**PRINCIPLES FOR PARALLEL CURRICULA (“TRACKS”)**

BACKGROUND

Medical schools may wish to create a curriculum for a subset of students that differs from the curriculum used for the rest of the student body. Defined as “parallel curricula,” these may take many forms, including differences in the length of the medical education program, in the locations and formats used for instruction, and/or in the competencies/objectives that the parallel curriculum seeks to achieve. With the increased experimentation occurring in medical schools, it is useful to have a common set of core principles, based in LCME accreditation standards, for use by schools when they wish to create a parallel curriculum.

DEFINITION OF A PARALLEL CURRICULUM

A parallel curriculum is an educational experience for a subset of students that differs from the standard curriculum in its goals/objectives/content, curricular structure and instructional formats, and/or length.

PRINCIPLES

Principle #1: There must be a “core curriculum” for all students enrolled in a medical education program.

1. There must be a core set of graduation competencies and related educational program objectives that apply to all students enrolled in a medical school. These apply equally to students in the “regular” and “parallel” curricula.

2. The core set of competencies/objectives should result in a graduate with the basic knowledge and skills that the school believes are required for entry into any field of graduate medical education.

3. Medical schools should determine what content must be included for all students that is related to each of the core competencies/objectives.

4. The core competencies/objectives and content may be presented in different ways. For example, in a parallel curriculum, there can be variations from the regular curriculum in length (e.g., a shortened curriculum), in content organization and sequencing (e.g., a longitudinal integrated clinical clerkship), or in instructional methods (e.g., a PBL curriculum).

5. The curriculum should be centrally monitored by the curriculum committee and educational program leadership to assure that the defined content and clinical experiences are appropriately represented in the educational program for all students, including those students in a parallel curriculum.

6. Assessment need not occur at the same time points in the regular and parallel curricula, but must occur by comparable and valid methods.

7. Medical student attainment of the core educational program competencies/objectives must be demonstrated at appropriate points in the regular and parallel curricula.

Principle #2: Medical schools may have parallel curricula that add competencies/objectives to the core.

1. A parallel curriculum must be based on an institutionally agreed-upon educational rationale.
2. Parallel curricula may add competencies/objectives as graduation requirements. The additional graduation requirements must be related to the rationale for the parallel curriculum and to the added competencies/objectives.
3. Students in the parallel curriculum must be taught and assessed on the additional competencies/objectives.
4. The process for assignment to and transferring from a parallel curriculum should be fair and reasonable.

*Approved by the LCME® October 2012*