



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Connecting with the Secretariat Webinar

Medical School Structure & Governance Variability: Why and How Does it Matter to You and to the LCME?

June 8, 2023

1:30 pm – 3:00 pm ET

Welcome!

Thank you for joining us for today's webinar. The program will begin shortly.
You will not hear audio until we begin.

If you have technical questions, please email aamc@commpartners.com.

Variability in Medical School Organization Structure and Governance: The View from 10,000 Feet

- Over the past 15 years, the number of LCME-accredited medical education programs has increased by 20%.
- The organizational and governance structures of the medical schools that administer these programs, like those of their longer-established peers, reflect major changes in the health care macroenvironment over this period and corresponding changes in the microenvironment (i.e., relationships among the medical school, its sponsoring organizations, and its clinical affiliates).
- These changes, in turn, have resulted in recalibration/reallocation of the roles/responsibilities of the medical school dean in mission areas that impact the medical education program.
- These changes also are associated with specific functional challenges related to LCME accreditation expectations.

Variability in Medical School Organizational Structure and Governance: The View from Ground Level

Roadmap

- Categorization of medical schools' structural and governance relationships to sponsoring organizations
- Dean turnover and the scope of the permanent and interim dean's role within these different structures
- Identification of LCME elements affected by the scope of the dean's role within these variable structures
- Challenges to specific accreditation elements posed by this variability
- Summary of the nature of challenges posed by the evolving role of the dean and linkage of these challenges to specific accreditation elements

Structural and Functional Relationships to Sponsoring Organization(s)

How is the medical school structured? Where does it “reside?”

- University
- Academic health system
- Joint university/academic health system
- Free-standing, degree-granting institution
- Corporate/corporate foundation

The scope of responsibility and authority of the dean vary depending upon the structure and governance system of the medical school. That is why you and the LCME care about medical school organizational structure and governance.



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Tenure of Current Permanent Deans *

* As of April 2022, permanent deans were in place in 129 of the 155 LCME-accredited medical education programs (83%).

| Year When Permanent Dean Appointed | Number (%) of Schools |
|------------------------------------|-----------------------|
| Earlier than 2010 | 19 (14.7%) |
| 2010 -2015 | 29 (22.5%) |
| 2016 – 2020 | 58 (45.0%) |
| 2021 – 2022 | 23 (17.8%) |



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Tenure of Current Acting/Interim Deans *

* As of April 2022, acting/interim deans were in place in 26 medical schools (16.7%).

| Year When Interim Dean Appointed | Number (%) of Schools |
|----------------------------------|-----------------------|
| 2020 or Earlier | 5 (19.2%) |
| 2021 | 14 (53.8%) |
| 2022 | 7 (26.9%) |

Positions Held by the Current/Most Recent Permanent Dean & the Current Acting/Interim Dean

| Additional Role(s) of the Medical School Dean* | | |
|---|-------------------------------|---------------------|
| *Based on data from 155 LCME-accredited programs as of April 2022 | | |
| Organizational Role | Number (%) of Medical Schools | |
| | Permanent Dean | Acting/Interim Dean |
| Senior/executive vice president/vice chancellor for health affairs | 64 (41%) | 4 (15%) |
| Provost/vice president/vice chancellor for academic affairs of the university | 11 (7%) | 2 (8%) |
| Chief academic officer of the health system | 21 (14%) | 5 (19%) |
| CEO of the health system | 11 (7%) | 0 (0%) |
| CEO of the medical center/health sciences center | 11 (7%) | 0 (0%) |
| President | 9 (6%) | 1 (4%) |
| Department chair/center director | 20 (13%) | 8 (31%) |
| Chief academic officer of the medical school | 79 (51%) | 11 (42%) |
| TOTAL | 155 | 26 |

Does the Permanent Dean Position & the Acting/Interim Dean Position Include a Leadership Role* in Health Care/Health System?

* Vice President for Health Affairs, Chief Academic Officer of the Health System, CEO of the Health System, CEO of the Medical/Health Science Center

| | Current or Previous Permanent Dean | Current Interim Dean |
|---|------------------------------------|----------------------|
| YES, the position includes one of more leadership health care/ system roles | 84 (54%) | 8 (31%) |
| NO, the position does not include one or more leadership health care/ system roles | 71 (46%) | 18 (69%) |
| Number | 155 | 26 |

Elements with Challenges as a Function of the Scope of the Dean's Role/Authority

2.3 Access and Authority of the Dean

2.4 Sufficiency of Administrative Staff

2.5 Responsibility of and to the Dean (for schools with one or more regional campuses)

3.5 Learning Environment/Professionalism

4.1 Sufficiency of Faculty

5.1 Adequacy of Financial Resources

5.2 Dean's Authority/Resources

5.3 Pressures for Self-Financing

5.4 Sufficiency of Buildings and Equipment

5.5 Resources for Clinical Instruction



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2.3 Access and Authority of the Dean

The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical school and to other institutional officials in order to fulfill decanal responsibilities; there is a clear definition of the dean's authority and responsibility for the medical education program.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- Without formal (organizational) and informal interactions with and access to the sponsoring organization and health system administrators, the dean cannot participate with these administrators in discussions of and planning related to the needs of the medical education program.
- There must be formal mechanisms that can be used by the dean to exercise authority over faculty who participate in the medical education program but are not employed by the medical school.



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2.4 Sufficiency of Administrative Staff

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish effectively the missions of the medical school.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- If the dean is not guaranteed sufficient resources in terms of the number and expertise of administrative staff, the various missions of the medical school cannot be accomplished effectively.



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2.5 Responsibility of and to the Dean

The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

An effective reporting relationship between the medical school dean/CAO and the principal academic officer at each regional campus must be in place in order for the dean to ensure

- the quality of the medical education program at all regional campuses
- the adequacy of campus faculty in terms of numbers and areas of expertise
- the adequacy of resources (e.g., patient volume and type, infrastructure, facilities).



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3.5 Learning Environment/Professionalism

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- The dean must be guaranteed appropriate access to the methods and tools used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional behaviors, especially in the clinical setting.



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4.1 Sufficiency of Faculty

A medical school has in place a sufficient cohort of faculty members with the qualifications and time required deliver the medical education curriculum and to meet the other needs and fulfill the other missions of the institutions.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- The dean must have the authority to identify what constitutes a sufficient number of faculty with the appropriate expertise and time to teach medical students (e.g., to provide lectures in a specific content area, to serve as small group facilitators, to serve as clinical skills teachers) in the pre-clerkship phase and the clerkship phase of the curriculum.



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5.1 Adequacy of Financial Resources

The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- Does the dean have authority over or influence into funding sources?
- Can the dean make or influence adjustments in the funding streams if needed?
- Are governmental sources (if any) “pass through” or does someone else decide the school’s allocation?
- Are government sources (if any) fixed/line item, or are they negotiated at each legislative session?
- Does the dean control research infrastructure/research support?
- Does the dean have the luxury of or control over all or part of clinical funding sources?
- What recourse does the dean have if there is financial downturn at a major clinical partner/affiliate or the sponsoring institution?
- What is the dean’s authority over the use of reserves?
- Does the dean have sufficient control over funding for capital improvements and any associated debt service?



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5.2 Dean's Authority/Resources

The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean's responsibility for the management and evaluation of the medical curriculum.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- How does the dean exercise budgetary authority (or influence?) to ensure sufficient resources are available to deliver the curriculum?
- Who must approve the medical education program budget?
- What recourse does the dean have if projected resources are not adequate?
- What are the dean's limitations/discretions in accessing reserves or reallocating funding lines?



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5.3 Pressures for Self-Financing

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- Who sets class size and what is the reason for increasing class size?
- How does the dean ensure that class size increases do not exceed resources? (Just say no?)
- Who sets tuition? Does the dean have input?
- What leverage/authority does the dean have in procuring clinician teaching time?
- Does the dean have sufficient authority or influence over the research enterprise to ensure that the medical education program needs are met (including student participation in research)?
- What leverage does the dean have to ensure that the medical education program needs are met while balancing the other mission needs of the school?



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5.4 Sufficiency of Buildings and Equipment

A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- What influence/leverage does the dean have to ensure adequate facilities to support the pre-clerkship educational program if the dean doesn't "own"/control the facilities needed by the program?
- How does the dean ensure that class size and curriculum structure "fit" the available resources?
- How does the dean ensure adequate research space/equipment for faculty and students if the dean doesn't "own"/control the space and equipment budget?
- Does the dean have sufficient control over the funding for capital improvements and servicing the debt?



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5.5 Resources for Clinical Instruction

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

Potential challenges associated with narrowed scope of responsibilities/authority of the dean:

- What influence/control does the dean have over resources at clinical affiliates/teaching sites?
- What authority does the dean have to develop the affiliations necessary to support clinical education?
- What authority does the dean have to discontinue problematic teaching affiliations?

Nature of Associated Challenges and Cross-Walk to Affected Elements

- Dean's control of the medical education program budget (Element 5.2)
- Dean's authority to effect needed changes in the learning environment (Element 3.5)
- Shifting hospital affiliations/health system consolidations
 - Tremors in learning sites (Elements 4.1 and 5.5) affecting the ability to recruit faculty needed for the medical education program if inconsistent with health system needs
- Increased number of learners
 - MD class size (Elements 5.1, 5.2, 5.3, 5.4)
 - Regional campuses (Element 2.5)
 - Other health professional programs (Elements 2.3, 2.4, 5.1, 5.2, 5.4)
- Clinical placement "bidding wars"
 - Competition with other MD- and DO-granting programs, both nationally and internationally (Element 5.5)
 - Especially acute for medical schools with no primary clinical partner
- Dichotomization of faculty
 - Fewer full-time faculty and faculty paid to teach on the medical school campus (Element 4.1)
 - Two groups of clinical "faculty" – lower paid clinician-educators and higher paid health system clinicians – net negative impact on faculty recruitment and retention (Elements 4.1, 5.3)



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Submitted Question

Element 4.6.a. Is there a standing or other committee, such as an executive committee, in which the dean, relevant medical school administrators, and faculty representatives determine the governance and policy-making processes of the medical school?

Is it okay for a dean's executive committee to approve these policies if there are no faculty reps on the committee?

For example, Curriculum Committees approve all curricular policies (Duty Hours). However, the appropriate committee to approve non-curricular policies isn't as straightforward (e.g., Diversity Policy, Admissions Committee Policy, Student Progress Committee Policy).



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Submitted Question

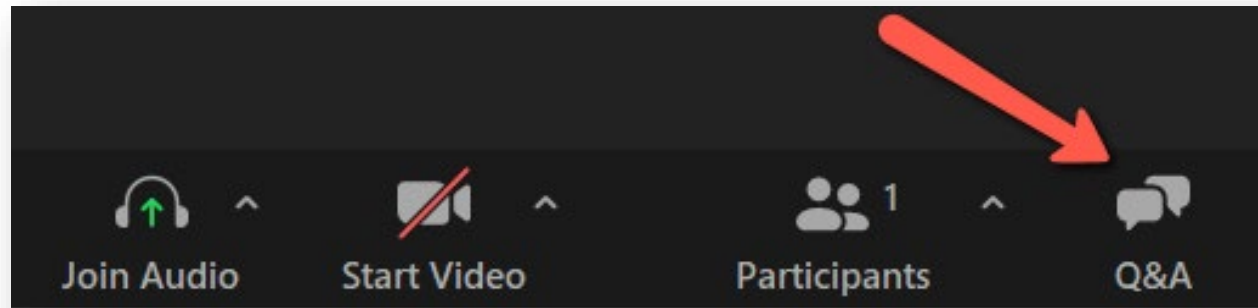
In what ways does the LCME consider a school to be effective at providing **“opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program”**?

LCME® Open Q&A

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How to ask questions in Zoom:

Participants can ask questions by hovering their mouse at the bottom of the screen to bring up their toolbar.



Click the Q&A icon and a box will open where you can submit a question.

Participants will not see other participants' questions. Only speakers will see the questions submitted.



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Announcements:

Documents Posted Since Last Webinar:

<https://lcme.org/publications/>

| EFFECTIVE AY | PUBLICATION TITLE |
|---------------------|---|
| 2023-24 | Survey Report Template for Limited Survey Visit Reports |
| 2023-24 | Survey Report Template for Full Survey Visit Reports |
| 2024-25 | DCI for Provisional Accreditation Surveys |
| 2024-25 | DCI for Preliminary Accreditation Surveys |
| 2024-25 | Self-study Guide for Full Accreditation |
| 2024-25 | Self-study Guide for Preliminary Accreditation |
| 2024-25 | Guide to the Survey Process for Provisional Accreditation |
| 2024-25 | Role of Students for Full Accreditation |
| 2024-25 | Role of Students for Provisional Accreditation |
| 2024-25 | Checklist of Requirements for Completing the ISA for Full Accreditation |
| 2024-25 | Checklist of Requirements for Completing the ISA for Provisional Accreditation |
| <i>Not Specific</i> | Survey Report and Team Findings Guide |
| <i>Not Specific</i> | Survey Team Findings Template for Full, Provisional, and Preliminary Survey Visit Reports |
| <i>Not Specific</i> | Exit Report Template for Full, Provisional, and Preliminary Accreditation Surveys |
| <i>Not Specific</i> | Exit Report Template for Limited Accreditation Surveys |



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Next Webinar: Thursday, July 6, 2023

Topic of the Month:

Designing and Managing the Curriculum

Email lcme@aamc.org with element or topic suggestions.