

**PRESENTATION TO THE
LEGISLATIVE INTERIM
MEDICAL EDUCATION COMMITTEE**

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SESSION GOALS

- Describe the role and structure of the Liaison Committee on Medical Education (LCME)
- Discuss the process and timeline for the creation of a new medical education program (medical school)
- Describe the relevant accreditation standards that must be met in order for a new medical school to achieve initial accreditation.

EVOLUTION OF THE ACCREDITATION SYSTEM FOR MEDICAL SCHOOLS

- American Medical Association and Association of American Medical Colleges independently reviewed medical schools starting in the early 1900s
- In 1942, the AMA and the AAMC joined together to form the Liaison Committee on Medical Education (LCME)
- The LCME accredits educational programs leading to the MD in the US and in Canada, in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS)

THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME)

LCME Composition

- 13 professional members (medical school administrators and faculty)
 - 6 AMA, 6 AAMC, 1 CACMS
- 2 student members
- 2 public members

Secretariat staff at the AMA and AAMC

MEDICAL SCHOOL EXPANSION

Currently, there are 129 LCME-accredited medical schools in the US. Of these, 1 was awarded accreditation in 2007 and 3 were awarded accreditation in 2008. Between 1983 and 2003, only 1 new medical school was accredited.

There are 6 additional medical schools that have applied for accreditation.

WHY DO SCHOOLS SEEK ACCREDITATION?

Accreditation is required for graduates of US MD-granting medical schools to:

- Enter accredited graduate medical education (specialty training) in the US
- Sit for the United States Medical Licensing Examination (USMLE), which is required for licensure of MDs in all states
- Obtain a license to practice medicine in all states

DEFINITION OF ACCREDITATION

Accredit:

To certify as meeting a prescribed standard

STEPS IN ACCREDITATION OF NEW MEDICAL SCHOOLS

Three steps to full accreditation:

- Preliminary accreditation*
 - obtained 12-18 months before the first class enters
- Provisional accreditation
 - obtained when the first class is in its second year
- Full accreditation
 - obtained when the first class is in its fourth (final) year

*Schools with preliminary accreditation are considered to be accredited and may recruit and admit students.

HYPOTHETICAL TIMELINE FOR PRELIMINARY ACCREDITATION

STUDENTS ENTER – 2012

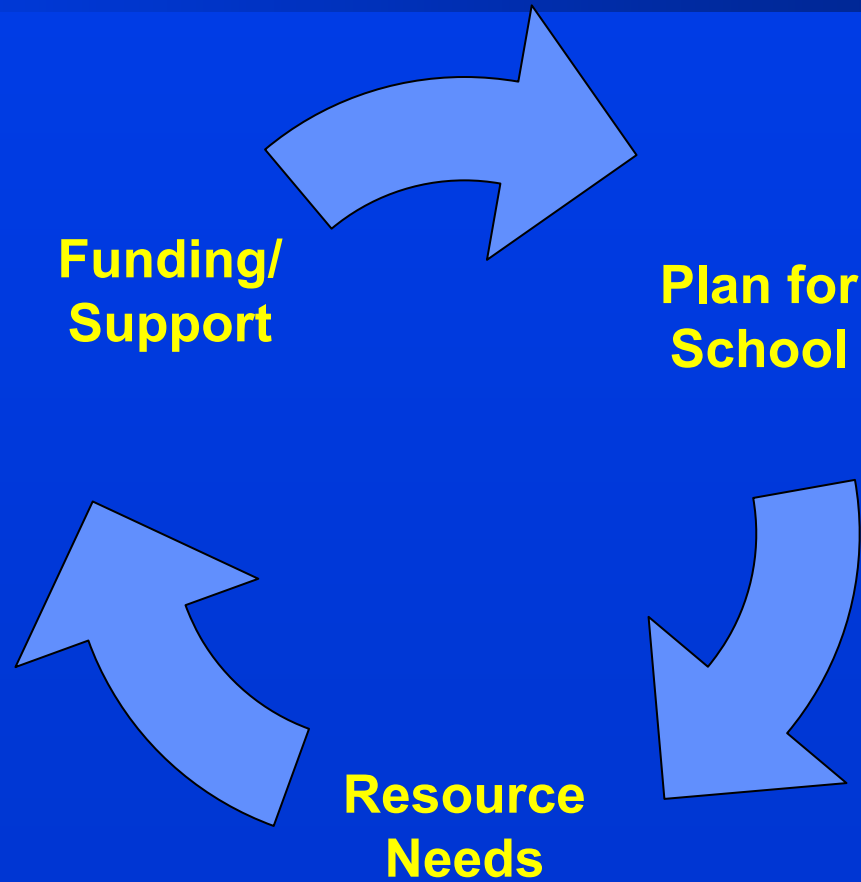
LCME-accreditation granted	(June 2011)
Site visit for LCME accreditation	(March 2011)
LCME reviews accreditation materials	(February 2011)
Submit accreditation materials	(December 2010)
Schools begins to prepare accreditation materials	(January/March 2010)
Formal application for accreditation* Consultations with LCME Staff	(Summer/Fall 2009 or earlier)

*Application requires a fee of \$25,000

GENERAL FRAMEWORK FOR NEW SCHOOL DEVELOPMENT

- Need a plan for the medical school (mission, educational program, student numbers)
- Need to identify appropriate resources (facilities, faculty/staff, clinical sites, etc)
- Need financial and other support to allow access to the resources and to permit implementation of the plan

PLANNING IS ITERATIVE



LCME ACCREDITATION STANDARDS

LCME accreditation standards for preliminary accreditation are divided into 5 categories:

- Institutional Setting
- Educational Program (curriculum, program management and evaluation)
- Student Policies and Support Services
- Faculty
- Resources (finances, facilities, clinical teaching sites, library/information resources)

LCME ACCREDITATION STANDARDS

Contained in *Functions and Structure of a Medical School* on the LCME web site:

www.lcme.org

For preliminary accreditation, school must meet a subset of standards but must have plans for meeting all standards.

GENERAL LCME EXPECTATIONS FOR PRELIMINARY ACCREDITATION

Institutional Setting:

- Medical school chartered by state and approved to award the MD degree
- Dean in place/
Important dean's staff hired/
Department chairs (some) hired
- Graduate medical education (residency) programs planned or in place at school or affiliated hospitals
- Plans for research program in place

EXPECTATIONS (con't)

Educational Program:

- Objectives for the curriculum developed
- Overall plan for the curriculum developed
- Courses for the first and second years designed
- Plans for comparable educational experiences across preclinical and/or clinical sites (if a distributed model is going to be used)
- Plans for evaluating students' knowledge/skills

EXPECTATIONS (con't)

Educational Program (con't)

- Plans for managing the curriculum (for example, integration of basic and clinical sciences, course evaluation system, monitoring content, monitoring clinical experiences)

EXPECTATIONS (con't)

Medical Students:

- Plans for class size (entering class and class size expansion)
- Admissions standards/requirements developed
- Student support services planned
- Plans for limiting student debt (such as scholarship funding)
- Plans for student health/counseling services

EXPECTATIONS (con't)

Faculty

- Enough faculty in place in relevant disciplines and with relevant expertise to plan the curriculum (benchmark: 1-2 faculty per basic science discipline plus clinical input)
- Plan and a feasible timetable for additional faculty hires to deliver the curriculum
- Plans for faculty development (to prepare basic science and clinical teachers to deliver the educational program)
- Faculty contractually or otherwise accountable to the medical school for the time they spend

EXPECTATIONS (con't)

Resources

- Sufficient funding to plan, initially implement, and maintain the medical school's missions, including the educational program (benchmark: about \$15 million per year, minimum, in hand or in kind, not counting costs for new/renovated facilities)
- Diverse sources of funding (or plans to diversify)
- Appropriate facilities to deliver the educational program (classroom space), student space, and space for the other school missions (research, clinical care)

EXPECTATIONS (con't)

Resources (con't)

- Plans for clinical teaching facilities (inpatient and outpatient) in all required clinical specialties, with sufficient patients, resources for teaching (x-reference: physician faculty)
- Library facilities
- Information technology to link students and faculty across sites with library and educational resources

SUMMARY

The LCME will be looking for:

- A feasible and well-designed plan for school development
- A balance between student numbers/curriculum plans and appropriate resources
- There **MUST** be sufficient resources available or guaranteed before preliminary accreditation is awarded

The LCME Secretariat staff is pleased to answer questions and engage in consultation at any time. Many relevant documents are on the LCME web site.