LCME Accreditation Process

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Amber Todd, PhD; Survey Visit Coordinator
What is the LCME?

- Liaison Committee on Medical Education
- National accrediting agency for all US and Canadian medical schools
- Formed jointly by the AMA and AAMC in 1942
- Composed of 17 medical professionals, 2 lay members, and 2 medical students (21 voting members)
- The LCME is represented by ad hoc teams of evaluators (survey teams) who conduct surveys of medical education programs

The LCME meets three times a year (Oct/Feb/June) and makes decisions about accreditation based on school documentation and survey team reports
Purposes of Self-Study and Accreditation

• The LCME accreditation process has two purposes:
  • Assessment of compliance with accreditation standards
  • Promoting self-assessment and quality improvement in a medical school and to correct areas of self-identified weakness
Steps in the Accreditation Process

• School completes the LCME data collection instrument (DCI)
• Students complete the independent student analysis (ISA)
• School develops self-study committees that analyze the DCI, ISA, and other information, write committee self-study reports, and an institutional summary report

• Submit DCI, ISA, and Institutional Summary Report
• Survey team site visit and report
• Action on accreditation by the LCME
LCME Steps in Decision Making

1. Survey team recommends performance in elements to LCME (93 elements grouped into 12 standards)

2. LCME determines performance in elements

3. LCME determines compliance with standards and rules on accreditation status
Survey team recommends performance in elements to LCME (93 elements grouped into 12 standards)

• Survey visit team gives the Dean an exit report of findings
  • Statements of fact based on their understanding of the school’s DCI and information shared by various groups during their meetings with the team

• Survey team findings reviewed by the LCME Secretariat
  • LCME makes the final determinations on compliance
  • May add other findings
LCME determines performance in elements

- **Satisfactory** – policy, process, resources are all in place and there is evidence that it is effective
- **Satisfactory with a need for Monitoring** – policy, process, resources are in place but there is insufficient evidence of effectiveness OR requirements of the element are met but anticipated circumstances could impact performance
- **Unsatisfactory** – one or more requirements of the element is/are not met
LCME determines compliance with standards and rules on accreditation status

- Full accreditation: 8 years
- Continued accreditation / indeterminate term: limited time period
- Warning of probation: 12-24 months
- Probation: 24 months
- Withdrawal of accreditation

Only probation and withdrawal of accreditation are made public by LCME
Independent Student Analysis (ISA)

- Selection of student ISA leaders and committee
- Survey is developed and sent out to all students
- ISA report is written by student leaders
- ISA reported to Self-Study leadership, data incorporated into DCI
Institutional Summary Report

- Candid and evidence-based institutional self-assessment of performance in each element
- Schools expected to identify strengths and challenges/area for improvement and suggest strategies to address problem areas
- Approximately 8-10 pages of single-spaced narrative, excluding the list of task force members contained in report appendix
## Role of the Self-Study Task Force

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<th>Review</th>
<th>Identify</th>
<th>Define</th>
<th>Write</th>
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<tr>
<td>Review all faculty committee reports</td>
<td>Identify institutional strengths &amp; weaknesses</td>
<td>Define strategies to ensure that the strengths are maintained, and weaknesses addressed</td>
<td>Write the Institutional Summary Report</td>
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<td>• Integrates committee reports into one summary</td>
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BSOM Accreditation
Frequently Cited Elements

1.1 Strategic planning & CQI
3.3 Diversity programs
3.5, 3.6 Learning environment, mistreatment
6.2, 6.3 Required clinical experiences, self-directed learning
8.1-8.4 Curricular management, use of objectives, curricular design, review, evaluation of outcomes
8.6, 8.8 Monitoring completion of clinical experiences, student time
9.4, 9.7, 9.8 Assessment system, formative assessment & feedback, fair and timely summative assessment
11.1, 11.2 Academic advising, career advising
12.5 Non-involvement of health providers in assessment
Frequently Cited Elements

REDACTED FROM PUBLIC POSTING
Elements Dashboard / Heat Map
Committees of the Task Force

Self-Study Task Force Chair: Dr. Anachebe

- Governance and Administration Subcommittee (Standards 1 & 2)
- Academic Environment Subcommittee (Standards 3 & 5)
- Faculty Subcommittee (Standards 4 & 9)
- Educational Program Subcommittee (Standards 6, 7, & 8)
- Medical Student Subcommittee (Standards 10, 11, & 12)

ISA – student leaders
Governance and Administration Subcommittee
(Standards 1 & 2)

• The process of institutional priority setting (strategic planning)
• The governance structure
• Relationship of the medical school to the University and clinical affiliates
• Organizational stability and its effect on the planning process
• Continuous quality improvement (CQI) related to LCME monitoring
Academic Environment/Resources Subcommittee (Standards 3 & 5)

• Graduate programs in basic sciences
• Research activities of the faculty and medical student participation
• Learning environment
• Diversity
• Educational resources & infrastructure
Faculty Subcommittee (Standards 4 & 9)

• Numbers, recruitment, retention of faculty
• Faculty development
• Policies for appointment, promotion, tenure, dismissal
• Resident training programs and CME activities
Educational Program Subcommittee (Standards 6, 7, & 8)

- Educational objectives & assessment
- Structure of the medical education program
- Content
- Curriculum management and evaluation
- Program effectiveness
Medical Student Subcommittee (Standards 10, 11, & 12)

- Admissions, recruitment, selection
- Visiting and transfer students
- Academic and career counseling
- Financial aid counseling and resources
- Health services and personal counseling
Timeline for Accreditation Process

1. Compete draft DCI (April-August 2023)
2. Selection of student leadership for ISA
3. Appoint self-study task force and faculty committees
4. Committees review DCI and draft committee report (September 2023-March 2024)
5. ISA data to faculty committees
6. ISA is completed and reported
7. Committee reports reviewed by task force
8. Institutional Summary Report is completed
9. Updated DCI and Institutional Summary Report submitted
10. Preparation for site visit
11. Site visit by the LCME survey team (September 2024-March 2025)
12. Accreditation decision
Contact Information

• Website (coming soon!)

• Amber Todd (survey visit coordinator)
  • Drew Dieckman (survey visit coordinator)

• Ngozi Anachebe (faculty lead)
  • Valerie Weber (Dean)
Questions?