

DEFINING THE SCOPE OF LCME ACCREDITATION: PROGRAMS, CAMPUSES, AND EDUCATIONAL TRACKS

Introduction

Since its inception in 1942, the Liaison Committee on Medical Education (LCME) has been the sole nationally recognized authority for the accreditation of M.D.-granting educational programs offered by medical schools in the United States. For much of its history, the LCME accredited two-year medical schools (which provided pre-clinical education focused mainly on the biomedical sciences that serve as the foundation for clinical medicine), as well as more comprehensive four-year programs that provided both basic science and clinical education. The LCME accredited medical schools which operated as components of parent universities (which provide educational programs in other areas like law or engineering), and so-called “stand-alone” medical schools where the M.D.-granting program was the major or only educational program offering.

Virtually all two-year medical schools had converted to four-year programs by the early 1980s, and by the mid-1990s the number of stand-alone medical schools represented less than ten percent of all U.S. institutions granting the M.D. degree. The LCME decided in recent years to discontinue its earlier practice of accrediting two-year programs. It also underwent a change in its scope of authority, as recognized by the U.S. Department of Education, from that of an “institutional” accrediting body (of medical schools) to a “programmatic” accreditor (of M.D.-granting programs).

These changes, along with the increasing organizational complexity of medical schools and academic medical centers in recent times, have prompted the development of this paper. Its intent is to provide a clearer definition of what the LCME accredits, and to differentiate the various components associated with a modern medical school in terms of their eligibility for consideration for an accredited status.

The Unit of LCME Accreditation

Because the LCME is a strictly programmatic accrediting body, it does not accredit medical schools per se, but rather accredits the M.D.-granting programs that medical schools offer. Accreditation of the medical school as an institution of higher education (and thus eligibility for student loan guarantees under Title IV of the Higher Education Act) is provided by regional accrediting agencies recognized by the United States Department of Education.

Since the LCME accredits programs and not schools, it is possible that a single medical school could offer more than one distinct educational program culminating in the award of an M.D. degree, each potentially eligible for separate accreditation. To clarify what it does and does not accredit, the LCME has adopted the policy of accrediting only “complete and independent” medical education programs leading to the M.D. degree. Both of those conditions must be met, as well as the geographic limitation of the LCME’s scope of authority (the United States and Canada, considered to be those geopolitical entities whose citizens are eligible to receive passports from the governments of the United States and Canada respectively), in order for a program to be considered for LCME accreditation. In all cases, the final determination regarding separate accreditation of M.D.-granting educational programs is made by the LCME.

Complete Programs

A medical education program is considered by the LCME to be “complete” if it provides all required instructional units (course and/or clerkships) and the needed elective components that will give a student sufficient background in the sciences basic to medicine (including relevant behavioral and socioeconomic subjects) and in general clinical disciplines to qualify the student for training at a graduate level (residency education). Medical schools whose educational program does not meet this definition are ineligible to receive LCME accreditation for such a program. Thus, a school or campus which provides instruction only in basic sciences, or in clinical medicine exclusively, could not receive LCME accreditation for such a program.

Independent Programs

At its core, the LCME definition of “independent” requires that the medical education program exhibit sufficient structure, function, and resources to enable it to comply with all LCME accreditation standards. That is, the program should provide all of the required elements of institutional setting, educational program, medical student selection and support, faculty, and educational resources that are called for by the accreditation standards contained in the LCME publication *Functions and Structure of a Medical School*. From an operational perspective, the key elements indicating that a complete M.D.-granting program is also independent are the following:

- A clearly defined governance structure (such as a Board of Regents or Board of Trustees) responsible for oversight of the institution providing the M.D. program
- A chief executive and academic officer (who usually holds the title of “dean”) with sufficient resources and authority to assure that the program receives appropriate administrative support and meets all academic requirements of the institution
- Sufficient finances, faculty, and facilities to meet the needs of the curriculum and any other missions or goals articulated by the institution
- Final decision-making authority vested in the faculty of the program regarding student admissions and advancement, and curriculum development, implementation, and evaluation

If a single institution wished to offer two or more M.D.-granting programs, with each program separately accredited, each program would have to be complete as defined earlier. Each program would also need to have its own chief executive/academic officer, its own budget and instructional staff, and decision-making authority about students and curriculum vested in the faculty providing instruction within each program. Separate governance structures for each program are not required. The diplomas awarded in each program would also need to be differentiated to avoid any possible confusion among residency training programs, or licensure and certification authorities, about which program provided the M.D. education. Finally, each program would need to comply with the geographic scope of the LCME, i.e., be offered in the United States or Canada.

Variations

A medical school may wish to offer two or more complete M.D.-granting programs but not seek separate accreditation for each one. It may also wish to offer one or more complete or partial programs at different locations (separate campuses), or with differing educational philosophies, objectives, or instructional approaches (separate tracks), or both. While the LCME cannot anticipate every possible permutation on the organization of multiple curricular offerings, the following guidelines are provided to help schools understand the more common variations.

Multiple programs or program segments offered under the aegis of a single institution and not separately accredited should exhibit the following common features:

- Final responsibility and authority for all programs or program segments rests with a single chief executive and academic officer.
- The programs or program segments share a set of common institutional educational objectives that all students are expected to achieve (although individual programs or components may establish additional educational objectives beyond the shared core).
- There must be a common curricular governance system to assure that shared institutional educational objectives are achieved across the various programs or program segments, and that all programs or segments comply with relevant accreditation standards. Distinct programs or program segments may also have their own curricular oversight systems, but are ultimately accountable to the common curricular governance system.
- All students must meet institutional requirements for admission and for academic performance and progress, as established by and under the authority of institutional faculty committees (although each program or program segment may establish additional requirements consistent with institutional policies).

Separate Campuses

The LCME considers a (geographically) separate campus to be an instructional site separate from the main or home campus of the institution, which offers at least one full year of instruction at that location. The term “year” is intended to signify a complete segment of instructional time ending with a decision regarding student advancement to the next stage of instruction; in most medical schools such segments are defined as academic years, but the length of time elapsing within such segments may be more or less than a year in duration. A separate campus that is not also a separate educational track should exhibit the following characteristics:

- The instructional units (courses and/or clerkships) at the campus location(s) should have the same educational objectives as those of the main or parent campus, along with educational experiences which assure that at the end of the campus training, all students will have had an equal opportunity of achieving those objectives regardless of location
- The instructional staff responsible for teaching at the campus location(s) will be accountable to the main or parent campus for assuring that shared institutional and course-level educational objectives for the period of instruction are met

- Students must be held accountable to the same standards for academic advancement or dismissal at each campus location, and the same standards of performance within instructional units (i.e., grading systems)
- Students at all campuses should have the same privileges and support services (such as personal counseling, financial aid services, etc.) at all campus locations

Separate campuses that are not also separate tracks are frequently established to increase the accessibility of educational programs beyond the main campus of the institution, or to take advantage of distinctive opportunities presented by the branch campus location. Examples of separate campuses that are not also separate tracks include clinical campuses (such as the Tuscaloosa and Huntsville campuses of the University of Alabama School of Medicine, or the Tulsa campus of the University of Oklahoma College of Medicine) and regional instructional sites (for example, the branch campuses of the Indiana University School of Medicine or the various WWAMI campuses of the University of Washington School of Medicine).

Separate Educational Tracks

The LCME considers an educational track to be a segment of the educational program leading to the M.D. degree, at least one year (academic period, as described above) in length, that differs from the program as a whole in terms of its mission or objectives, or employs distinctive instructional approaches. An example of a track with a distinct mission is the Cleveland Clinic Lerner College of Medicine program offered by the Case Western Reserve University School of Medicine, with its distinct mission of training physician investigators. An example of tracks that use alternative instructional approaches are the Integrated and Independent Study Pathways offered at the Ohio State University College of Medicine and Public Health.

Educational tracks generally differ from the primary educational program in having distinct learning objectives in addition to those of the primary program, and offering a curriculum (and, very commonly, instructional and/or evaluation methods) uniquely designed to achieve those additional objectives as well as the objectives of the primary program. Because a track is a component of the larger curriculum, its instructional staff must be accountable to the educational leadership of the larger program to assure that all institutional objectives are met. To the extent that potentially varying course structure and grading systems allow it, students in educational tracks should be held accountable to comparable standards for academic progress across tracks; that is, students should collectively have comparable academic achievements at the point where the distinct tracks merge. The track may also be provided at a separate campus, in which case it would need to meet those criteria as well.

The organization that offers a track occasionally bears a name distinct from the medical school responsible for the educational program as a whole (such as the Charles R. Drew University of Medicine and Science, which provides a clinical track within the educational program of the University of California, Los Angeles, David Geffen School of Medicine at UCLA, or the Cleveland Clinic Lerner College of Medicine track of Case Western Reserve mentioned above). When the organization offering a track bears a different name than the medical school

responsible for the educational program as a whole, and the name of the organization offering the track is included on the diploma for students who have completed the track, the diploma must clearly identify the track as a unit of the school responsible for the medical education program as a whole.

Any questions regarding the nature or scope of LCME accreditation should be addressed to one of the LCME Secretariat offices:

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Electronic mail messages to the Secretariat may be directed to: lcme@aamc.org.

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