Current LCME Accreditation Standards

*Functions and Structure of a Medical School* [revised June 2007] contains LCME standards for accreditation of medical education programs leading to the M.D. degree in the U.S. and Canada. The standards are provided in both a narrative format (Part 1) that illustrates how standards relate to each other, and in a list format (Part 2) that allows the inclusion of explanatory annotations to clarify the meaning of standards when necessary.

- Download complete document (PDF, 35 pages - 146 kb) (standards in both narrative and list format).
- View online: Part 1 (standards in narrative format).
- View online: Part 2 (standards in list format, with annotations).
- Contact the LCME to receive a printed copy of the June 2007 edition.

### Latest additions to LCME Accreditation Standards

At its meeting on June 5-7, 2007, the LCME adopted the following technical changes in annotations to accreditation standards. New text is indicated in **bold**, with deleted text shown in *strikeout*. Page numbers refer to the appropriate section in the LCME's standards document, *Functions and Structure of a Medical School.*

NOTE: "Must" in accreditation standards signifies an absolute requirement. "Should" is a requirement that must be met unless there is a compelling reason, acceptable to the LCME, for waiving the need to comply with the standard.

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE

A. Educational Objectives (page 12)

STANDARD ED-2: There must be a system with central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of student responsibility. The faculty must monitor student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met.

ANNOTATIONS: This standard requires that a system be established to specify the types of...
patients or clinical conditions that students must encounter and to monitor and verify the
students' experiences with patients so as to remedy any identified gaps. The system, whether
managed at the individual clerkship level or centrally, must ensure that all students have the
required experiences. For example, if a student does not encounter patients with a particular
clinical condition (e.g., because it is seasonal), the student should be able to remedy the gap by
a simulated experience (such as standardized patient experiences, online or paper cases, etc.), or
in another clerkship.

When clerkships in a given discipline are provided at multiple teaching sites, schools that
cannot demonstrate compliance with this standard (ED-2) may also be unable to comply
with accreditation standard ED-8, which requires that programs demonstrate
comparability of education experiences across instructional sites. [Additional annotation
approved by the LCME in June 2007.]

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE
B. Structure, 2. Content (page 15)

STANDARD ED-17-A: The curriculum must introduce students to the basic principles of clinical and
translational research, including how such research is conducted, evaluated, explained to patients, and
applied to patient care.

ANNOTATIONS: The faculty should specify learning objectives (knowledge, skills, and
attitudes) that will, at a minimum, equip graduates to understand the basic principles and
ethics of clinical and translational research, and how such research is conducted,
evaluated, and applied to the care of patients. One example of relevant objectives is
contained in Report IV of the AAMC's Medical School Objectives Project (Contemporary

There are several ways in which programs can meet the requirements of this standard.
They range from separate required coursework in the subject, to the establishment of
appropriate learning objectives and instructional activities within existing, patient-focused
courses or clerkships (for example, discussing the application of new knowledge from
clinical research in bedside teaching activities, offering mentored projects, or conducting
journal club sessions that allow students to explore the development or application of
clinical and translational research). [Annotations approved by the LCME in June 2007.]

V. EDUCATIONAL RESOURCES
(page 29)

STANDARD ER-1: The LCME must be notified of any substantial change in the number of students
enrolled or in the resources of the institution, including the faculty, physical facilities or the budget.

ANNOTATIONS: If a medical school plans to increase its entering enrollment above the
threshold of 10% or 15 students in one year, or 20% in three years, prior notification of
the LCME and (for Canadian schools) CACMS is required. Notification to the LCME
must occur by January 1st of the year preceding expansion, and notification to the
CACMS (for Canadian schools) must occur by September 1st of the preceding year. This notification is required for a medical school planning to increase class size on its main campus and/or in existing branch campuses (without any expansion in the curriculum years that the branch campus covers).

If a medical school plans to start a new branch campus, or expand an existing branch campus (for example, from a one-year or two-year program to a four-year program) notification of the plans to the LCME (and CACMS for Canadian schools) should occur by January 1st of the year preceding the planned campus creation or expansion. [Annotations approved by the LCME in June 2007.]

V. EDUCATIONAL RESOURCES
B. General Facilities (page 29)

STANDARD ER-4: A medical school must have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals.

ANNOTATION: The medical school facilities should include offices for faculty, administrators, and support staff; laboratories and other space appropriate for the conduct of research; student classrooms and laboratories; lecture hall(s) sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including student study space; space and equipment for library and information access; and space for the humane care of animals when animals are used in teaching or research. [Edit to annotation approved by the LCME in June 2007.]

At its meeting on February 6-8, 2007, the LCME adopted the following new and revised standards, after considering the comments received at a public hearing held on October 28, 2006.

New Standards:
- MS-31-A: The Learning Environment
- IS-14-A: Service Learning
- ED-17-A: Clinical and Translational Research

Revised Standards:
- ED-1: The Use of Educational Program Objectives in Course Design and Evaluation
- ED-1-A: Outcome-Based Objectives and Expected Competencies
- ED-2: The Criteria for the Types of Patients and Clinical Conditions Encountered by Students

Technical Revisions:
- IS-14: Student Opportunities for Research and Scholarly Activity
- ED-5: Curriculum Supporting a General Professional Education

http://www.lcme.org/standard.htm#latestadditions
New Standard on the Learning Environment

III. MEDICAL STUDENTS
--- The Learning Environment (pages 5 and 25)

STANDARD MS-31-A: [Effective 7-1-08] Medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their medical students.

ANNOTATIONS: The medical school, including faculty, staff, students, and residents, and its affiliated clinical teaching sites, share responsibility for creating an appropriate learning environment. The learning environment includes formal learning activities as well as attitudes, values, and informal "lessons" conveyed by individuals with whom the student comes into contact. These mutual obligations should be reflected in agreements (for example, affiliation agreements) at the institutional or departmental levels.

It is expected that each medical school should define the professional attributes it wishes students to develop in the context of the school's mission and the community in which it operates. Examples of professional attributes could come from such resources as the American Board of Internal Medicine Project Professionalism or the AAMC Medical School Objectives Project. Such attributes should also be promulgated among the faculty and staff associated with the school, with suitable mechanisms available to identify and promptly correct recurring violations of professional standards. As part of their formal training, students should learn the importance of demonstrating the attributes (attitudes, behavior, professional identity) of a professional and understand the balance of privileges and obligations that the public and the profession expect of a medical doctor.

In addition to defining the attributes of professionalism expected of the academic community, the school and its faculty, staff, students, and residents should regularly assess the learning environment to identify positive and negative influences on the maintenance of professional standards and conduct, and develop appropriate strategies to enhance the positive and mitigate the negative influences.

New Standard on Service Learning

I. INSTITUTIONAL SETTING
B. Academic Environment (pages 1 and 10)

STANDARD IS-14-A: [Effective 7-1-08] Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation.

ANNOTATIONS: "Service-learning" is defined as a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals. [Definition from...
"Sufficient opportunities" means that students who wish to participate in a service learning activity should have the opportunity to do so. To encourage student participation, medical schools could do such things as developing opportunities in conjunction with relevant communities or partnerships, providing information about available opportunities, offering elective credit for participation, or holding presentations or public forums. Support for student participation could include offering or providing information about financial and social support for student service-learning (such as stipends, faculty preceptors, community partnerships).

New Standard on Clinical and Translational Research

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE
B. Structure, 2. Content (pages 2 and 15)

STANDARD ED-17-A: [Effective 7-1-08] The curriculum must introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care.

ANNOTATION: Currently in development.

Change to Standard on the Use of Educational Program Objectives in Course Design and Evaluation

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE
A. Educational Objectives (pages 2 and 11)

REVISED STANDARD ED-1: [Effective immediately]: The medical school faculty must define the objectives of its educational program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the educational program.

REVISED ANNOTATIONS TO ED-1: Educational objectives are statements of the items of knowledge, skills, behaviors, and attitudes that students are expected to exhibit as evidence of their achievement. They are not statements of mission or broad institutional purpose, such as education, research, health care, or community service. Educational objectives state what students are expected to learn, not what is to be taught.

Student achievement of these objectives must be documented by specific and measurable outcomes (e.g., measures of basic science grounding in the clinical years, USMLE results, performance of graduates in residency training, performance on licensing examinations, etc.). National norms should be used for comparison whenever available.

It is expected that the objectives of the educational program will be used by faculty members in designing their courses and clerkships and in developing plans for the evaluation of students.
Objectives for the educational program as a whole serve as statements of what students are expected to learn or accomplish during the course of their medical education program.

It is expected that the objectives of the educational program will be formally adopted by the curriculum governance process and the faculty (as a whole or through its recognized representatives). Among those who should also exhibit familiarity with the overall objectives for the education of medical students are the dean and the academic leadership of clinical affiliates who share in the responsibility for delivering the educational program.

Change to Standard on Outcome-Based Objectives and Expected Competencies

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE
A. Educational Objectives (pages 2 and 11)

REVISED STANDARD ED-1-A: [Effective immediately]: The objectives and their associated outcomes must address the extent to which students have progressed in developing the competencies that the profession and the public expect of a physician. The objectives of the educational program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.

REVISED ANNOTATIONS TO ED-1-A: There are several widely recognized definitions of the characteristics appropriate for a competent physician, including the physician attributes described in the AAMC's Medical School Objectives Projects, the general competencies of physicians resulting from the collaborative efforts of the ACGME and ABMS, and the physician roles summarized in the CanMEDS 2000 report of the Royal College of Physicians and Surgeons of Canada. To comply with this standard, a school should be able to demonstrate how its institutional learning objectives facilitate the development of such general attributes of physicians. A school may establish other objectives appropriate to its particular missions and context.

Educational objectives state what students are expected to learn. Such objectives are statements of the items of knowledge, skills, behaviors, and attitudes that students are expected to exhibit as evidence of their achievement. The educational objectives should relate to the competencies that the profession and the public expect of a physician.

The educational objectives established by the school, along with their associated outcome measures, should reflect whether and how well graduates are developing these competencies as a basis for the next stage of their training.

Student achievement of educational program objectives should be documented by specific and measurable outcome-based performance measures of knowledge, skills, and attitudes, and values (for example, measures of basic science grounding in the clinical years, USMLE...
results, performance of graduates in residency training, performance on licensing and
certification examinations). National norms should be used for comparison whenever
available.

There are several widely recognized definitions of the knowledge, skills, and attitudinal
attributes appropriate for a physician, including those described in the AAMC's Medical
School Objectives Projects, the general competencies of physicians resulting from the
collaborative efforts of the ACGME and ABMS, and the physician roles summarized in
the CanMEDS 2000 report of the Royal College of Physicians and Surgeons of Canada.

Change to Standard on the Criteria for the Types of Patients and Clinical Conditions
Encountered by Students

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE
A. Educational Objectives (pages 2 and 12)

REVISED STANDARD ED-2: Effective immediately: The objectives for clinical education must include
quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the
appropriate clinical settings needed for the objectives to be met. There must be a system with central
oversight to assure that the faculty define the types of patients and clinical conditions that students
must encounter, the appropriate clinical setting for the educational experiences, and the expected
level of student responsibility. The faculty must monitor student experience and modify it as necessary
to ensure that the objectives of the clinical education program will be met.

REVISED ANNOTATION TO STANDARD ED-2: Each course or clerkship that requires
interaction with real or simulated patients should specify the numbers and kinds of patients that
students must see in order to achieve the objectives of the learning experience. It is not
sufficient simply to supply the number of patients students will work up in the inpatient and
outpatient setting. The school should specify, for those courses and clerkships the major disease
states/conditions that students are all expected to encounter. They should also specify the extent
of student interaction with patients and the venue(s) in which the interactions will occur. A
corollary requirement of this standard is that courses and clerkships will monitor and verify, by
appropriate means, the number and variety of patient encounters in which students participate,
so that adjustments can be made to ensure that all students have the desired clinical experiences.
This standard requires that a system be established to specify the types of patients or
clinical conditions that students must encounter and to monitor and verify the students'
experiences with patients so as to remedy any identified gaps. The system, whether
managed at the individual clerkship level or centrally, must ensure that all students have
the required experiences. For example, if a student does not encounter patients with a
particular clinical condition (e.g., because it is seasonal), the student should be able to
remedy the gap by a simulated experience (such as standardized patient experiences,
online or paper cases, etc.), or in another clerkship.

The following technical revision to standard IS-14, and the addition of a related
annotation, were approved by the LCME in October 2006, effectively immediately:

INSTITUTIONAL SETTING

Academic Environment (pages 1 and 10)

STANDARD IS-14. Medical schools should make available sufficient opportunities for medical students to participate in research and other scholarly activities of the faculty. Medical schools should make available sufficient opportunities for medical students to participate in research and other scholarly activities of the faculty, and encourage and support student participation.

ANNOTATION TO IS-14: It is expected that medical schools will provide an appropriate number and variety of research opportunities to accommodate those students desiring to participate. To encourage participation, medical schools could do such things as provide information about available opportunities, offer elective credit for research, hold research days, or include research as a required part of the curriculum. Support for student participation could include offering or providing information about financial support for student research (such as stipends).

The following technical revision to standard ED-5, and the addition of a related annotation, were approved by the LCME in October 2006:

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE
B. Structure, 1. General Design (pages 2 and 13)

STANDARD ED-5: The medical faculty must design a curriculum that provides a general professional education, and fosters in students the ability to learn through self-directed, independent study throughout their professional lives. The medical faculty must design a curriculum that provides a general professional education, and that prepares students for entry into graduate medical education. [Part 1 of revised standard ED-5 approved by the LCME in October 2006 and effective immediately]

ED-5-A: The educational program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning. [Part 2 of revised standard ED-5 and annotation approved by the LCME in October 2006 and effective immediately]

ANNOTATION TO ED-5-A: It is expected that the methods of instruction and evaluation used in courses and clerkships will provide students with the skills to support lifelong learning. These skills include self-assessment on learning needs and independent identification, analysis, and synthesis of relevant information, as well as the assessment of whether information sources are credible. Students should receive explicit experiences in using these skills, and evaluation of and feedback on their performance.

Accreditation Standards Awaiting Approval

At the present time, there are no new accreditation standards, nor substantially revised standards, awaiting approval.