

The Medical Education Policy Council and Committees

The Structure for the Governance of the Weill Cornell Medical College Educational Program for the M.D. Degree

Introduction

This document is an update of the policies and practices for governance and oversight of the Weill Cornell Medical College educational program leading to the M.D. degree, reflecting the major curriculum revision of 2014. The current curriculum is organized in three Phases (1, 2, and 3), each of which is comprised of groups of Courses which integrate basic science and clinical content. Courses are comprised of Learning Units that provide focused time for the study of related scientific and clinical content. Reconsideration of the governance structure reflects the following major points: 1) The curriculum consists of a sequence of integrated and interdisciplinary Courses, led by both scientists and clinical faculty in the first eighteen months and committee membership needs to reflect this. 2) Areas of Concentration (AOC) have been developed to promote individual scholarly activity of students. This requires monitoring for educational value and scholarly outcomes, as well as administrative needs and oversight. AOC curricular activities are coordinated with other research and scholarly activities. 3.) Faculty leadership roles (Theme Leaders) have been created to promote better continuing coordination, integration, and implementation of the educational program. 4) New student advising initiatives have been implemented in the new curriculum and should align with progression in the educational program, and 5) The educational program is viewed more broadly than in the past, and includes the professional development of students and close monitoring of the activities that are designed to facilitate this.

Organizing Principles

The Medical Education Policy Council (MEPC) and its committees consider and manage curricular needs, goals, activities, and policies in the educational program. The MEPC Committees are configured to reflect the goals of curriculum integration and to provide regular review of LCME standards relating to curriculum implementation and management.

The Promotion and Graduation (P&G) Committee is organized to create a faculty committee with sufficient autonomy and expertise primarily to make recommendations to the Dean regarding student advancement and academic progression, based on information provided by course leadership. The MEPC organization also provides for more independent review of student academic performance and conduct, as well as appeals of decisions by the P&G or the Senior Associate Dean.

The governance and management of the curriculum will be under a new Executive Curriculum Committee, comprised of scientists and clinicians on the faculty who receive input from the leadership of individual Learning Units and Courses, and will make recommendations for changes in the curriculum that reflect integration of Phase content, new initiatives, evaluation of curricular gaps and redundancies, and LCME compliance (see below). The ECC will also oversee the new scholarly programs and the transition to residency experiences in the curriculum.

Educational Program Governance--The Medical Education Policy Council

The Student Life Committee, oversees new learning environment, diversity and student advising initiatives, wellness programs and student services, and promotes more robust student representation in the governance system.

The integrated Learning Units of the first eighteen months of the curriculum (Phase 1) are led by faculty members from basic science and clinical departments, and who are content experts in these aspects of the curriculum (Learning Unit Leaders). Learning Unit Leaders recruit the faculty teaching within the Learning Units, promote the implementation of policies related to curriculum management, review and ensure that the content of the Learning Unit is delivered, and provide information as requested by the MEPC, its Committees, and the Dean for the purposes of student assessment, program evaluation and LCME accreditation standards. Course directors coordinate the educational and administrative activities of groups of Learning Units to ensure consistency in curriculum delivery formats and student assessment methods. In addition, clerkships (Phase 2) and clinical electives and subinternships (in Phase 3) are Learning Units that, while being departmentally-based, are led by faculty members who are content experts and educators. The Areas of Concentration and preparatory experiences for the transition to postgraduate programs (residencies) comprise the remainder of Phase 3 of the curriculum. The unit and course directors work closely with the Theme Leaders who are appointed by the Dean and are specifically charged with ensuring that the Learning Unit Leaders and Course Directors collaborate in a coordinated way to construct and deliver the curriculum to meet the goals of the educational program.

THE MEDICAL EDUCATION POLICY COUNCIL

The Medical Education Policy Council (MEPC) is the governing, policy-making and coordinating structure dedicated to undergraduate medical education at the medical college. It develops policy for the oversight of the educational program leading to the M.D. degree and, where appropriate, generates proposals and recommendations for discussion by the Executive and General Faculty Councils and approval by the Dean. Generally, it meets on a monthly basis or in special meetings as necessary. The Medical Education Policy Council (MEPC) has four committees responsible for the following aspects of medical education:

1. The Executive Curriculum Committee (ECC): implementation, management, and evaluation of the integrated curriculum, scholarly activities, and preparation for residency.
2. The Student Life Committee (SLC): student initiatives and student life.
3. The Admissions Committee (CoA): admission to medical school.
4. The Promotion and Graduation Committee (P&G): student assessment, promotion and graduation.

MEPC Membership

The MEPC will be Chaired by the Senior Associate Dean (Education). The Chair may cast a vote only in the case of a tie of the voting members. A Vice-Chair may be selected at the discretion of the Chair with the approval of the Dean. The Vice-Chair will lead the meetings in the absence of the Chair.

The MEPC will consist of the following VOTING MEMBERS:

Chairs of the Four Committees: Senior faculty or associate deans with primary responsibilities in those areas (The committee Vice-Chair attends in the absence of the committee Chair)

All Four Theme Leaders

Four representatives from the voting membership of the Executive Faculty Council (EFC): two faculty from a basic science department and two from a clinical department

Four representatives from the voting membership elected by the General Faculty Council (GFC): two faculty from a basic science department and two from a clinical department¹

Faculty Members: appointed by the Dean (see below)

Two student representatives: The Medical Student Executive Council President and the Student Overseer

¹ Where there are representatives of the Faculty Councils on MEPC or its committees and sub-committees, each Faculty Council will recommend to the Dean twice the number of allocated representatives, and the Dean will select the required number from that list. For example, for MEPC, each of the EFC and GFC will nominate eight (8) members as possible representatives, and the Dean will select and confirm four (4) from each list.

One representative from the Council of Affiliated Deans

Representatives from the EFC and GFC are selected by the Dean, from a list of eight nominees generated by each council, to serve 3-year terms on the MEPC, which are renewable once, if the individual is eligible to serve. The Dean reserves the right to re-appoint individuals for more than one 3-year term. The individuals nominated by the Faculty Councils and selected by the Dean shall be knowledgeable about medical education and/or have experience with the WCM curriculum. The Dean may also appoint additional faculty members at his/her discretion.

The Dean of the Medical College, the Dean of the Weill Cornell Graduate School of Medical Sciences or designee, the Senior Advisor for Medical Education, and the Dean of WCMC-Q will be *ex officio* non-voting members of the MEPC.

The MEPC also will include the following *ex officio* NON-VOTING MEMBERS: Associate Dean (Program Development and Operations, Medical Education), Associate Dean (Medical Education, WCMC-Q), Associate Dean of the Graduate School of Medical Sciences, Director of the Tri-institutional MD-PhD Program, Associate Dean of Affiliations, and the Assistant Dean (Clinical Curriculum).

NON-VOTING GUESTS, whose regular attendance is not mandatory or who may attend based on the agenda of the MEPC will include: the Director of the Clinical Skills Center, the Director of the Physician Assistant Program, the Administrative Director(s) (Academic Affairs), the Registrar, the Director of Financial Aid, and a designated representative from the WCMC Library, Education Information Technology, and Graduate Medical Education.

The Dean confirms the appointment of the MEPC members and the members of the MEPC committees and subcommittees in writing. Changes in the membership and committee structure of the MEPC must be discussed with the Faculty Councils and approved by the Dean of the Medical College.

Charge

Under University Bylaws, the Provost for Medical Affairs (who typically also is Dean of WCMC) is the chief educational officer with responsibility for all academic programs and has the ultimate responsibility for the course of instruction at the Medical College. The MEPC is the steering committee for all policy decisions involving the educational programs of the Medical College. The Council's authority ranges across the continuum of undergraduate medical education beginning with the admissions process and extends through the four years of the medical school. The MEPC ensures that educational program, structure, policy and outcomes align with the institutional education mission. The major sources of information that guide changes in policies of the educational program are the regular reports of the four MEPC Committees (described below), some of which are linked to continuous quality improvement for review of LCME accreditation standards. All major, substantive educational policy decisions and structural curriculum changes must be approved by the MEPC. Policy decisions that are made by the MEPC to ensure that the

Educational Program Governance--The Medical Education Policy Council

Weill Cornell Medical College meets accreditation standards and/or conforms to its current policies require the approval of the Dean (or the Dean's designee, typically the Senior Associate Dean (Education)) before implementation, and will be reported to the Faculty Councils. The Faculty Councils have direct input in decision-making about the medical education program through their selection of faculty members to serve on the MEPC and its four committees. The members of the MEPC and its committees selected from the Faculty Councils shall report back to the Faculty Councils. The Faculty Councils, which contain members with a breadth of expertise in areas other than medical student education (i.e., clinical and research) will hear the reports of their representatives on the MEPC and its committees. MEPC members may initiate discussion of policy changes affecting specific aspects of the educational program or discuss and act upon recommendations referred from other sources, such as the four constituent committees, the Dean, or by direct appeal to the Chair of the MEPC. Policy decisions that result in major changes in the goals or structure of the curriculum or major changes in the educational program overall will require input from the Faculty Councils and approval by the Dean of the Medical College.

Voting

A majority of the voting members of the MEPC shall constitute a quorum, and there must be a quorum to conduct a vote. The *ex officio* members are not counted for quorum. A simple majority of the quorum present will carry the vote. The vote may be taken by a show of hands, or, if the Chair believes that an anonymous and confidential vote will give a truer expression of the Council's will, or is otherwise needed to confirm the Council's will, then the vote will be conducted by ballot.

Staffing

Office of Medical Education

COMMITTEES OF THE MEDICAL EDUCATION POLICY COUNCIL

The MEPC's structure and composition are intended to foster its charge. It is comprised of senior faculty members and representatives of the Faculty Councils who have expertise in medical education and students who play leadership roles the educational program. Three of the MEPC's Committees (Admissions, ECC, and P&G) are structured as faculty committees with sufficient authority to make decisions in the areas of student admissions, curriculum implementation, and student academic progression, respectively. The Student Life Committee reports to the MEPC on new initiatives, policies, and proposals, especially those that require new resource allocations. These Committees report to the MEPC for changes in current policy or the addition of new policies. As a result, policy recommendations and decisions are made by those with direct responsibility for the curriculum and other allied programs related to education. MEPC members have a broad perspective with respect to the institution's educational mission.

1. Executive Curriculum Committee (ECC):

The ECC is chaired by the Associate Dean for Curricular Affairs. The Chair may cast a vote only in the case of a tie of the voting members. The ECC meets on a monthly basis. Upon the recommendation of the Associate Dean for Curricular Affairs, another senior faculty member may be appointed Vice-Chair with the approval of the Dean. The Vice-Chair leads the meetings in the absence of the Chair.

Membership

The Membership consists of faculty members and students including the: Chair and Vice-Chair of the ECC; all Theme Leaders; two additional basic science and two clinical faculty appointed by the Dean; Chairs of the ECC subcommittees (see below), three members of the voting faculty of the General Faculty Council, three members of the voting faculty members of the Executive Faculty Council, one representative from the Council of Affiliated Deans, the Director of the Library, and three medical students, chosen by the MSEC, one each from the first year class, the second year class, and the fourth year class. The Dean may also appoint additional faculty members at his/her discretion.

The Dean of the Medical College and the Senior Associate Dean (Education) are *ex-officio* non-voting members of the ECC. The *ex officio* members are not counted for quorum in their absence and are not obligated to attend meetings.

The following individuals are non-voting invited guests who will attend meetings at the request of the ECC Chair. They can be called upon by the Chair of the ECC to discuss issues related to their academic and/or administrative purviews. These individuals include the: Chairs of the Promotion & Graduation and the Student Life Committees; Senior Advisor for Medical Education; Associate Dean for Program Development (WCGSMS); Associate Dean for Program Development and Operations (Medical Education); Associate Dean (Affiliations); Associate Dean for Medical Education (WCMC-Q); Director of the Tri-Institutional MD-PhD Program; Associate Director of the Office of Curriculum and Educational Development; Director of the Longitudinal Experience Activated by Patients (LEAP); members of the coordinator staff selected by the Associate Dean (Curricular Affairs); Administrative Director (Academic Affairs); Director of the Clinical Skills Center, a representative from Education IT; Director of the Physician Assistant Program; Director of Electives; and a representative from the Graduate Medical Education (GME) office.

Charge

The ECC is responsible to the MEPC to ensure that the overall design and objectives of the Learning Units, Courses, and clerkships meet the goals of the curriculum, and, as part of a continuous quality improvement process linked to LCME accreditation, to undertake an annual review of the LCME standards related to curriculum implementation. The ECC has the authority to recommend to the MEPC operational policies, guidelines and best practices for the implementation of the Courses. The ECC has the authority to: ensure appropriate

horizontal and vertical integration among the Learning Units and Courses, including the allocation of time among the units; determine the overall content of the units, and identify gaps and unplanned redundancies in the content of the curriculum; ensure that the assessment of student performance in the Learning Units conforms to the general policies and/or goals of the curriculum and that standards of achievement are regularly reviewed; and ensure the smooth implementation of the curriculum. In addition, the ECC is charged with evaluating proposals for new curricular programs, initiatives and innovations. The ECC reports to the MEPC annually on its review of program outcomes, including internal measures of student and faculty performance and external benchmarks of student performance such as licensing examinations, residency match, residency performance, and student responses on formal AAMC surveys, and other relevant benchmarking data.

The ECC makes recommendations to the MEPC for curricular policies that impact the areas of the medical education program that extend beyond the curriculum itself such as admissions, academic advancement, or student life; for major changes in the standards of achievement; or changes in the curricular requirements for graduation. It also determines which academic departments participate in each unit, identifies areas in which specific expertise is needed and refers these to the Senior Associate Dean (Education), and ensures that the structure and implementation of Learning Units meets accreditation standards. The authority of this committee extends to direct Theme Leaders and Learning Unit Leaders in their implementation of the curriculum and to determine how the academic departments participate in the integration of the three themes of the curriculum.

Voting

A majority of the voting members of the ECC shall constitute a quorum, and there must be a quorum to conduct a vote. The *ex officio* members are not counted for quorum. A simple majority of the quorum present will carry the vote. The vote may be taken by a show of hands, or, if the Chair believes that an anonymous and confidential vote will give a truer expression of the Committee's will, or is otherwise needed to confirm the Committee's will, then the vote will be conducted by ballot.

Executive Curriculum Committee Subcommittees

The ECC has five (5) subcommittees, whose primary purpose is to ensure the design and implementation of the curriculum and its policies at the course level, as well as regular monitoring of course and curriculum quality and adherence to accreditation standards. The course purview of each of these subcommittees is as follows:

Essential Principles of Medicine (EPOM)—EPOM Course.

Health, Illness, Disease (HID) Subcommittee—HID Course Parts 1 & 2.

Clinical Curriculum Committee (CCC)—Clerkships, Subinternships, and Transition to Residency.

Educational Program Governance--The Medical Education Policy Council

Scholarship, Science, and Ethics Subcommittee (SSE)—Areas of Concentration/Scholarly Projects, Translational Science Course, Advanced Clinical Ethics Course, Health Care Policy Course, and Electives.

CQI Curriculum Review Subcommittee (CCR)—Reviews the Curriculum as a whole, the three (3) Curriculum Phases, and all required Courses on regularly set schedules.

The five (5) subcommittees report to the ECC and issues generated by or voted upon by these groups will be considered and acted upon by the Executive Curriculum Committee. Each Subcommittee is represented to the Executive Curriculum Committee by the chair of the subcommittee. The Associate Dean (Curricular Affairs) is an *ex officio* non-voting member of all ECC subcommittees. Student input is included in the Subcommittee discussions, and supplements regularly scheduled meetings between student representatives and the Associate Dean (Curricular Affairs), Theme Leaders, and Course Leaders (Clerkship Council, HID Council, EPOM Council).

Representative from the Library and Education Information Technology may be guests of the ECC Subcommittee upon request of the Chair. The Associate Dean (Curricular Affairs) may invite additional faculty as guests to the subcommittees for additional expertise.

The ECC Subcommittee core members are listed below:

Essential Principles of Medicine (EPOM) – The EPOM Course Directors are Co-Chairs. The other members are EPOM Theme and Learning Unit Leaders, the LEAP Director, and two student members nominated by MSEC.

Health, Illness, Disease (HID) Subcommittee– The HID Course Directors are Co-Chairs. The other members are the HID Theme and Learning Unit leaders, LEAP Director and two student members selected by MSEC.

Clinical Curriculum Subcommittee (CCC) – The Assistant Dean (Clinical Curriculum) is the Chair, and the Associate Dean (Program Development and Operations, Medical Education) is the Vice-Chair. The other members are the Associate Dean (Affiliations), Director or representative of the Physician Assistant Program, the clinical clerkship directors or their associate directors, all site directors, the subinternship directors, Director of the Transition To Residency, Director of Electives, and two senior students selected by the MSEC.

Scholarship, Science and Ethics Subcommittee (SSE): The Chair is appointed by the Dean. The other members are the: Director of the Areas of Concentration, Directors of Health Care Policy and Advanced Clinical Ethics, Director of Electives, Director of Global Health, Director of Translational Science, and two student members selected by MSEC.

CQI Curriculum Review Subcommittee (CCR) – The primary purpose of the CCR is to provide regular, continuous quality improvement review of the curriculum at three levels:

curriculum-as-a-whole, the three curricular Phases (formerly “annual segments”) and all required Courses. As the subcommittee of the ECC that is responsible for CQI of curricular LCME standards, this subcommittee will have access to the staffing, resources, and information of the institution-wide WCM Office of LCME CQI, and will provide information on curricular LCME CQI to the the WCM Office of LCME CQI. Members of this subcommittee are to be knowledgeable about education but by definition are not course leaders, allowing for independent assessment of curricular quality and outcomes. The Chair and Vice-Chair of the CCR Subcommittee are chairs (past or present) of departments (one basic science, one clinical) or otherwise qualified senior faculty members, and are appointed by the Dean for renewable 3 year terms. The other members are four voting members of Executive Faculty Council (two basic science chairs, two clinical chairs), four representatives from the voting members of the General Faculty Council, and two medical students, one from the second and one from the fourth year classes (nominated by MSEC and approved by the Senior Associate Dean). Additional faculty members may be appointed by the Dean.

Each of the subcommittees above will meet on a schedule designated by the Chair or Co-Chairs, in consultation with the Associate Dean, Curricular Affairs, typically monthly and not less than every two months.

Charge of the ECC Subcommittees

Each of the four ECC Subcommittees that directly oversees Courses or Phases of the curriculum (i.e., EPOM, HID, CCC, and SSE) is charged to assess the following items for the Courses and educational experiences in its purview: 1) Curriculum Content including learning objectives (linkages and assessment); content (gaps/redundancies/sequencing); required clinical encounters, procedures, and case mix; ambulatory vs. inpatient balance, national “best practices”. 2) Student Workload including scheduled hours, number of readings, write-ups, use of vodcasts and other preparatory methods; duty hours and violations. 3) Course and Instructor Quality including review of student course evaluations/GQ data, instructor quality, and recommending action plans to address problems. 4.) Compliance Monitoring including timeliness of grade submission; formative course and mid-clerkship feedback; ensuring teachers, have faculty appointments; faculty preparation to teach (including residents) to include the review of course/clerkship objectives and student assessment activities; case log completion; direct observation of history and physical exam; comparability of clinical sites; and reviewing the portfolio of electives and meeting AOC/Scholarly Project milestones. In addition, ad hoc committees reviewing student candidates for “Honors in Research” and “Honors in Service” report to the SSE.

The CQI Curriculum Review Subcommittee evaluates specific aspects of the curriculum on a regular three-year cycle including all required Courses, longitudinal experiences in clinical or scientific activities (Areas of Concentration, Longitudinal Patient Experiences, including experiences at our affiliated institutions), faculty performance, and the overall educational program. The review of Courses by the CCR also includes the assessment of issues related to faculty performance in the Course including: the effectiveness of faculty

recruitment to staff and deliver the Course; Course leadership in managing faculty participation in the course; determining processes to deliver feedback to faculty members, and their department Chairs, based on their performance; the learning environment; and recommendations to make changes in faculty participation based on their evaluations by students. CCR reviews provide an outcome-based assessment of the Courses and educational experiences that is independent of the opinions of the course directors and makes sure that the goals of the curriculum, programmatic outcome measures, and accreditation standards are met. In addition, the committee can be assembled to address intervening issues deemed to be part of the committee's charge as they arise in the course of the academic year. The Chair may assemble ad hoc task forces, of faculty and students, which report their findings to the CCR, to accomplish the curriculum review process. The CCR reports a summary of its reviews of the Courses, Phases, and the curriculum as a whole on a regular basis to the ECC and may also provide reports to the WCM CQI Office as requested.

A majority of the voting members of the ECC subcommittees shall constitute a quorum, and there must be a quorum to conduct a vote. The *ex officio* members are not counted for quorum. A simple majority of the quorum present will carry the vote. The vote may be taken by a show of hands, or, if the Chair believes that an anonymous and confidential vote will give a truer expression of the Committee's will, or is otherwise needed to confirm the Coommittee's will, then the vote will be conducted by ballot.

Staff

Office of Medical Education and the Office of Curriculum and Educational Development

2. Student Life Committee (SLC):

The Chair of the Student Life Committee is the Associate Dean, Student Affairs. The Committee meets on a monthly basis. Upon the recommendation of the Associate Dean, Student Affairs, another senior faculty member may be appointed Vice-Chair, with the approval of the Dean.

Membership

The Members consist of six medical students (the class presidents, the MSEC President, and the Medical Student Overseer), two MD-PhD students, four graduate school students, the Associate Dean, Student Affairs WCGMS, Assistant Deans or Directors of Student Affairs and Admissions, the Director of Student Health, Director of the Physician Assistant Program, and the Financial Aid Director. Additional faculty members may be appointed at the Dean's discretion.

The *ex officio* non-voting membership consists of the: Senior Associate Dean (Education), Dean of the Graduate School, Senior Advisor for Medical Education, Director of the Tri-Institutional MD-PhD program, Associate Deans for Curricular Affairs, Admissions, Academic Affairs, and Program Development and Operations (Medical Education),

Associate Dean for Student Affairs WCMC-Q, Associate Dean (Medical Education) at WCMC-Q, Associate Dean (Diversity), and the Assistant Dean (Clinical Curriculum). The *ex officio* membership is called upon at the discretion of the Chair of the SLC to assist in issues related to student life activities and their impact on the educational program or in situations where the issue is difficult for the core membership to resolve.

Other non-voting guests may include a representative from the WCMC Library, WCMC-NYPH Security, Director and Associate Director of the Housing Office, a representative from WCMC Facilities, the Office of Capital Planning, the Administrative Director of Academic Affairs, the Office of Alumni Affairs, and representatives from the Events Planning Office, Bursar's Office and Environmental Protection and Safety.

Charge

To design, plan, and monitor various aspects related to student life, including: diversity issues, mentoring, service activities, recreational activities and space, health and wellness programs, financial aid policies and their impact on students, and security and housing policies as they impact student life. The SLC will recommend to the MEPC policies and/or procedures to ensure that accreditation standards are met, and will make recommendations for any other changes, when necessary, to the MEPC.

Voting

A majority of the voting members of the SLC shall constitute a quorum, and there must be a quorum to conduct a vote. The *ex officio* members are not counted for quorum. A simple majority of the quorum present will carry the vote. The vote may be taken by a show of hands, or, if the Chair believes that an anonymous and confidential vote will give a truer expression of the Committee's will, or is otherwise needed to confirm the Committee's will, then the vote will be conducted by ballot.

Staff

The Office of Student Affairs

3. Committee on Admissions

The Committee on Admissions (CoA) is responsible for the selection of medical students for admission to Weill Cornell Medical College (WCMC). The CoA also determines admissions policies and procedures, consistent with those of the University and accrediting bodies.

Membership

The Committee on Admissions is chaired by the Associate Dean (Admissions). Committee members are faculty members from Basic Science and Clinical Departments recommended by the Associate Dean (Admissions), and confirmed by the Dean, to serve five-year terms that are renewable with the approval of the Dean. Student members from the fourth year

Educational Program Governance--The Medical Education Policy Council

class are appointed to one-year terms to serve on the Admissions Committee by the Associate Dean (Admissions).

Charge

The Admissions Committee recommends Medical College admissions policy to the faculty and Dean, recruits and selects students deemed acceptable for admission to WCMC, makes decisions to recommend acceptance or reject applicants, reviews and coordinates selection procedures for admitting students in current or future joint degree program activities, and ensures that its policies and procedures are in compliance with LCME standards. The Committee also reviews recommendations from the Admissions Committee at Weill Cornell Medical College-Qatar and has final authority for admissions decisions both at Weill Cornell Medical College (including the MD-PhD Program) and at WCMC-Q. Admissions processes and decisions are need-blind and are not influenced by financial or political factors. The CoA has the full authority to select students for admission to the Medical College and assigns final decisions for acceptance or wait list status of each candidate based on WCMC admissions policy.

The Dean appoints seven faculty members of the CoA to serve on the Waitlist Subcommittee for renewable three-year terms. The Waitlist Subcommittee is authorized by the CoA to select students from the waitlist for admission to the medical college and to seek to balance the medical school class considering diversity in all its dimensions and any other special CoA recommendations. The Waitlist Subcommittee is chaired by the Associate Dean (Admissions).

Committee Operations

The CoA meets monthly during the Admissions cycle, September-March, and as needed at other times during the academic year. The Waitlist Subcommittee meets every 1-2 weeks, beginning in May of each year and continuing until the class has been finalized, to review the waitlist and to select applicants for admission by vote, using the same criteria and procedures as for regular acceptance. The Waitlist Subcommittee receives the list of students deemed eligible for admission to WCM by the CoA and determines which students may be accepted at each point in time and who remains on the wait list. When the final number of students have been accepted, any applicants still on the waitlist are informed that they have not been accepted. The Waitlist Subcommittee reports its decisions and rationale to the full CoA at the first meeting in the fall of each year.

Voting

Each member of the CoA has one vote. The Chair does not vote, except in the case of a tie vote. A quorum of the CoA consists of greater than 35% of the members with faculty members comprising a majority of members at all meetings.

Each member of the Waitlist Subcommittee has one vote. The Chair does not vote, except in the case of a tie vote. A quorum consists of greater than 50% of the members.

Staffing

The Office of Admissions.

4. Student Evaluation Committees, the Promotion and Graduation (P&G) Committee, and the Appeals Committee

General Charge

Students are assessed on academic performance and must also demonstrate professionalism satisfactorily meet the Technical Standards and conform to the Standards of Conduct, adhere to the Attendance Standards, and follow all other policies set forth in the Student Handbook to successfully complete the educational program for the MD degree. Compliance with all policies of the Medical College, and where relevant, with affiliated hospitals of the Medical College, is expected throughout the duration of the educational program. Failure to meet academic and professional standards, and failure to comply with Medical College policies may be grounds for disciplinary action, including dismissal, from the Medical College. Therefore, the general charge of these Committees is:

- To monitor the academic progress and professional conduct of individual students; to promote them to the next phase of the curriculum; and to recommend students for graduation in accordance with the Guidelines for Promotion and Graduation.
- To provide longitudinal monitoring of student performance and make appropriate interventions to assure satisfactory progress in both academic and professional development.
- To recommend procedures to be implemented for remediation and/or counseling for students.
- To hear and take action on reports of a student's suitability for the practice of medicine, and to hear and deliberate on student appeals as outlined in the Guidelines for Promotion and Graduation.

These committees are chaired by the Associate Dean (Academic Affairs). The meetings of these Committees are called by the Associate Dean (Academic Affairs) at appropriate times during the year to carry out their functions. The Chair may cast a vote only in the case of a tie of the voting members. A Vice-Chair may be appointed by the Dean to serve in the absence of the Chair.

Committee Functions

1. Student Evaluation Committees: Each committee reviews students' academic progress in Learning Units and Courses with the purpose of making recommendations for improving student performance during and following each course in curricular Phase 1: Essential Principles of Medicine (EPOM); Health, Illness, Disease (HID) part 1; and HID part 2; and regularly during Courses in curricular Phases 2 (Clerkships) and 3 (Post-Clerkship

Curriculum). Progress for the longitudinal Area of Concentration (AOC) course is monitored across all four years by each Student Evaluation Committee.

2. Promotion and Graduation (P&G) Committee: Review of students' final course performance and academic progress longitudinally across all Courses of the curriculum for advancement to the next Phase of the curriculum. The P&G Committee will identify patterns of poor performance across Phases of the curriculum, and make decisions regarding global remediation or counseling interventions. If the issues regarding a student's performance, including, for example, violations of the Standards of Conduct, are sufficiently serious as to potentially result in suspension or dismissal, the P&G committee may recommend to the Senior Associate Dean (Education) the appointment of an ad hoc committee to review the student's suitability for the practice of medicine. Individuals who have been found to commit Title IX violations will promptly be reviewed by an ad hoc committee. Procedures will be followed as indicated in the Student Handbook and Title IX procedures. The P&G Committee will hear and take action on the report of the ad hoc committee. In addition, the P&G Committee will review cumulative student performance to nominate the candidates for graduation to the Medical Education Policy Council, Faculty Councils and the Dean. The P&G Committee will be represented on the Medical Education Policy Council by the Associate Dean (Academic Affairs).

3. Appeals Committee. The Appeals Committee will hear all student appeals of a decision by the P&G Committee or the Senior Associate Dean (Education) that have serious adverse action such as a required leave of absence, repetition of a course or year, or dismissal. The Appeals Committee also will hear appeals where it may not be appropriate for another committee which is usually responsible to hear the matter (for example, due to confidentiality concerns or actual or perceived conflicts of interest) The Appeals Committee will decide if the prior decision is to be upheld or overturned and will report their decision to the Dean of the Medical College who will make a final determination in the matter.

Committee Operations

The Student Evaluation Committees and the P&G Committee are chaired by the Associate Dean (Academic Affairs). The Appeals Committee will have a Chair appointed from its membership by the Dean. The Chairs of the Student Evaluation Committees, the P&G Committee, and the Appeals Committee cast a vote only in the case of a tie vote of the membership.

1. Student Evaluation Committees

Each of the four (4) Student Evaluation Committees will meet regularly at a time determined by the Associate Dean (Academic Affairs) in consultation with the Senior Associate Dean (Education) and the curriculum faculty leaders, to review student academic performance for within the learning units for each course in their purview, determine if remediation is needed, and recommend focused academic counseling for the student, if appropriate. The Committee reviewing Phase I will ordinarily meet near the mid-point of

each Course and again approximately six weeks after the end of each foundational course when final course grades are known. The Student Evaluation Committees evaluating students in Phases II (Clerkships) and III (Post-Clerkship Curriculum) will meet approximately every two months during those phases. In addition, the Student Evaluation Committees provide information to the P&G on the academic progress of each medical student enrolled in the educational program.

2. P&G Committee Review

The P&G Committee will be called to meet, approximately three times a year and more frequently over the academic year as needed should urgent issues arise, by the Associate Dean (Academic Affairs) to review and discuss information provided by the Student Evaluation Committees on student performance across all Courses of the curriculum including the Areas of Concentration milestones, including recommended remedies for the completion of academic work where necessary, and approve the academic advancement of students to the next phase of the curriculum. The Associate Dean (Academic Affairs) will report at each meeting on the status of students who are not currently enrolled in the educational program (students on leaves of absence).

3. Appeals Committee Review

The Appeals Committee will be called to meet as needed to hear and vote on student appeals to the decisions of the P&G Committee or the Senior Associate Dean (Education). The Appeals Committee may also meet at the request of the Dean or Senior Associate Dean (Education) to hear other issues for which the P&G Committee is not deemed appropriate (e.g. conflicts of interest). The Appeals Committee is advisory to the Dean and reports its decisions to the Dean who has the final authority, including final authority in student dismissal.

Membership:

Student Evaluation Committees:

Essential Principles of Medicine (EPOM) Student Evaluation Committee: Members are the Theme Leaders and the EPOM Course Director(s), the Director/designee of the Areas of Concentration, and one of the Leaders of each of the Learning Units.

Health Illness and Disease (HID) Part 1 Student Evaluation Committee: Members are the Theme Leaders and HID 1 Course Director(s), the Director/designee of the Areas of Concentration, and one of the Leaders of each of the Learning Units.

Health Illness and Disease (HID) Part 2 Student Evaluation Committee: Members are the Theme Leaders and HID 2 Course Directors, the Director/designee of the Areas of Concentration, and one of the Leaders of each of the Learning Units.

Educational Program Governance--The Medical Education Policy Council

Clerkship and Post-Clerkship Curriculum Student Evaluation Committee: Members are the Clerkship/Course/Sub-Internship Directors in curricular Phases II (Clerkships) and III (Post-Clerkship curriculum), the Theme Leaders, the Clinical Skills Center Director, Director of Electives, and Director or designee for Areas of Concentration.

The Director of the Tri-Institutional MD-PhD Program, Director of Admissions/designee, Associate Dean (Curricular Affairs), Associate Dean (Student Affairs), Associate Dean, Program Development & Operations, Senior Associate Dean (Education), Assistant Dean (Clinical Curriculum), and the Associate Director, Office of Curriculum and Educational Development, are *ex officio*, non-voting members of each of the Student Evaluation Committees.

Promotion & Graduation Committee: Voting P&G Members are all faculty members and include: three voting members (from a list of 6) submitted by the General Faculty Council and three voting members (from a list of 6) nominated by the Executive Faculty Council, one basic science and one clinical faculty member, and three faculty members in leadership roles from clinical departments that sponsor residency training programs. The members representing the General and Faculty Councils are appointed to three-year renewable terms by the Dean. The Dean may also appoint additional faculty members at his/her discretion.

Non-voting members are present to respond to questions from Committee Members and to provide additional longitudinal information and feedback on student performance and includes: all Theme Leaders, Chairs of the Student Evaluation Committees; Director of the Tri-Institutional MD-PhD Program; Director or designee of the Areas of Concentration; Director of Admissions, Associate Dean (Curricular Affairs), Associate Dean (Student Affairs), Associate Dean, Program Development & Operations, Senior Associate Dean (Education), Assistant Dean (Clinical Curriculum) the Associate Director, Office of Curriculum and Educational Development.

Appeals Committee: A Chair of the standing Appeals Committee is appointed by the Dean. Voting members are (a) three Chairs from departments that sponsor GME training programs, (b) two Foundational Chairs or Center Directors, and (c) three voting members of the General Faculty Council (selected from a list of 6). These members are appointed by the Dean for three-year terms which are renewable. The Appeals Committee may request the attendance of other (non-voting) faculty and administrators to provide information that is relevant to the discussion.

Voting

A majority of the voting members of the Committees shall constitute a quorum, and there must be a quorum to conduct a vote. The *ex officio* members are not counted for quorum. A simple majority of the quorum present will carry the vote. The vote may be taken by a show of hands, or, if the Chair believes that an anonymous and confidential vote will give a truer expression of the Committee's will, or is otherwise needed to confirm the Committee's will, then the vote will be conducted by ballot.

Educational Program Governance--The Medical Education Policy Council

If an adverse academic action against a student is being considered as a result of performance within a specific course, that course director may be present to provide information, but due to the potential for a conflict of interest, shall recuse him/herself from the discussion and from voting on the action. Generally, if an academic action is being considered as a result of a student's pattern of performance across Courses or performance outside of coursework, course directors and other non-voting members (e.g., deans and directors) will be invited to answer questions but will not be part of deliberations or vote. Ordinarily such votes will be held by secret ballot.

Staff

The Weill Cornell Medical College Registrar and/or Assistant Registrar: role-- agenda management, providing student record information

Office of Academic Affairs Staff: role--minutes

Approved by the Executive Faculty Council September 13, 2017

Approved by the General Faculty Council September 18, 2017

Approved by the Dean, September 18, 2017