

## 8. GOVERNANCE AND ADMINISTRATION

### 8.1 GOVERNANCE

**Basic standard:** The medical college **must**

8.1.1. define its governance structures and functions including their relationships within the university.

**Quality development standards:** The medical college **should**

8.1.2. in its governance structures set out the committee structure, and reflect representation from

8.1.2.1. principal stakeholders.

8.1.2.2. other stakeholders.

8.1.3. ensure transparency of the work of governance and its decisions.

**Annotations:**

- ❖ *Governance* means the act and/or the structure of governing the medical school. Governance is primarily concerned with policy making, the processes of establishing general institutional and program policies and also with control of the implementation of the policies. The institutional and program policies would normally encompass decisions on the mission of the medical college, the curriculum, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations.
- ❖ *Relationships within the university* of its governance structures would be specified, for example if the medical college is part of or affiliated to a university.
- ❖ *The committee structure*, which includes a curriculum committee, would define lines of responsibility, cf. B 2.7.1.
- ❖ *Principal stakeholders*, cf. 1.4, annotation.
- ❖ *Other stakeholders*, cf. 1.4, annotation.
- ❖ *Transparency* would be obtained by newsletters, web-information or disclosure of minutes.

### 8.2 ACADEMIC LEADERSHIP

**Basic standard:** The medical college **must**

8.2.1. describe the responsibilities of its academic leadership for definition and management of the medical educational program.

**Quality development standard:** The medical college **should**

8.2.2. periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes.

**Annotation:**

- ❖ *Academic leadership* refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters in teaching, research and service and would include dean, deputy dean, vice deans, heads of departments, course leaders, directors of research institutes and centers as well as chairs of standing committees (e.g. for student selection, curriculum planning and student counseling).

## 8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

**Basic standards:** The medical college **must**

8.3.1. have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

8.3.2. allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

**Quality development standards:** The medical college **should**

8.3.3. have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes.

8.3.4. in distribution of resources take into account the developments in medical sciences and the health needs of the society.

### **Annotations:**

- ❖ *The educational budget* would depend on the budgetary practice in each institution and country and would be linked to a transparent budgetary plan for the medical college.
- ❖ *Resource allocation* presupposes institutional autonomy, cf. 1.2, annotations.
- ❖ Regarding *educational budget and resource allocation* for student support and student organizations, cf. 5.3.3 and 5.4, annotation.

## 8.4 ADMINISTRATION AND MANAGEMENT

**Basic standards:** The medical college **must**

8.4.1. have an administrative and professional staff that is appropriate to

8.4.1.1. support implementation of its educational program and related activities.

8.4.1.2. ensure good management and resource deployment.

**Quality development standard:** The medical college **should**

8.4.2. formulate and implement an internal program for quality assurance of the management including regular review.

### **Annotations:**

- ❖ *Management* means the act and/or the structure concerned primarily with the implementation of the institutional and program policies including the economic and organizational implications i.e. the actual allocation and use of resources within the medical school. Implementation of the institutional and program policies would involve carrying into effect the policies and plans regarding mission, the curriculum, admission, staff recruitment and external relations.
- ❖ *Administrative and professional staff* in this document refers to the positions and persons within the governance and management structures being responsible for the administrative support to policy making and implementation of policies and plans and would - depending on the organizational structure of the administration - include head and staff in the dean's office or secretariat, heads of financial administration, staff of the budget and accounting offices, officers and staff in the admissions office and heads and staff of the departments for planning, personnel and IT.
- ❖ *Appropriateness of the administrative staff* means size and composition according to qualifications.
- ❖ *Internal program of quality assurance* would include consideration of the need for improvements and review of the management.

## 8.5 INTERACTION WITH HEALTH SECTOR

**Basic standard:** The medical college **must**

8.5.1. have constructive interaction with the health and health related sectors of society and government.

**Quality development standard:** The medical college **should**

8.5.2. formalize its collaboration, including engagement of staff and students, with partners in the health sector.

### **Annotations:**

- ❖ *Constructive interaction* would imply exchange of information, collaboration, and organizational initiatives. This would facilitate provision of medical doctors with the qualifications needed by society.
- ❖ *The health sector* would include the health care delivery system, whether public or private, and medical research institutions.
- ❖ *The health-related sector* would -depending on issues and local organization- include institutions and regulating bodies with implications for health promotion and disease prevention (e.g. with environmental, nutritional and social responsibilities).
- ❖ To *formalize collaboration* would mean entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects.

## 9. CONTINUOUS RENEWAL

**Basic standards:** The medical college **must** as a dynamic and socially accountable institution

9.0.1. initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the program.

9.0.2. rectify documented deficiencies.

9.0.3. allocate resources for continuous renewal.

**Quality development standards:** The medical college **should**

9.0.4. base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature.

9.0.5. Ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives.

9.0.6. address the following issues in its process of renewal:

9.0.6.1. adaptation of mission statement to the scientific, socio-economic and cultural development of the society. (cf. 1.1)

9.0.6.2. modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation.(cf. 1.3)

9.0.6.3. adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant.(cf. 2.1)

9.0.6.4. adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioral and social sciences, changes in the demographic profile and health/disease pattern of the population, and