

MD Curriculum Oversight Group

DRAFT Terms of Reference

Background

The Flinders University Doctor of Medicine (MD) has a public value proposition “to educate tomorrow’s doctors” (Medical Program Board, 2021). Emphasis is on preparing students for the changing health needs of patients, that is “ongoing disruption and innovation” (MDANZ, 2021) in the health sector. Given the shifting sands, the MD curriculum requires continuing and formal review, monitoring and renewal to ensure it remains fit for purpose.

Managing curricula and curricular change involves a complex set of decisions and effective enactment of those decisions, that is hard and soft academic governance (Birnbaum, 2004; Casiro & Regehr, 2018; Velthuis et al., 2021). At its meeting of 29th September 2022, the Medical Program Board approved formation of a Curriculum Oversight Group (COG) to enhance the MD program’s ‘hard’ academic governance structure. The COG is responsible for overseeing all changes to MD curriculum.

Role of the COG

The primary function of the COG is to plan, review, evaluate, and renew medical curriculum to ensure that it complements course philosophy/underlying principles, complies with regulatory standards, and meets the changing demands of the health environment.

To achieve this, the CoG will:

- Conduct a continuing review of the broad scope of curriculum (e.g., design, content, sequencing, and outcomes) and formulate recommendations for improvement.
- Ensure that curriculum content is coordinated and integrated within and across academic years/phases.
- Initiate and review curriculum change proposals.
- Consider stakeholder (student, faculty, clinician, consumer) feedback about curricular issues.
- Monitor the quality and outcomes of each topic/theme, each phase of the curriculum, and of the curriculum as a whole.
- Facilitate fidelity of curriculum implementation and ongoing refinements to bring practices increasingly in line with pedagogical intent.
- Liaise with relevant professional units - e.g., Student Administration Services, Clinical Advisory Group - to ensure MD curriculum is communicated to students, staff and clinical stakeholders.
- Identify when resources are required to support the curriculum.
- Work in the best interests of the students and the educational program without regard for parochial or political influences or departmental pressures.
- Report to the Medical Program Board on curricular issues on a quarterly basis.

The COG may:

- Establish working parties (e.g., from the Clinical Advisory Group) to advise it on any matters within its terms of reference.

Composition and membership

COG composition and membership will reflect the diversity of the course, that is represent all primary teaching sites and stakeholder groups. The term of appointment will be one-year initially, with an opportunity for individual members to apply to extend their tenure for a further two-year period (i.e., no more than three years in total).

Organisation	Reason for membership
Doctor of Medicine (MD)	Representative(s) of academic group accountable for medical program at Bedford Park campus (e.g., leads of curriculum, evaluation and assessment).
Northern Territory Medical Program (NTMP)	Representative(s) of academic group accountable for medical program at Darwin campus.
Doctor of Medicine Rural Stream (MDRS)	Representative(s) of (clinical) academic group accountable for medical program at rural/regional SA campuses.
Southern Adelaide Local Health Network (SALHN)	Representative(s) of clinician group responsible for supervising and teaching medical students at Flinders Medical Centre, the primary tertiary teaching hospital in SA. These individuals will come from <i>any discipline</i> but with a <i>generalist approach</i> .
Northern Territory Primary Health Network (PHN)	Representative(s) of clinician group responsible for supervising and teaching medical students at the Royal Darwin Hospital, primary tertiary teaching hospital in NT. These individuals will come from <i>any discipline</i> but with a <i>generalist approach</i> .
College of Medicine and Public Health (CMPH)	Representative(s) of professional staff teams responsible for supporting teaching and learning of medical students in primary teaching sites, that is SA, NT, and MDRS (e.g., Student Administrative Support, Clinician Engagement Group).
Flinders Medical Student Society, FMSS	Representative(s) of MD student cohort responsible for engaging, educating, supporting and advocating for the student body with faculty and the wider community.
Flinders University Alumni	Representative of MD graduate (recent) for insight into the efficacy of the course from a PGY1 or PGY2 perspective.
Office of Indigenous Strategy and Engagement, Flinders University	Representative of Yungkurinthe staff committed to increasing Aboriginal and Torres Strait Islander student access, participation, retention, and success.
Consumer and Community Interest Advisory Board, Flinders Health and Medical Research Institute (FHMRI)	Representative of interest group committed to ensuring consumer and community priorities and perspectives are reflected in health and medical research and/or related areas.

Others may be invited from time to time, depending on the matters under consideration.

Roles and responsibilities

Chair	Arrange agenda Lead meetings Lead decision-making process Write and receive correspondence Coordinate quarterly reporting for the Medical Program Board Act as spokesperson
-------	--

Coordinator	Arrange meeting logistics Coordinate and chase-up action items Circulate documents and help maintain records Develop and disseminate communication products
All other members	Regularly attend and participate in meetings Note taking and write up (including agreed actions) on rolling-basis Contribute skills, knowledge and experience Regularly engage in the review and editing of curriculum documents online Endeavour to align and coordinate the work of their organisation Identify gaps in the knowledge/skills relevant to medical students Seek to make available relevant information held by the organisations they represent to assist curriculum design, review, evaluation, and change processes Report as necessary to their organisation to share knowledge on progress and issues in postgraduate medical curriculum Lead sub-groups (where required)

The above membership will be invited by expression of interest. The above position roles and responsibilities will be reviewed annually. The position of chair, coordinator, and all other members will be assigned by a panel of reviewers.

Structure

The source of authority of the COG is the Medical Program Board.

Decision making

Decisions will be made by consensus. A quorum shall consist of 50% of members to the next highest whole number. In the absence of a quorum, a meeting may be held but its decisions will be subject to ratification by the next quorate meeting.

Operational arrangements

- **Meeting details**
 - Online via Microsoft Teams
 - Held monthly during the academic year (February – November)
 - Extraordinary meetings may be called by the Chair
 - Members will be expected to rotate the role of ‘notetaker’ at each meeting
 - Assigned notetaker is expected to write and upload the monthly meeting record to the COG Teams site
 - Any member unable to attend a given meeting are expected to nominate a suitably qualified colleague to deputise in their absence.
- **Information management**
 - All files e.g., curriculum proposals, review documents, meeting papers and notes, reports, etc., will be managed in the COG Teams site to ensure transparency of the decision-making process.
- **Communication**
 - Members are encouraged to use the COG Teams site as the sole method for communicating about relevant matters with the group and/or individual members.

Review and reporting

- **Procedure for reporting**
 - Team responsibility for producing and uploading monthly meeting records to COG Teams site
 - Chair takes responsibility for producing and communicating quarterly report for/to Medical Program Board
- **Procedure for reviewing COG efficiency, effectiveness and terms of reference**
 - Annual self-assessment of deliverables by COG membership and reported to Medical Program Board.
 - Five-yearly robust review of group's effectiveness by Educational Quality Team.

References

Birnbaum, R. (2004). The end of shared governance: Looking ahead or looking back. *New Directions for Higher Education*, 2004(127), 5-22. <https://doi.org/https://doi.org/10.1002/he.152>

Casiro, O., & Regehr, G. (2018). Enacting Pedagogy in Curricula: On the Vital Role of Governance in Medical Education. *Academic Medicine*, 93(2), 179-184. <https://doi.org/10.1097/acm.0000000000001774>

Medical Deans Australia and New Zealand. (2021). *Training tomorrow's doctors: All pulling in the right direction - discussion paper*. <https://medicaldeans.org.au/resource/training-tomorrows-doctors-all-pulling-in-the-right-direction/>

Medical Program Board (2021). *Doctor of Medicine (MD) program: Vision, mission, values, and positioning*. Flinders University.

Velthuis, F., Dekker, H., Coppoolse, R., Helmich, E., & Jaarsma, D. (2021). Educators' experiences with governance in curriculum change processes; a qualitative study using rich pictures. *Advances in Health Sciences Education*, 26(3), 1027-1043. <https://doi.org/10.1007/s10459-021-10034-1>