IV. FACULTY

A. Number, Qualifications, and Functions

FA-1. There is currently no standard FA-1.

FA-2. A medical education program must have a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs and missions of the program.

In determining the number of faculty needed for the medical education program, the program should consider the other responsibilities that its faculty may have in other academic programs and in patient care activities required to conduct meaningful clinical teaching across the continuum of medical education.

FA-3. A person appointed to a faculty position in a medical education program must have demonstrated achievements commensurate with his or her academic rank.

FA-4. A member of the faculty in a medical education program must have the capability and continued commitment to be an effective teacher.

Effective teaching requires knowledge of the discipline and an understanding of curricular design and development, curricular evaluation, and methods of instruction. Faculty members involved in teaching, course planning, and curricular evaluation should possess or have ready access to expertise in teaching methods, curricular development, program evaluation, and medical student assessment. Such expertise may be supplied by an office of medical education or by faculty and staff members with backgrounds in educational science.

Faculty involved in the development and implementation of a course, clerkship (or, in Canada, clerkship rotation), or larger curricular unit should be able to design the learning activities and corresponding student assessment and program evaluation methods in a manner consistent with sound educational principles and the institution’s stated educational objectives.

A community physician appointed to the faculty of a medical education program, on a part-time basis or as a volunteer, should be an effective teacher, serve as a role model for medical students, and provide insight into contemporary methods of providing patient care.

Among the types of evidence indicating compliance with this standard are the following:

LCME

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• Documented participation of the faculty member in professional development activities related specifically to teaching and assessment.
• Attendance at regional or national meetings on educational affairs.
• Evidence that the faculty member’s knowledge of his or her discipline is current.

FA-5. A faculty member in a medical education program should have a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

FA-6. The faculty of a medical education program must make decisions regarding the admission, promotion, and graduation of its medical students and must provide academic and career counseling for medical students.

B. Personnel Policies

FA-7. There must be clear policies in place at a medical education program for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean.

FA-8. A medical education program should have policies in place that deal with circumstances in which the private interests of a faculty or staff member may be in conflict with his or her official institutional or programmatic responsibilities.

FA-9. A medical education program should provide each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, and, if relevant, the policy on practice earnings.

FA-10. A faculty member of a medical education program should receive regularly scheduled feedback on his or her academic performance and progress toward promotion and, when applicable, tenure.

Feedback should be provided by departmental leadership or, if relevant, by other programmatic or institutional leadership.

FA-11. A medical education program must provide opportunities for professional development to each faculty member to enhance his or her skills and leadership abilities in education and research.

C. Governance

FA-12. At a medical education program, the dean and a committee of the faculty should determine policies for the program.

The committee that, with the dean, determines policies for the medical education program typically consists of the heads of major departments and may be organized in any manner that brings reasonable and appropriate faculty influence into the governance and policymaking processes of the program.

FA-13. A medical education program should ensure that there are mechanisms in place for direct faculty involvement in decisions related to the program.
Important areas in which direct faculty involvement is expected include admissions, curriculum development and evaluation, and student promotions. Faculty members should also be involved in decisions about any other mission-critical areas. 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. The quality of an educational program may be enhanced by the participation of volunteer faculty in faculty governance, especially in defining educational goals and objectives.

FA-14. A medical education program must establish mechanisms to provide all faculty members with the opportunity to participate in the discussion and establishment of policies and procedures for the program, as appropriate.

Participation by all faculty members in the discussion and establishment of policies and procedures for the program may be facilitated, for example, by:

- Ease of access to committee meeting agendas and minutes;
- Program-wide dissemination of draft policies and procedures for faculty members' review;
- Provision of opportunities for faculty members to comment on draft policies and procedures to program leaders prior to their finalization and implementation; or
- Faculty meetings.