Governance Working Group:

- Create an oversight body (a Student Assessment committee), which is part of governance of the curriculum that evaluates and guides the evolution of the assessment system. The assessment oversight body needs to review and revise the assessment system over time to reflect changes in the curriculum and advances in assessment science.
- Monitoring is necessary to determine if the assessment system was implemented as planned and functions effectively to achieve the desired goals and objectives.
- Include a postgraduate medical education (PGME) representative in the oversight body.

2.6 Renewed Governance Framework

The Working Group **recommends**:

That the original organizational structure and function of the MD Undergraduate Program be changed to the following structure, which reflects the aforementioned recommendations.



Recommendation 3: Decision-making Process

The Working Group **recommends:**

That the MDUEC develop a guide to curricular changes and a decision-making tree to show where responsibilities lie and who is accountable for what, and that these are communicated widely.

The Working Group believes that developing a decision-making tree will encourage transparency and communication, as well as avoid future ambiguity in the Faculty regarding decision-making. The examples below illustrate the desired content of this guide.

Example 1: The following changes are permitted at the course and clerkship level as long as they conform to the previously approved objectives of these courses and clerkships. Instances are: (ED-33, ED-34)

- Changes in lecturers
- Introduction of orientation sessions
- New resources material for students and educators

Example 2: The Curriculum Committee must approve a change to the course objectives and changes that may have an impact on other parts of the curriculum (e.g. content, schedule).

Faculty Executive will continue to approve policies and institutional/program educational objectives and a strategic plan for the Faculty. This complies with accreditation standards (IS-1, IS-2, FA-12, FA-13, IS-4).

Recommendation 4: Representation Model/Committee Size

Over the last few years, committee memberships have increased significantly due to increased expansion and distribution. In the current model, each committee has a representative from each course and administrative area leading to a large and cumbersome committee structure.

The Working Group **recommends**:

That committees in the MD Undergraduate Program be downsized to a more manageable level. Overall, the model would have individuals from both central and regional campuses at any given time.

For example:

a. Each course (DPAS, INDE, FMPR, FMED) names one faculty member, on a rotating basis, instead of one per site to represent them at the next level (i.e. Year 1 and 2 committees). Similar model for administrators associated with each course.
b. The Library Operations Committee names one individual, on a rotating basis, to be their representative at various committees and meetings.

Recommendation 5: Committee Terms of Reference (TOR) Format

The Working Group **recommends**:

That in order to ensure clarity of purpose, accountability, responsibilities and consistency of message, the Terms of Reference (ToR) of all committees in the MDUP be revised to comply with the following standardized template:

- Purpose
- Authority

- Membership (List voting and non-voting members)
- Appointment Process
- Term
- Chair
- Meetings
- Committee Secretary
- Minutes and Reports
- Quorum and decision-making processes
- Lines of Accountability and Communication
- Responsibilities

The content of the ToR must be reviewed on a regular basis.

Recommendation 6: Decision-making Framework

Currently the curriculum is being delivered in a "lock-step" manner across all sites. In order to meet the evolving landscape of medical education and allow for new innovation to occur, the decision-making framework has to be able to accommodate transformational change to facilitate and foster the renewed curriculum. This builds upon themes of continuity, integration and flexibility identified through the other working groups. The Governance Working Group focused on the more central aspects of governance and did not deal with decision-making processes beyond the core committees and at the distributed sites.

The Working Group **recommends**:

That the Faculty of Medicine revisits the concept of where decision making takes place in the MDUP. The Faculty should explore changes to the governance framework that will result in the most optimal delegation and distribution of authority that will promote timely and effective decision making and will help to preserve sustainability in a model that is growing in size and complexity.

We realize that this will be a cultural shift and suggest the organization of a forum such as one-day Retreat to: investigate the mechanics of distributing decision making, and identify the principles that will guide the distribution, the barriers, and mitigation plans to accommodate this recommendation.

Recommendation 7: Communications

Participation, enforcement of the rule of law, responsiveness, consensus-orientation, equity and inclusiveness, effectiveness and efficiency, and accountability all presuppose some form of active communication to ensure conformity.

The Working Group **recommends**:

That the MD Undergraduate Program develop and implement a communication strategy to ensure all the stakeholders have easy and timely access to pertinent information on governance. This strategy must recognize and ensure that communication flows in more than one direction.

The Working Group is aware of and supports current efforts to create an intranet. Such a platform could host detailed information on governance guidelines, structure, policies, procedures, learning objectives, resource and other pertinent information. This intranet will offer clarity, transparency and simplicity of procedures. Trust in the system can be reinforced with the introduction of this well-publicized communications tool, as stakeholders utilize it to review committee membership, and enforce accountability among other things. The efficient use of information and communications vehicles will improve faculty, student and staff understanding of the MDUP governance processes and structure and simplify procedures which will in turn enhance the MD Undergraduate program's performance

Final Thoughts

The Working Group looks forward to discussing its recommendations with members of the MD Undergraduate Program and refining them together to produce governance changes that will both strengthen the program and allow for sustainable curriculum renewal.

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