

**LCME ACCREDITATION GUIDELINES
FOR NEW AND DEVELOPING
MEDICAL SCHOOLS**

**LIAISON COMMITTEE
ON MEDICAL EDUCATION**

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LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME)

Accreditation Guidelines for New and Developing Medical Schools

INTRODUCTION

A brief historical overview of medical school creation

Interest in the establishment of new medical schools is showing signs of resurgence after a fallow period of more than two decades. When the Flexner report was published in 1910, there were 131 U.S. medical schools, but by 1930 the number had dropped to 76. That number slowly grew over the next three decades, rising to 85 by 1960. The next two decades saw a rapid expansion in the total number of schools (to a total of 127 by 1981), fueled mostly by the creation of new public, community-based medical schools. The most recent addition to the guild of fully accredited U.S. medical schools was the Florida State University College of Medicine, which received full accreditation in 2005.

Purposes and consequences of LCME accreditation

The accreditation of medical education programs serves to assure that they meet national standards of educational quality. The cyclical process of institutional self-study and assessment, coupled with external validation by a team of professional peers, provides a mechanism for ongoing quality improvement. That quality assurance focus is closely linked to federal financial aid programs for students, access to later stages of medical education, and licensure requirements for medical practice.

Attendance at an LCME-accredited medical school is required for students to obtain financial aid via Title VII of the U. S. Public Health Service Act. It is also required for enrolled U.S. medical students to sit for the first and second steps of the United States Medical Licensing Examination (USMLE) sequence. U.S. medical schools must possess LCME accreditation in order for their graduates to gain acceptance into graduate medical education programs in the U.S. Licensing bodies in all 50 U.S. states and in most of the country's other political jurisdictions require that graduates of U.S. schools have successfully completed an LCME- accredited program as a condition for obtaining a license to practice.

Difference between accreditation of medical schools and medical education programs

The "scope of recognition" for the LCME, as recognized by the U.S. Department of Education, is the accreditation of medical education programs leading to the M.D. degree. More specifically, the LCME accredits *complete* medical education programs leading to the M.D. degree that are provided in the U.S. and Canada. Several medical schools offer multiple parallel segments of medical education programs, sometimes by way of separate campuses where students may complete portions of their study, or through distinct "tracks" within educational programs where students at a single location may learn similar content using varying educational methods. In rare cases, a single medical school serves as the degree-granting authority for more than one complete educational program. Medical schools may also offer programs or parts of programs in foreign countries.

By restricting the scope of recognition to complete medical education programs, the LCME is able to focus its assessment activities on comprehensive and comparable units of analysis, independent of the administrative structures ("schools") that provide them. Thus, it does not confer accreditation on programs of one or two years duration, except as elements of a complete educational program. Nor does it accredit programs provided outside the U.S. and Canada, even if the school responsible for the program operates in the U.S. or Canada.

MINIMUM REQUIREMENTS FOR CONSIDERATION BY THE LCME

Any new medical education program seeking LCME accreditation must follow a series of steps outlined in the LCME policy document *Rules of Procedure*. Briefly, if the LCME deems a school ready to admit a charter class it will grant preliminary accreditation to the educational program. The program is then reconsidered as it develops and additional resources are put into place. If all goes well the program will undergo a full survey early in the fourth year of the charter class's progression; if the self-study and corresponding documentation indicate to the LCME's satisfaction that the program meets all accreditation standards, the program will be granted full accreditation. **NOTE: If a medical school chooses to admit a charter class prior to receiving preliminary accreditation from the LCME, it will not be eligible for LCME consideration until after the charter class graduates.**

New educational programs do not need to comply immediately with all LCME accreditation standards nor have the resources in place for the entire program. Nevertheless, the LCME does expect some elements of institutional organization, operation, and resources to be in place before it will consider the program for preliminary accreditation. These minimum requirements are described below; additional expectations may be appropriate under certain circumstances (for example, if a school intends to offer extensive clinical instruction during the first year of study). Schools are encouraged to consult with the LCME Secretariat to determine if additional requirements are likely to be warranted. The various categories of prerequisites correspond to the major headings and related accreditation standards described in the LCME publication *Functions and Structure of a Medical School*.

1. Institutional Setting

To have a reasonable likelihood of complying with relevant accreditation standards, a new medical school should have accomplished at least the following with regard to the institutional setting of the educational program:

- For medical schools operating as part of a university, formal delineation of the relationship between the medical school and the parent university
- Definition of the governance structure of the medical school, including the composition and terms of membership of any governing board
- Development of a job description for the dean, with approval of the description from appropriate university authorities
- Appointment of the founding dean
- Appointment of the senior leadership within the dean's staff, particularly in the areas of academic affairs, student affairs, hospital relationships, and administration & finance
- Appointment of administrative leadership (e.g., department chairs or their equivalent) for academic units that will have major responsibilities for medical student education, especially in those disciplines to be taught during the two years of the curriculum
- Chartering of the major standing committees of the medical school, particularly those dealing with the curriculum, student advancement, admissions, and faculty promotion & tenure

The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty members, standing committees, and students must be established, and the relationship of the medical school to the university should be made clear.

The LCME considers the development of a concise job description and the appointment of the founding dean as essential starting points for the creation of a medical education program. The founding dean serves as the focal point for providing leadership in the implementation of the medical school's missions and goals, and acts as the catalyst for securing the resources needed to assure the accomplishment of the school's aims.

Senior leadership in education, student affairs, hospital relationships, and administration & finance is necessary to begin implementation of programs and services in these areas. Corollary appointment of administrative leadership, especially in those academic units that will have substantial involvement in medical student education, creates an infrastructure that should facilitate effective development of the educational program. An appropriate committee structure rounds out the organizational framework for operations and decision-making that has proven successful in existing accredited programs. Standing committees should be chartered in medical school or university bylaws, and should have a clearly delineated charge or terms of reference that will facilitate their effective functioning.

2. Educational Program

Clearly, the educational program leading to the M.D. degree lies at the core of the LCME's accreditation process and standards. Prior to admitting its first (charter) class of students, a new school is expected to have accomplished at least the following for its educational program:

- Definition of overall objectives for the educational program
- Creation of a working plan for the curriculum as a whole, consistent with the educational objectives
- Detailed layout of the first year of study, including required courses and content, and identification of the resources needed for the delivery of required courses
- Specification of the types of teaching and student evaluation methods best suited for the achievement of educational objectives
- Design of a system for curriculum management and review
- Design of a system for educational program evaluation, including the designation of outcome measures to indicate the achievement of overall educational objectives

Learning objectives form the foundation of the educational program. General objectives for the educational program as a whole create a framework for the design and implementation of specific learning expectations at the level of required courses and clerkships, and so need to be specified at the earliest stages of program planning.

The school should be able to elucidate the overall structure of the educational program to maximize opportunities for efficient learning through horizontal and vertical integration of desired content. The first year of study must be clearly articulated prior to the admission of a charter class. Careful consideration should be given to the sequence of required courses and the workload of students during the first year of study. Each required course should have a designated director or leader, written objectives, and clearly defined criteria for evaluating student performance. The kinds of educational experiences needed for each course should be determined by both institutional and course objectives. Resources should be allocated for each required course, including instructional staff, teaching space, technological and information needs, and any specific instructional needs (e.g., lab materials and supplies, real or simulated patients). Consideration should also be given to academic and tutorial services that may be required, as well as any training needs for instructional staff.

Careful consideration must be given to teaching and evaluation methods, since these choices will determine many of the resource requirements for the units of study. A well-designed system of curriculum management and review assures continuity and consistency of the educational experience for students. Program evaluation implies the systematic collection and review of student evaluations of courses and instructional staff, as well as any other appropriate indicators of curriculum effectiveness. Documentation of the achievement of objectives should include student performance data (where possible, in the framework of national norms).

3. Medical Students

To comply with LCME accreditation standards regarding medical students, a new school will be expected to have the following elements in place before requesting consideration for preliminary accreditation:

- Clearly defined admissions policies and selection criteria
- Adequate resources to assure essential student services in the areas of academic counseling, financial aid, health services, and personal counseling
- Written standards and procedures for the evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to assure due process
- Standards of conduct for the teacher-learner relationship, including written policies for addressing violations of such standards

The school needs to define its minimum requirements for admission, and develop criteria for the selection of its students. Technical standards for the admission of handicapped applicants should be delineated.

The school will need resources in place to provide basic student services in the areas of academic counseling and tutorial services, financial aid services and counseling, preventive and therapeutic health services, and personal counseling. If the school intends to utilize parent university resources for some of these services, it should assure that mechanisms are developed to address any unique needs of medical students. The school should also decide which immunizations it will require, and develop protocols for addressing student exposure to infectious and environmental hazards.

Criteria for reviewing student performance, and for making decisions about advancement or dismissal, need to be elaborated before the charter class is admitted. Policies relating to student advancement, graduation, dismissal, and disciplinary action should be written and available to entering students.

The school should also develop and publicize to the academic community its system for addressing allegations of student mistreatment. Mechanisms for reporting and acting on incidents of mistreatment should assure that they can be registered and investigated without fear of retaliation.

4. Faculty

New schools will need to have the following in place regarding faculty when they are reviewed for preliminary accreditation:

- Written policies and procedures for faculty appointment, promotion, and tenure
- Hiring of sufficient faculty to provide the first year of instruction for the medical education program, and other faculty as needed for the implementation of institutional plans regarding medical student admissions, curriculum planning and management, and achievement of other missions or goals
- A recruitment plan and timetable for hiring faculty to deliver the second year of the educational program

Written appointment, promotion and tenure policies must be developed to specify the terms, conditions, and expectations for the school's faculty.

The school needs enough faculty to deliver the first year of instruction and to make any necessary decisions about student admissions, curriculum design and management, student evaluation and promotion policies, and any other activities that are fundamental to the school's ability to accomplish its mission and goals. Such faculty should have appropriate content expertise for the material to be learned, and be familiar with the school's educational objectives.

While faculty to teach the second year do not need to have been hired before the charter class is admitted, the school should at least have identified the numbers and types of faculty needed for the second year so that hiring can begin before or early during the first year of the educational program.

5. Educational Resources

The following resource requirements are considered essential prerequisites for a school seeking preliminary accreditation:

- Budgets and supporting financial resources for the first five years of operation
- Classroom space and supporting educational infrastructure for the first year of instruction
- Plans for providing classroom space and any supporting educational infrastructure for the second year of study
- Library and information technology services appropriate to the needs of the school for education, research, and patient care
- Identification of clinical teaching sites

New schools should demonstrate that they have sufficient financial resources to accommodate the development of their educational program and to accomplish any other institutional goals. Operating budgets for the first years should be provided to indicate expected revenue sources and expenditures.

Adequate physical resources for the first year of the educational program need to be in place, including classroom, laboratory, and office space, study space for students, and support services (e.g., room scheduling, exam grading, security). Planning for second-year resources allows for consideration and identification of potential shared facilities such as classrooms, wet labs, physical examination rooms, etc.

The information needs of students and faculty for teaching, research, and any patient care should be addressed by library and information technology systems as appropriate. The inpatient and ambulatory sites that will be used for medical student education across the entire curriculum should be identified. Affiliation agreements must be negotiated and signed for any clinical facilities used for instruction during the first and second years.