Standard 2: Leadership and Administration

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

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2.1 – Administrative Officer and Faculty Appointments

The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the institution.

2.2 – Dean's Qualifications

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

2.3 – Access and Authority of the Dean

The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical school and to other institutional officials in order to fulfill decanal responsibilities; there is a clear definition of the dean's authority and responsibility for the medical education program.

2.4 – Sufficiency of Administrative Staff

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish effectively the missions of the medical school.

2.5 – Responsibility of and to the Dean

The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.

2.6 – Functional Integration of the Faculty

At a medical school with one or more regional 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).