

To: UT System Campus Presidents, Provosts, and Chairs of campus governance organizations

Through: Pedro Reyes, Executive Vice Chancellor for Academic Affairs
Raymond Greenberg, Executive Vice Chancellor for Health Affairs

UT System campus governance organizations should be aware of their powers and responsibilities as assigned by tradition and recognized in accrediting standards and UT system rules. The provisions are as follow:

1. First, the traditional and necessary authority of the faculty is recognized in The University of Texas's Regents' Rule 40101, "Faculty Role in Educational Policy Formation." This states that "the faculties of the institutions regularly offering instruction shall have a major role in the governance of their respective institutions in the following areas:
 - General academic policies and welfare.
 - Student life and activities.
 - Requirements of admission and graduation.
 - Honors and scholastic performance.
 - Approval of candidates for degrees.
 - Faculty rules of procedure."

Second, the Rules recognize that "the faculty" is represented by the elected bodies of the faculty governance organization. Institutional policies should be in the institutional Handbook of Operating Procedures. It follows that the faculty governance organization should have a major role in designing all policies in the Handbook of Operating Procedures under the headings of Regents Rule 40101. In Regents' Rule 20201, responsibility to assure that such policies are reviewed by the governance body are assigned to the President of the university. As follows:

The University of Texas's Regents' Rule 20201, Section 4.9:

"(a) Input from the faculty, staff, and student governance bodies for the institution will be sought for all significant changes to an institution's Handbook of Operating Procedures. The institutional Handbook of Operating Procedures will include a policy for obtaining this input that is in accordance with a model policy developed by the Office of General Counsel.

(b) Sections of the Handbook of Operating Procedures that pertain to the areas of faculty responsibility as defined in Regents' Rules and Regulations, Rule 40101 titled Faculty Role in Educational Policy Formulation will be explicitly designated in the Handbook of Operating Procedures. The president, with the faculty governance body of the campus, shall develop procedures to assure formal review by the faculty governance body before such sections are submitted for approval. The formal review should be done within a reasonable timeframe (60 days or less)."

In addition, the accreditation standards of the Southern Association of Colleges and schools and Liaison Committee on Medical Education place great emphasis on the importance of faculty governance involvement in establishing academic policies. For UT campuses, this necessarily would mean involvement of the faculty governance organization:

2. SACS/COC standards related to faculty governance:

“3.2.6 There is a clear and appropriate distinction, in writing and practice, between the policy-making functions of the governing board and the responsibility of the administration and faculty to administer and implement policy. (Board/administration distinction)”

3.2.7 The institution has a clearly defined and published organizational structure that delineates responsibility for the administration of policies. (Organizational structure)”

“3.4.1 The institution demonstrates that each educational program for which academic credit is awarded is approved by the faculty and the administration. (Academic program approval)”

“3.4.10 The institution places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty. (Responsibility for curriculum)”

3. LCME standards related to faculty governance:

“1.3 Mechanisms for Faculty Participation

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.”

“2.6 Functional Integration of the Faculty

At a medical school with one or more geographically distributed campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).”

“4.6 Faculty/Dean Responsibility for Educational Program Policies

At a medical school, the dean and a committee of the faculty determine programmatic policies.”

“Standard 6: Competencies, Curricular Objectives, and Curricular Design

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enables its medical students to achieve those competencies and objectives. The medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

6.1 Format/Dissemination of Medical Education Program Objectives and Learning Objectives

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students, faculty,

residents, and others with responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.2 Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

6.3 Self-Directed and Life-Long Learning

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

6.4 Inpatient/Outpatient Experiences

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

6.5 Elective Opportunities

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.

6.6 Service-Learning

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and community service activities.

6.7 Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate, and professional degree programs and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

6.8 Education Program Duration

A medical education program includes at least 130 weeks of instruction.

Standard 7: Curricular Content

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency

program and for the subsequent contemporary practice of medicine.

7.1 Biomedical, Behavioral, Social Sciences

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

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

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention.
- Recognize and interpret symptoms and signs of disease.
- Develop differential diagnoses and treatment plans.
- Recognize the potential health-related impact on patients of behavioral and socioeconomic factors.
- Assist patients in addressing health-related issues involving all organ systems.

7.3 Scientific Method/Clinical/Translational Research

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).

7.4 Critical Judgment/Problem-Solving Skills

The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.

7.5 Societal Problems

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

7.6 Cultural Competence/Health Care Disparities/Personal Bias

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
- The basic principles of culturally competent health care.
- The recognition and development of solutions for health care disparities.
- The importance of meeting the health care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensionally diverse society.

7.7 Medical Ethics

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

7.8 Communication Skills

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

7.9 Interprofessional Collaborative Skills

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.”