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Commentary Article

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Aligning the Puzzle Pieces: Clarifying the Roles of Educational Bodies in Health Professions Education

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Introduction

Health professions education institutions often host a variety of educational bodies with complementary yet sometimes overlapping mandates. These include the Education Sector and its Education Committee (ES/EC), the Medical Education Department (MED), the Educational Development Center (EDC), the Quality Assurance Center (QAC), the Research Methodology Unit (RMU), and the Institutional Review Board (IRB). While each has an important and independent role, ambiguity in responsibilities can create duplication, inefficiencies, lost responsibility, and gaps in institutional strategy. Recent scholarship emphasizes the need for clarity in governance and integrated structures to ensure effective health professions education. [1, 2]

Although prior scholarship has outlined functions of medical education units, little is known about how overlapping mandates are managed in health professions education institutions (HPEI) around the

world. This commentary therefore addresses three key questions:

1. What are the distinct job descriptions of education-related bodies in HPEI?
2. Where do overlaps and ambiguities occur?
3. How can integration frameworks reduce inefficiencies?

Keywords:

Medical education department; educational development center; research methodology unit; quality assurance center; job description.

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Discussion

Most sources emphasized the problems of overlapping mandates, citing inefficiency, duplication, and blurred accountability. Frameworks such as WFME calls for clear delineation of responsibilities. [3]

We can also argue that overlaps can serve as checks and balances, enhancing deliberation and accountability. For example, governance pluralism may encourage broader participation in curriculum decisions, and overlapping assessment/quality mechanisms may strengthen standards.

The Education Sector including its Education Committee (ES/EC) generally acts as the overarching GOVERNANCE body, setting institutional priorities and approving policies for both undergraduate education and students' affairs. However, its oversight often overlaps with the Medical Education Department.

Medical Education Department (MED) is an academic body responsible for post-graduate EDUCATION in the specialty of medical education and offering academic and professional degrees to medical educators in health professions education, mentoring junior faculty till reaching professorship as medical educationists, thereby strengthening institutional expertise, and leading educational research [4, 5]. In this capacity, it serves as a cornerstone for supporting training initiatives in collaboration with the EDC, while working with the EC to ensure the consistent implementation of evidence-based practices across undergraduate and postgraduate education. To avoid redundancy, it is essential to establish a clearer delineation between the roles of the ES/EC

as a policy-setting entity and MED as a consultancy body.

The Educational Development Center (EDC) plays a vital role in faculty development, in terms of TRAINING, and educational innovation. Yet, without proper coordination, its functions may intersect with those of the MED, which role is education (rather than training which is kept for the EDC to do). Best practices recommend positioning the EDC as a driver of innovation and pedagogical training, while the MED formally educates and mentors career development in medical education .[6]

Quality Assurance Center (QAC) is another area prone to overlap. The Quality Assurance Center ensures compliance with accreditation standards and continuous quality improvement cycles. Guardians of compliance and accreditation, focusing on performance indicators, audits, and reporting. While MED and EDC collect educational data, the QAC should serve as the independent verifier and system-level EVALUATOR. [7]

Research-related bodies also require clearer boundaries.

Research Methodology Unit (RMU) provides training, consultations, and METHODOLOGICAL SUPPORT for faculty and students. Meanwhile,

Institutional Review Board (IRB) focuses strictly on ETHICAL OVERSIGHT. Distinguishing these roles enhances both methodological rigor and ethical compliance.[7,8]



Proposed Structural Clarifications

Here is a suggested mapping of domains to bodies to reduce overlap:

Body	Primary Domains	Overlaps to Avoid / Clarify
ES/EC (Education Sector / Committee)	High-level policy, curriculum approval, educational vision, strategic oversight	Should not directly manage faculty development or methods support but set policy that other bodies implement
MED (Medical Education Department)	Formal education providing degrees in medical education. Mentoring juniors who are taking up medical education as a career.	Needs explicit boundaries with EDC and RMU in terms of who supports what; avoid duplicating EDC training programs
EDC (Educational Development Center)	Pedagogical training, educational innovation, cross-disciplinary workshops, scholarship of teaching & learning	Should complement MED rather than replicate; clear allocation of who trains whom
QAC (Quality Assurance Center)	Monitoring, audits, accreditation, assessment policy, outcomes measurement	Should focus on systemic and institutional-wide QA rather than micro-teaching tasks; coordinate with IRB & RMU when QA asks for research or evaluation methods
RMU (Research Methodology Unit)	Statistical design, methodological support, research capacity building, grant support	Should not engage in ethical review (IRB domain), but support researchers' methodology; possible joint responsibility in evaluating educational research outcomes
IRB (Institutional Review Board)	Ethical oversight of research involving human subjects, informed consent, monitoring of compliance	Should avoid functions that belong to RMU (methodology support) or QAC (audit of protocol implementation), unless mandated by regulation

Integration Framework

To reconcile these perspectives, a five-point integration model is proposed:

1. Clarify mandates via formal job descriptions.
2. Create cross-unit committees/task forces for coordination.
3. Adopt shared governance under an academic vice-deanship.
4. Conduct joint training and capacity-building activities.
5. Perform annual institutional audits to identify redundancies.

Conclusion

Clarifying the responsibilities of overlapping educational bodies is essential for advancing the mission of health professions education institutions. We propose framing the ES/EC as the policy leader, MED as the curriculum driver and update, upgrade and reform advisor, EDC as the innovation catalyst, QAC as the external quality guardian, RMU as the methodological support hub, and IRB as the ethical safeguard. Institutions that adopt such clarity will likely experience reduced redundancy, shared-non overlapping responsibility, enhanced efficiency, and improved educational outcomes.

Declarations of interest

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