



Undergraduate Medical Education

Curriculum Committee Terms of Reference

Revision: October 29, 2020 (membership amended)
Feb 26, 2015 (membership amended)
May 24, 2017
July 27, 2017 (Element assignment amended)
November 22, 2018 (membership amended)

Effective Date: December 1, 2020

Part I: Mandate and Responsibilities

Mandate

Under the jurisdiction of the Royal Charter of 1841 that established Queen's University, the Senate has responsibility for all academic matters within the University. Senate delegates the authority for academic governance to the Boards of individual Faculties. In the Faculty of Health Sciences, the Board, with the support of the Dean, delegates the responsibility for administering the academic affairs and educational programs of the School of Medicine to the School of Medicine Academic Council (SOMAC).

SOMAC and the Dean assign the MD Program Executive Committee (MD PEC) the responsibility for the administration, coordination and direction of the Medical Program. The MD PEC, with the consent of the Dean, assigns the responsibility for the design, administration, implementation and evaluation of the Medical Program curriculum to the Curriculum Committee.

Major Responsibilities

The committee has authority for oversight of all curricular aspects of the MD Program. This encompasses the following general areas of responsibility:

1. Developing and implementing policies regarding curricular hours, duty hours, curricular review, curricular design and content.
2. Establishing curricular content and design, including undergraduate program curricular objectives.

3. Overseeing curricular implementation and ongoing management. Managing the ongoing evaluation and revision of the curricular content.
4. Preparing and revising role descriptions and activity expectations for Year Directors, Course Directors, Discipline Leads and Integrated Role Leads.
5. Ensuring the School's compliance with specific elements of accreditation standards 6 – 9 inclusive. The Curriculum Committee has primary responsibility for some of the elements and delegates authority for specific elements to its subcommittees as outlined in Appendix A.
6. Providing content material for accreditation reports as evidence to support the School of Medicine's compliance with the above accreditation standards.

Specific Functions

1. Development of Policy: The Curriculum Committee develops policies that direct the curriculum. Such policies include those supporting the curricular framework, curricular hours, duty hours, curricular content and workload, curricular review and new learning within the curriculum.
2. Establishment of Curricular Goals. The Curriculum Committee is responsible for the establishment and continuing review of overall curricular goals, competencies and educational objectives.
3. Curricular Design and Content. The Curriculum Committee is responsible for the design and structure of the curriculum so that it meets the School of Medicine's established Curricular Goals and Competency Objectives and so that it allows for the appropriate coordination of objectives, content and progression of learning. The Curriculum Committee approves the Academic Calendar. It monitors the content and workload of courses and establishes degree requirements. It sets standards for the curriculum regarding depth and breadth of knowledge, currency and relevance of content, and the extent of redundancy needed to reinforce the learning of complex topics.
4. Managing the Ongoing Evaluation and Revision of the Curricular Content: The Curriculum Committee reviews the curriculum as a whole. Individual courses and clerkship rotations are reviewed by the CFRC.
5. Curricular Administration. The Curriculum Committee is responsible for establishing an appropriate faculty and administrative leadership structure to ensure that all curricular goals are met.
6. Faculty Communication and Education. The Curriculum Committee is responsible for ensuring that all teaching and administrative faculty are aware of their responsibilities and of the

School's curricular policies and objectives. It is also responsible for ensuring that faculty members are provided with development opportunities.

7. The Curriculum Committee establishes and oversees the activity of subcommittees to carry out specific aspects of its functions. These include, but are not necessarily limited to:
 - Student Assessment Committee
 - Teaching, Learning and Integration Committee
 - Course and Faculty Review Committee
 - Program Evaluation Committee
 - Clerkship Committee

Part II: Membership and Chair

Membership

Ex-officio members

Committee members will not represent two positions

Associate Dean, Undergraduate Medical Education
Assistant Dean, Curriculum
Assistant Dean, Academic Affairs and Programmatic Quality Assurance
Pre-clerkship Director (or delegate)
Clinical Clerkship Director (or delegate)
Clerkship Curricular Courses Director (or delegate)
Clinical Skills Director (or delegate)
Director, Student Assessment (or delegate)
Director, TLIC (or delegate)
Director, CFRC (or delegate)
Director, Intrinsic Roles (or delegate)
Educational Developer (or delegate)
Assessment & Evaluation Consultant (or delegate)
Aesculapian Society representative (or delegate) and Clerkship Class Councils representative (or delegate) - these two representatives share one vote

Appointed Members

In addition, the committee will be augmented by the following members, who will be nominated by the standing members and appointed by the MD Program Executive Committee. In making appointments, the MD Program Executive Committee will strive to achieve appropriate diversity representation.

Member of the Department of Biomedical and Molecular Sciences
Member of the Department of Family Medicine

Student Affairs Representative
Regional Representative
Clinical Foundations Course Director
Clerkship Course Director
Humanities Lead

Responsibilities of Members

All members will participate actively in the committee by:

- Reviewing all pre-circulated material
- Attending at least 70% of the meetings
- Participating in working groups, as required
- Communicating committee activities and decisions as appropriate

Term of Membership

Ex-officio members will normally serve for as long as they hold the position.

Appointed members will normally serve a three-year term, that is renewable once.

Chair

One of the *ex-officio* members will be appointed by the MD PEC to act as Chair, normally for a two-year term that is renewable

Duties of the Chair:

1. To chair all Curriculum Committee meetings
2. To be responsible for the development and approval of meeting minutes
3. To develop agenda for all meetings
4. To monitor follow-up of all committee decisions
5. To orient new committee members

Part III: Meeting Procedures

Frequency and Duration of Meetings

Meetings will be held monthly during the academic year and otherwise at the call of the Chair.

Quorum

Quorum for the purpose of approving minutes or passing motions will be 50% plus one of all voting members, either present in person or via teleconference.

Meetings may be held in the absence of a quorum, but no decisions will be made.

Conflict of Interest

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. They can do so either by personal declaration at the beginning of a meeting or in writing to the Chair. They will be excused from any discussions regarding the matter in question. The declaration and absences will be recorded in the minutes.

Decision-Making

Decisions that establish program policy changes or directions to subcommittees or faculty members will be discussed in the context of specific motions, passed by a majority vote of members and recorded in the minutes. The Chair will aim to build consensus, if possible (see Appendix B), but the final decision will be made by voting. Votes may be conducted electronically, if necessary.

Part IV: Administrative Support & Communication

Administrative Support

The Secretary will be a member of the Staff of the Undergraduate Medical Education Office, appointed by a Manager.

Agendas & Minutes

- Agendas and minutes of committee meetings are to be distributed to the committee members by the recording secretary.
- Minutes are normally distributed electronically to all members within one month of meetings.
- Minutes will be uploaded to the Committee's community on Elentra.
- Curricular changes listed in the minutes are to be communicated to relevant parties in accordance with the Use, Revision and Dissemination of UGME Competency Framework Policy (CC-11) and Procedure (CC-11P).

Reporting Relationship

The Curriculum Committee reports its decisions and recommendations to the MD Program Executive Committee, which reports to the School of Medicine's Academic Council (SOMAC).

Subcommittees of the Curriculum Committee will report to the Curriculum Committee at least once per academic year. Subcommittees' reports will comprise the major topic of discussion at meetings and

will be accompanied by a written submission to be prepared and distributed in advance of the meetings.

Part V: Evaluation

These terms of reference will be reviewed by the Curriculum Committee on an annual basis and as required.

Part VI: Policy References

The School of Medicine's policies are posted to <http://meds.queensu.ca/undergraduate/policies>

Rules of Order

The School of Medicine's committees follow *Bourinot's Rules of Order*.

A summary of *Bourinot's Rules of Order* is available at:

<http://www.queensu.ca/secretariat/senate/rules-glance>

APPENDIX A

Accreditation Elements Monitored by the Curriculum Committee via its Subcommittees

Curriculum Committee

- ❖ 6.1 Program and Learning Objectives
- ❖ 6.8 Education Program Duration
- ❖ 7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (Medical Expert Lead)
- ❖ 8.1 Curricular Management
- ❖ 8.2 Use of Program and Learning Objectives
- ❖ 8.3 Curricular Design, Review, Revision/Content Monitoring
- ❖ 9.1 Preparation of Resident and Non-Faculty Instructors
- ❖ 9.2 Faculty Appointments
- ❖ 9.6 Setting Standards of Achievement

Student Assessment Committee

- ❖ 8.3 Curricular Design, Review, Revision/Content Monitoring
- ❖ 8.7 Comparability of Education/Assessment
- ❖ 9.4 Assessment System
- ❖ 9.5 Narrative Assessment
- ❖ 9.6 Setting Standards of Achievement
- ❖ 9.7 Timely Formative Assessment and Feedback
- ❖ 9.8 Fair and Timely Summative Assessment

Teaching, Learning and Integration Committee

- ❖ 6.3 Self-Directed and Life-Long Learning (Scholar Lead)
- ❖ 6.6 Service-Learning
- ❖ 7.3 Scientific Method/Clinical/Translational Research (Scholar Lead)
- ❖ 7.4 Critical Judgment/Problem-Solving Skills (Scholar Lead)
- ❖ 7.5 Societal Problems (Advocate Lead)
- ❖ 7.6 Cultural Competence and Health Care Disparities (Advocate Lead)
- ❖ 7.7 Medical Ethics (Professional Lead)
- ❖ 7.8 Communication Skills (Communicator and Collaborator Leads)
- ❖ 7.9 Interprofessional Collaborative Skills (Collaborator Lead)
- ❖ 7.10 Professional and Leadership Development (Professional and Leader Leads)
- ❖ 9.1 Preparation of Resident and Non-Faculty Instructors

Course and Faculty Review Committee

- ❖ 8.3 Curricular Design, Review, Revision/Content Monitoring
- ❖ 8.5 Medical Student Feedback

Program Evaluation Committee

- ❖ 8.2 Use of Program and Learning Objectives
- ❖ 8.3 Curricular Design, Review, Revision/Content Monitoring
- ❖ 8.4 Program Evaluation

Clerkship Committee

- ❖ 6.2 Required Patient Encounters and Procedures
- ❖ 6.4 Outpatient/Inpatient Experiences
 - ❖ 6.4.1 Context of Clinical Learning Experiences
- ❖ 6.5 Elective Opportunities
- ❖ 8.6 Monitoring of Required Patient Encounters and Procedures
- ❖ 8.7 Comparability of Education/Assessment
- ❖ 8.8 Monitoring Time Spent in Educational and Clinical Activities
- ❖ 9.1 Preparation of Resident and Non-Faculty Instructors
- ❖ 9.3 Clinical Supervision of Medical Students

Year 1 Council

- ❖ 7.1 Biomedical, Behavioral, Social Sciences
- ❖ 7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors

Year 2 Council

- ❖ 7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors

Clerkship Curricular Units Council

- ❖ 7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors

Clinical Skills Council

- ❖ 6.2 Required Patient Encounters and Procedures
- ❖ 7.8 Communication Skills

Procedural Skills Council

- ❖ 6.2 Required Patient Encounters and Procedures

APPENDIX B

Consensus-Based Decision Making Rules for Building a Consensus

A consensus requires that everyone involved in the decision must agree on the individual points discussed before they become part of the decision. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally. It is not necessary that everyone is satisfied, but everyone's ideas should be reviewed thoroughly. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.

The following rules are helpful in reaching a consensus:

- Avoid arguing over individual ranking or position. Present a position as lucidly as possible, but consider seriously what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and, therefore, someone else must lose. When an impasse occurs, look for the next most acceptable alternative for both parties.
- Avoid trying to change minds only in order to avoid conflict and achieve harmony.
- Withstand the pressure to yield to views that have no basis in logic or the supporting data.
- Avoid majority voting, averaging, bargaining or coin flipping. These techniques do not lead to a consensus. Treat differences of opinion as indicative of an incomplete sharing of information -- so keep probing.
- Keep the attitude that the holding of different views by group members is both natural and healthy. Diversity is a normal state; continuous agreement is not.
- View initial agreement as suspect. Explore the reasons underlying apparent agreement on a decision and make sure that all members understand the implication of the decision and support it willingly.