

To: University Senate

From: Senate Planning and Review Committee (SPRC)
Frances Jackson, Chair

Re: School of Medicine Proposal for a Doctor of Medicine Degree (M.D.)

SPRC has reviewed the proposal submitted by the Oakland University William Beaumont School of Medicine (SOM) to initiate a Doctor of Medicine Degree (MD). The committee has reviewed the relevant documents as well as submitted questions to the SOM and makes the following report.

Summary

The SOM is designed as an academic unit within OU. It is properly described as a privately funded SOM on the campus of a public university. The SOM has already received preliminary accreditation by the Liaison Committee for Medical Education (LCME) which will enable it to admit its first class in Fall of 2011.

The unique configuration of the SOM offers both challenges and opportunities. This school of allopathic medicine is a joint venture between William Beaumont Hospital (WBH) and OU. To that end, the biomedical science faculty will be employed by OU. The clinical faculty will be employed by WBH.

It is anticipated that 50 students will be admitted to the inaugural class of the SOM. The proposal details both the classes required for admission as well as admission criteria. Admission to the SOM is comprised of four stages – application, initial screening, interview and decision notification. Each year, the class size will increase by 25, reaching a steady state of 125 by academic year 2014.

The Curriculum

The curriculum of the SOM is described as student-focused and patient-centered. Students will take the Family Medicine clerkship at WBH – Troy and all other clerkships at WBH – Royal Oak. Unlike OU, the SOM will have Fall and Spring semesters instead of Fall and Winter semesters.

Medical year 1 will focus on the biomedical science foundation (biomedical foundations of clinical practice) needed by all medical students, including courses in biochemistry, biology, genetics, anatomy and embryology, physiology, pharmacology, pathology and microbiology and immunology. The Integrative Foundations of Clinical Practice courses begin in year 1 and extend through the end of year two and include the following clinical courses: neuroscience, behavioral science, cardiovascular, respiratory (these courses are in Medical year 1), gastroenterology and hepatology, renal and urinary, endocrine, reproductive, musculoskeletal, hematopoietic and lymphoid and psychoneurology (these courses are in Medical year 2).

Medical year 3 will include internal medicine, general surgery, family medicine I, pediatrics, psychiatry, anesthesiology, and OB-GYN. Students will take a second family medicine course in the fourth year. They will also take four weeks of an elective in the third year. Medical year 4 will include the second family medicine course, emergency medicine, 12 weeks of electives, a sub-internship, neurology/special senses, and diagnostic imaging.

It is important to note that such topics as the Art & Practice of Medicine, Medical Humanities, and the Promotion and Maintenance of Health are topics that are integrated throughout the curriculum. For example, when students take the neuroscience course, content from the Art & Practice of Medicine, Medical Humanities, and the Promotion and Maintenance of Health will be incorporated.

Another unique feature of this curriculum is the capstone project. It will be taught as an instructional course, including content on medical research in year one. It will then evolve into an independent study course or service-based learning project that extends into the fourth year of instruction.

According to the proposal, the first two years of the curriculum have been developed. Years three and four are under development.

The Faculty

From reading the proposal, it was difficult to determine the faculty of the SOM. In response to this question from SPRC, Dean Folberg responded that the SOM has 387 full-time geographic clinical faculty members and 83 volunteer faculty members. In addition, six full-time faculty members are paid by OU. For clarification, the 387 geographic clinical faculty members are physicians paid by WBH. The volunteer faculty are physicians who are not paid by WBH. Based on Dr. Folberg's answer, there are 476 faculty in the SOM, of whom 6 are paid by OU.

There are five categories of faculty tracks in the SOM. First, there is the Clinical, non-tenured track for physicians primarily engaged in patient care and teaching, and who are employed by WBH. The Clinical track includes the following ranks: Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor and Clinical Professor.

The second category is identified as the Clinical Research Track (non-tenured). This track is used for faculty members whose primary commitment is to clinical research. All faculty members appointed to this track are members of the Department of Biomedical Sciences and must have credential in the traditional biomedical science disciplines. These faculties are expected to be master teachers and independent researchers. This track includes the following ranks: Clinical Research Assistant Professor, Clinical Research Associate Professor and Clinical Research Professor.

The third faculty category is called Research (non-tenured). This track will be used for faculty members whose primary commitment is conducting research at OU. All faculty appointed to this track are members of the Department of Biomedical Sciences. The ranks for this track include: Research Assistant Professor, Research Associate Professor and Research Professor.

The fourth faculty category is called Academic (tenured). This track is intended for full-time faculty, including visiting faculty, lecturers and special lecturers. This track embodies the full academic role of teaching, research and/or service and clinical care. This is the only faculty track for which tenure applies. Faculty members from both the WBH side (clinical) and the OU (basic sciences) side who have significant research in addition to teaching and service will be eligible for this track. The ranks within this track include: Instructor, Assistant Professor, Associate Professor, and Professor.

The fifth and last faculty category is called Adjunct Appointments (non-tenured). This rank may be given to individuals who provide moderate amounts of teaching, research or service to the SOM on a part-time basis. These would typically be unpaid positions unless the individual teaches a course for which he/she would be compensated. Physicians holding this rank would include their clinical specialty, e.g., Adjunct Professor of Pediatrics. Adjunct track faculty ranks include Assistant Professor, Associate Professor, and Professor.

Structure and Governance

The SOM has one department, the Department of Biomedical Sciences. Under this heading, different programs will be established, each having a program director appointed by the Dean. Faculty members in the Department of Biomedical Sciences may belong to more than one program. It is believed that this structure will foster transdisciplinary scholarship. Currently there is one program within the Department of Biomedical Sciences and that is Biomedical Education. Scientists in this program are from the Oakland and Beaumont Research Institute.

The administrative affairs of the SOM are directed by one Dean, Six Associate Deans and four Assistant Deans. That is one administrator for every 5 students expected in the first class of the SOM. Student services and support should be awesome.

In response to a question posed by SPRC, Dean Folberg submitted a table detailing the committees in the SOM. There are 11 committees in the SOM, plus four sub-committees of the Curriculum committee for a total of 15 committees. Of these 15 committees, 6 are elected and 9 are appointed. There is no indication in the report given to SPRC that any of these committees report to the Faculty Assembly of the SOM. Of the total 15 committees, two, the Committee for Medical Student Admissions and the Student Performance Review Committee, are listed as being empowered to take action. The Executive Committee of the Faculty Assembly is elected but is listed as reporting to the Dean, rather than to the FA. Five committees have the authority to both recommend and take action. Since the FA is not listed as having final authority over any of these committees, at this time, it is assumed that the 13 committees that have a “recommend” function will make their recommendations to the administrator (the Dean or an Associate Dean) to whom they report.

Strengths

The SOM enjoys widespread support from the Oakland County community. That support is important since this is a privately funded medical school and donations will be needed on an on-

going basis to support the school's existence. In addition, the partnership with WBH is an important strength of this proposal. WBH has an excellent reputation. The mission of the SOM to produce more physicians will fill an important need for Michigan and wherever these graduates will do their residency. The curriculum is integrated. The assessment plan was well developed and has already received approval from the university assessment committee. It must also be acknowledged that in the big picture, having a SOM adds to the prestige of both OU and WBH.

SRPC would be remiss if we did not acknowledge that an undertaking of this magnitude requires untold hours of labor and commitment. Preparation for LCME preliminary accreditation as well as preparing for the review of the SOM by the university Senate is an awesome task. When added to the overlay that there are two institutions involved, one can only applaud the amazing amount of work that was achieved by the SOM Dean, his Administrative staff and the faculty. Whatever the outcome of this review, their hard work and dedication deserves to be acknowledged and applauded. That being said, this proposal is not without some serious concerns, some of which have tremendous implications not only for the SOM but the university as a whole.

Concerns

The first over-riding concern is the difficulty and resistance of SOM administration to providing requested information. The SOM Dean must recognize that approval by LCME of the SOM curriculum, structure, and governance does not automatically override or cancel our concerns and preclude questions by Oakland's review committees. While approval by LCME of a particular issue is considered, LCME approval may not be a sufficient response for legitimate questions posed by Senate review bodies.

A major issue of concern is the role of faculty in the SOM. It is clear that it is the perception of the SOM that faculty is defined as both WBH clinicians and OU biomedical science faculty. There are plans to have WBH physicians on SOM committees and they are even eligible to serve as Senators from the SOM to the University Senate. It must be acknowledged that with the clinical faculty all paid by WBH and the science faculty all paid by OU, that input from the WBH faculty is critical to the success of the SOM. However, the far-reaching impact of having non-OU faculty voting in the SOM, perhaps chairing SOM committees and sitting as voting members of the University Senate must be further explored and the ramifications of this structure clearly understood. It is the position of SPRC that other models by which the input of WBH faculty can be obtained without having the same privileges as OU faculty should be explored before the model presented by the SOM should be accepted. The power, participation and limits of the WBH faculty must be clearly delineated. In addition, having 5 categories of faculty appointments appears somewhat unwieldy and complicated.

The culture at OU is one of shared governance. Shared governance has a strong and long history on this campus. However, this is not the model being presented by the SOM. None of the standing committees report to the SOM FA. They all report to the Dean or an Associate Dean. Even the 6 committees elected by the faculty don't report to the SOM FA. The reasons for this are not explained.

The Dean of the SOM has the extraordinary power of appointing most SOM committees including the faculty Chair. This model is not only contrary to the culture on this campus, it is not supported or required by LCME criteria. The exclusion of the FA in these matters is also extraordinary and not supported or required by LCME criteria. SPRC is concerned that, unlike the rest of the academic units at OU, not having the committees report to the SOM FA eliminates the governance powers of the SOM faculty over matters that are deemed to be under their control. While SPRC believes that this governance issue is supported by the historical role of faculty on this campus and no other support is required, because of the importance SOM administration places on LCME approval, we cite relevant LCME criteria that support a model that is more independent of SOM administrative control:

1. Criterion ED-1: *The medical school **faculty** must define the objectives of its educational program. It is expected that the objectives of the educational program will be **formally adopted by the Faculty, as a whole and through its recognized governance**.* Under the current structure, the Curriculum Committee reports directly to the Associate Dean for Undergraduate Medical Education. If the curriculum committee does not report to the FA, where does the faculty “as a whole” adopt the objectives of the educational program?
2. Criterion ED-5: ***The medical faculty must design a curriculum** that provides a general professional education, and that prepares students for entry into graduate medical education.* It is clear from this criterion that the curriculum must be designed by the faculty. That being the case, there is no need for this committee to report an Associate Dean. The Curriculum Committee and its four sub-committees should report to the FA of the SOM.
3. Criterion ED-33: *There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The phrase “integrated institutional responsibility” implies **that an institutional body (commonly a curriculum committee) will oversee the educational program as a whole.**” Empowerment through bylaws, or decanal mandate, to work in the best interests of the institution without regard for parochial or political influences, or departmental pressures.* This makes it clear that it is not necessary for the curriculum committee to report to an Associate Dean.

Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should show the committee’s findings and recommendations. Again, this makes it clear that this committee reports to faculty governance as well as the Dean. The current structure does not provide for this pivotal committee to report to the faculty.
4. Criterion ED-36: *The chief academic officer must have explicit authority to ensure the implementation and management of the educational program, and to **facilitate change** when modifications to the curriculum are determined to be necessary.* The Dean’s role is to “facilitate” change, not have control over the curriculum.

5. Criterion MS-4: *The final responsibility for selecting students to be admitted for medical study must reside with a duly constituted faculty committee. Persons or groups external to the medical school may assist in the evaluation of applicants but should not have decision-making authority.* Dean Folberg's response to questions raised by SPRC supports that this is the case for this committee in the SOM. However, the Chair of the Committee on Admissions reports directly to the Associate Dean for Student Affairs, not the FA. If this committee reports to anyone, it should be the FA, not an Associate Dean. The second sentence undoubtedly speaks to the heart of the issue of defining "faculty" for the SOM, i.e., if WBH physicians are not defined as "faculty" they cannot participate in certain decisions of the SOM. However, it also reinforces the need to have the role, restrictions and privileges of the WBH physicians clearly delineated.
6. Criterion FA-14: *The full faculty should meet often enough for all faculty members to have the opportunity to participate in the discussion and establishment of medical school policies and practices.* On this campus, a full meeting of the faculty is known as the Faculty Assembly. The role of the FA was not clear to SPRC.
7. Criterion FA-13: *Strategies for assuring direct faculty participation may include peer selection or other mechanisms that bring a broad faculty perspective to the decision-making process, independent of departmental or central administration points of view.* Of the 15 committees and sub-committees in the SOM, the Dean appoints 9, including the faculty chair. With this level of control, how do we insure that the actions of the committees, the majority of which are appointed by the Dean, are "independent of central administration points of view?"

It is important to note that SPRC recognizes that medical schools have some unique governance issues and that there is a need for some differences. However, there must also be a stronger effort to design a governance model that more closely reflects the culture of OU where possible. The rationale given by Dean Folberg for the Dean having the authority to appoint so many faculty committees including the Chairs, is to ensure that members are qualified for service on SOM committees. Given the outstanding credentials of the WBH physicians and the OU SOM faculty, SPRC believes they have the ability to make this determination on their own. These are very bright people. They don't need this level of assistance. The control of the Dean over faculty matters is seriously disturbing. Even if it may be necessary for the first of these committees to be appointed by the Dean since all faculty are new, there should be a written restriction on subsequent appointments.

Another concern is that the proposal states that the first two years of the curriculum have been fully developed. That is not true. There are two courses in the second year that have not been fully developed. Thus Graduate Council only approved the first year of the SOM curriculum and established deadline dates for the remaining years to be submitted for approval.

There is no question that WBH is an outstanding clinical facility. However, concerns about students being exposed to greater ethnic and social-economic diversity remain. Clerkships at

hospitals and agencies in the city of Detroit would offer greater diversity of ethnic/racial and clinical experiences. Currently, students may take an elective at institutions other than WBH, but there is no other mechanism that ensures students will be exposed to the practice of medicine in other environments that can augment and enrich their medical education. In addition, there are no required options for exposure to rural medicine.

A final issue of concern is the admission of students from foreign countries. SPRC recognizes that setting up the infrastructure to work with international students is not easy. However it is the hope of this committee that there be at least a stated commitment and aspiration to admit students from foreign countries (besides Canada) by some defined date. The admission of international students would be consistent with the values of the high-level, internationally recognized university OU seeks to become.

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Recommendation

There are serious concerns about the governance issues of the SOM and the role of WBH physicians in SOM and university governance. SPRC is also aware that Senate Steering is working on this issue which will simultaneously include making changes to the Constitution of the SOM. It is, therefore, possible that the above concerns will be resolved through this mechanism. SPRC is recommending that Senate approval of this proposal be postponed until the joint committee of members of Senate Steering and the SOM present the amended Constitution and address the issue of defining faculty in the SOM both the role, scope and limitations.