Type of Submission:
Renewal Petition

Criteria: Scope of Recognition

Description of Criteria

This is the current scope of recognition for your agency which was granted by the Secretary of Education:

The accreditation of medical education programs leading to the M.D. degree.

Geographic Area of Accrediting Activities: The United States.

Narrative:
No change is requested

Document(s) for this Section
No files uploaded

Analyst Worksheet- Narrative

Analyst Review Status:

Analyst Remarks to Narrative:
No changes requested.

List of Document(s) Uploaded by Analyst - Narrative
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Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

Criteria: 602.10(a-b)
Description of Criteria

The agency must demonstrate that—

(a) If the agency accredits institutions of higher education, its accreditation is a required element in enabling at least one of those institutions to establish eligibility to participate in HEA programs. If, pursuant to 34 CFR 600.11(b), an agency accredits one or more institutions that participate in HEA programs and that could designate the agency as its link to HEA programs, the agency satisfies this requirement, even if the institution currently designates another institutional accrediting agency as its Federal link; or

(b) If the agency accredits institutions of higher education or higher education programs, or both, its accreditation is a required element in enabling at least one of those entities to establish eligibility to participate in non-HEA Federal programs.

Narrative:

The Liaison Committee on Medical Education (LCME) accredits medical education programs leading to the MD degree. Accreditation by the LCME does not confer eligibility to participate in HEA programs. As an eligibility requirement for LCME accreditation, the LCME requires that medical education programs be based in institutions that are accredited by the relevant institutional (regional) accrediting body (Rules of Procedure, Exhibit 2/page 8).

LCME accreditation is required for programs to participate in some non-HEA federal programs.

The regulations authorizing the National Health Service Corps (NHSC) Scholarship Program (Exhibit 1a) as found in the Public Health Service Act (42 USC 2541) state that participants must be enrolled in an “accredited (as determined by the Secretary) institution” offering (for individuals becoming physicians) a medical education program accredited by the LCME.

The HRSA Scholarships for Disadvantaged Students (SDS) (PHS Act Section 737 as amended by P.L. 111-148 Section 5402) is a program where funding is awarded to institutions with a high percentage of socioeconomically-disadvantaged students. For FY 2020 (HRSA-10-006 NOFO) medical schools (MD or DO) may apply for the SDS program (Exhibit 1b). The program requirements state that each program “must be accredited” for each specific health discipline or the institution must be accredited by the relevant accrediting body recognized by the U.S. Department of Education.

The LCME Part I-B Student Financial Aid Questionnaire asks LCME-accredited medical education programs to provide information on the sources of financial aid that their student receive. The excerpt from the questionnaire for School P (Exhibit 1c) illustrates that five students were receiving NHSC scholarships for the 2016-2017
The questionnaire from School B (Exhibit 1d) shows that 70 students were receiving funding from the HRSA SDS program in the same year.

### Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide additional information and documentation to show that its Department recognized accreditation is a required element in enabling at least one of its accredited programs to establish eligibility to participate in the National Health Service Corps Scholarship Program. It cannot satisfy the criterion by demonstrating that an individual attending one of its accredited programs is eligible to participate. Therefore, the agency may need to identify an alternative Federal link to meet the requirements of this criterion.

The agency must provide further information and documentation to show how its accreditation should be considered a required element for a program to establish eligibility to participate in the Scholarships for Disadvantaged Students. The agency may need to identify an alternative Federal link to meet the requirements of this criterion.

**Analyst Remarks to Narrative:**
As a programmatic accrediting agency, the agency must demonstrate that its accreditation is a required element in enabling at least one of its programs to establish eligibility to participate in a non-HEA Federal program. The agency identified the National Health Service Corps (NHSC) Scholarship Program (Exhibit 1a) as a non-HEA Federal program to establish its compliance with this criterion.

The law authorizing the program is 42 USC § 254l. The law states, "To be eligible to participate in the Scholarship Program, an individual must — (1) be accepted for enrollment, or be enrolled, as a full-time student (A) in an accredited (as determined by the Secretary) educational institution in a State and ..." 42 USC § 254l(b)(1). Although the law references a determination by the Secretary, it appears that it is referring to the Secretary of Health instead of the Secretary of Education. It is not clear if the Secretary of Health has specified Department recognition as being required in order to be considered accredited under this statute.

Additionally, the law appears to concern only the eligibility of an individual to qualify for the scholarship; as opposed to a program. The criterion cannot be satisfied by relying solely on language concerning the eligibility of an individual to participate in a non-HEA Federal program. The Federal link regulations states that one of the "entities" the agency accredits must be enabled to establish eligibility. This agency is recognized as a programmatic accrediting agency. Therefore, it must show that its accreditation allows a program, as opposed to an individual, to be eligible to participate in the NHSC Scholarship Program.

It is unlikely that the agency will be able to demonstrate this based upon the current terms of the NHSC Scholarship Program. Therefore, the agency may need to identify a different Federal link.

The agency identified the Scholarships for Disadvantaged Students (SDS) offered through the Health Resources & Services Administration (HRSA) at the Department of Health and Human Services as another possible non-HEA Federal program to establish the required link. The law providing the authority for the SDS program is 42 USC § 293a.

The law specifies that the award is to an entity, thus satisfying one of the prongs of the Federal link regulation. It also states that eligible entity means, "a school of medicine, osteopathic medicine, dentistry, nursing (as defined in section 296 of this title), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, or allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants..." 42 USC § 293a(d)(1)(A). However, the law does not appear to prescribe Department-recognized accreditation.
The agency included an excerpt of a Frequently Asked Questions webpage hosted by HRSA. It contains language regarding eligibility and states, "Each institution’s program applying for the SDS Program (e.g., pharmacy, baccalaureate nursing, dentistry, etc.) must be accredited for each specific health discipline. If not, the institution must be accredited by the relevant accrediting body recognized by the U.S. Department of Education, prior to submission of the SDS Program application." (Exhibit 1b, p.5).

Department staff recognize that this same language has also been used by the HRSA in Notice of Funding Opportunity announcements for the SDS program. However, Department staff notes that the language does not specifically require programmatic accreditation. Instead, institutional accreditation could be used by a program to establish eligibility. This option negates the ability of the agency to satisfy its particular role as a recognized programmatic accrediting agency being a required element for a program to participate in SDS.

Additionally, the agency only accredits programs that are within sites that first have institutional accreditation. Therefore, the agency must provide further information and documentation to show how its recognized accreditation should be considered a required element for a program to participate in SDS. It is unlikely that the agency will be able to demonstrate this based upon the current terms of the SDS program. Therefore, the agency may need to identify a different Federal link.

The Liaison Committee on Medical Education (LCME) accredits medical education programs leading to the MD degree. Such programs are eligible for the R-15 Research Enhancement Award Program (REAP) award. The Funding Opportunity Announcement (FOA) PAR-19-134 (see Exhibit 96) states that the “objectives of the REAP are to provide support for meritorious research, to strengthen the research environment of health professional schools and graduate schools that have not been major recipients of NIH support, and to expose available undergraduate and/or graduate students in such environments to meritorious research.”

As described in the FOA, health professional schools and colleges are accredited institutions that provide education and training leading to a health professional degree, including but not limited to: BSN, MSN, DNP, MD, DDS, DO, PharmD, DVM, OD, DPT, DC, ND, DPM, MOT, OTD, DPT, BME, MSEE, MS-SLP, CScD, SLPD, AuD, MSPO, MSAT, and MPH. Eligible health professional schools/colleges
may include schools or colleges of nursing, medicine, dentistry, osteopathy, pharmacy, veterinary medicine, public health, optometry, allied health, chiropractic, naturopathy, podiatry, rehabilitation medicine, physical therapy, orthotics & prosthetics, kinesiology, biomedical engineering, occupational therapy and psychology. Accreditation by an agency approved for such purpose by the U.S. Secretary of Education is required for access to an award under the REAP program.

Over the past three years, there have been three REAP awards made to principal investigators (PIs) at two LCME-accredited medical education programs (see Exhibit 97 for a description of the funded projects):

PI Serguei Skatchkov, R15NS116478 (Universidad Central del Caribe School of Medicine)

Glia[al] cells and polyamine signaling in the central nervous system
Active 2020-2023.

PI James Porter, R15MH116345 (Ponce Health Sciences University School of Medicine)

Fkbp5 modulation of prefrontal function
Active until August 2022, but currently in its fourth year (i.e., three-year grant with one-year no cost extension).

PI Caroline Appleyard, R15AT009915 (Ponce Health Sciences University School of Medicine)

Physical Activity as a therapeutic intervention in endometriosis
Active through February 2022 (included a one-year no cost extension)

Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section
The agency has identified a valid Federal link separate from those initially claimed in the draft petition. The prior claimed links were not further discussed by the agency after the draft staff analysis and are treated as abandoned for purposes of the final analysis.

The agency's recognized accreditation is needed in order for its accredited programs to establish eligibility to participate in the Research Enhancement Award Program (REAP) award which is a non-HEA Federal program. The agency has provided documentation evidencing the REAP program's requirement for a medical school applicant to be accredited by a body recognized by the Secretary (Exhibit ID #58764, p. 5). Additionally, the agency has provided sample documentation of two of its fully accredited programs having received awards through the REAP program (Exhibit ID #58765).

The agency has demonstrated that it meets the requirements of this criterion.

Criteria: 602.11(a-c)

Description of Criteria

The agency must demonstrate that it conducts accrediting activities within—

(a) A State, if the agency is part of a State government;

(b) A region or group of States chosen by the agency in which an agency provides accreditation to a main campus, a branch campus, or an additional location of an institution. An agency whose geographic area includes a State in which a branch campus or additional location is located is not required to also accredit a main campus in that State. An agency whose geographic area includes a State in which only a branch campus or additional location is located is not required to accept an application for accreditation from other institutions in such State; or

(c) The United States.

Narrative:
The LCME accredits compete and independent medical education programs leading to the M.D. degree in the United States. Educational programs in the United States that are eligible for LCME accreditation must be in institutions that are chartered in, located in, and offer all required educational experiences within the United States (including Puerto Rico). This is defined as the geographic locations where citizens are offered U.S. passports. The LCME Rules of Procedure (Exhibit 2, page 1) describes the geographic scope of LCME responsibility.

As of June 2021, there were 155 LCME-accredited U.S. medical education programs. Accredited programs are located in 42 states, Puerto Rico, and the District of Columbia. See Exhibit 3 for a listing from the LCME website (www.lcme.org) of the accredited medical education programs in the US along with their geographic locations. LCME-accredited medical education programs do not have “branch campuses” or “additional locations” as defined in 600.2 (Definitions).

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency accredits "medical education programs whose students are geographically located in the United States for the required portions of their education, and which are offered by universities or medical schools that are chartered and operated in the United States" (Exhibit 2, p. 1). The agency provided documentation demonstrating accreditation of such programs (Exhibit 3). The agency accredits programs within the United States and it meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
(a) The Secretary recognizes only the following four categories of accrediting agencies:

(1) A State agency that—

(i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and

(ii) Has been listed by the Secretary as a nationally recognized accrediting agency on or before October 1, 1991.

(2) An accrediting agency that—

(i) Has a voluntary membership of institutions of higher education;

(ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with §602.10; and

(iii) Satisfies the "separate and independent" requirements in paragraph (b) of this section.

(3) An accrediting agency that—

(i) Has a voluntary membership; and

(ii) Has as its principal purpose the accrediting of institutions of higher education or programs, and the accreditation it offers is used to provide a link to non-HEA Federal programs in accordance with §602.10.

(4) An accrediting agency that, for purposes of determining eligibility for title IV, HEA programs—

(i) (A) Has a voluntary membership of individuals participating in a profession; or
(B) Has as its principal purpose the accrediting of programs within institutions that are accredited by another nationally recognized accrediting agency; and

(ii) Satisfies the “separate and independent” requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraph (d) of this section.

Narrative:

The LCME appropriately falls under category 602.14(a)(3), since it has a voluntary membership and has as its principal purpose the accreditation of medical education programs in the United States, including Puerto Rico. The accreditation offered by the LCME is used to provide a link to non-HEA Federal programs in accordance with §602.10.

The LCME is sponsored by the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC). Both the AMA and the AAMC are private, non-profit professional organizations. As an unincorporated entity, the LCME does not have formal articles of incorporation or bylaws. LCME policies and procedures are contained in the Rules of Procedure document (Exhibit 2), which is approved by the LCME. The Rules of Procedure addresses the LCME’s membership categories and criteria for membership (pages 2-4), its purpose and scope of responsibility (page 1), and the fact that LCME accredited programs and their students have access to certain federal funding programs (page 1). The Rules of Procedure, in the section on eligibility requirements (page 8), states that accreditation by the LCME does not confer eligibility for Title IV, HEA programs.

The document, Functions and Structure of a Medical School, March 2019 edition (Exhibit 15) contains the 12 accreditation standards and 93 associated elements in place for schools with accreditation reviews during the 2020-2021 academic year. The document is updated yearly to incorporate and changes made.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

To be an agency categorized under §602.14(a)(3), the agency must satisfy the requirements of §602.10 by demonstrating the accreditation it offers is used to provide a link to non-HEA Federal programs.

Analyst Remarks to Narrative:

The agency states that it has a voluntary membership and its principal purpose is to grant accreditation of medical education programs in the United States (including in Puerto Rico). The agency's Rules of Procedure manual states that the agency's accreditation is “a voluntary, peer-review process designed to attest to the educational quality of new and established educational programs” (Exhibit 15, p. iv).

The agency further states that this accreditation provides a link to non-HEA Federal programs in accordance with §602.10. However, the programs identified by the agency in §602.10 have not been found to meet the requirements of that section.

In discussions with the agency, Department staff expects that the agency will successfully demonstrate, in its response to the draft Staff analysis, that it does indeed meet the requirements of §602.10 in enabling programs it accredits to establish eligibility for non-HEA Federal programs. If so, the agency would be categorized under §602.14(a)(3).

The agency is not a Title IV gatekeeper. The agency does not have to meet the separate and independent requirements of §602.14(b). However, at this time, the agency does not meet the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The LCME falls under category 602.14(a)(3) in that it has a voluntary membership and has as its principal purpose accrediting programs. The accreditation it offers provides a link to Non-HEA Federal programs in accordance with §602.10. Specifically, it provides a link to the R-15 Research Enhancement Award Program (REAP) that provides research funding to MD-granting programs that are accredited
by the LCME, a programmatic accreditor approved for that purpose by the U.S. Secretary of Education.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Staff did not initially validate the agency's categorization under this section in the draft staff analysis due to an outstanding issue with the agency needing to establish a valid Federal link. As discussed in §602.10, the agency has now established a valid Federal link. Therefore, it can now be categorized as an agency under §602.14(a)(3).

**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.15(a)(1)**

**Description of Criteria**

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that—

(a) The agency has—

(1) Adequate administrative staff and financial resources to carry out its accrediting responsibilities;

**Narrative:**

As described in the LCME Rules of Procedure (Exhibit 2, page 5), the formal responsibility for managing the LCME is shared by two Co-Secretaries. The offices of the LCME are located in Chicago, Illinois at the American Medical Association (AMA) and in Washington, DC at the Association of American Medical Colleges (AAMC). Each office is managed by a full-time Co-Secretary - Barbara Barzansky, PhD, MHPE in Chicago and Veronica Catanese, MD, MBA in Washington, DC. Each
The LCME Secretariat manages the LCME accreditation system and its operations, including supporting LCME meetings and survey visits, developing documents, and conducting training for LCME and survey team members and consultations with medical schools (Rules of Procedure, page 5). In addition, the LCME utilizes five part-time “field secretaries,” who are based offsite and are contracted to serve as team secretary on two to four survey visits per year and carry out other duties as assigned. These are experienced survey team members who are associated with LCME-accredited medical schools and are able to take on part-time responsibilities supporting the work of the LCME. For the 2021-22 academic year, the field secretaries are Tina Thompson, PhD; Dan Hunt, MD, MBA; Phil McHale, PhD; Randolph Canterbury, MD; and Ken Simons, MD.

The LCME offices employ a cadre of experienced full-time staff (see Exhibit 8 for organizational chart), two in the Chicago office and five in Washington, DC.

In Washington, DC:
Rachel Liska, MPH (Director, Accreditation Services)
Caitlin Reicks, MPA (Senior Accreditation Specialist)
Elizabeth Westin (Senior Online and Web Content Specialist)
Danielle Ekoma, MSA (Administrative Specialist, Accreditation Services)
Michael Migdal, PhD (Senior Research Analyst)

In Chicago:
Marina Ramos (Program Administrator)
Felicia Walker (Staff Assistant III)

In managing the accreditation process, the two geographically-separate offices act as one functional office for seamless integration and coordination of tasks (see Exhibit 9 for a description of the areas of responsibility across offices). For example, the two Co-Secretaries jointly conduct consultations with medical schools to support consistency (see Exhibit 10 for a sample consultation schedule). There is a weekly virtual meeting that includes the Secretariat and staff from both offices and bi-weekly virtual meetings of the four members of the Secretariat. These communications are formally scheduled with pre-identified agenda items, but regular communications also occur as needed to ensure task completion. The assignment of tasks is reviewed annually by the Secretariat to ensure that all responsibilities have been completed on schedule and to determine if work is allocated properly.

LCME staff are prepared for their responsibilities through orientation and mentoring. The regular virtual meetings allow for staff development and joint problem-solving.
There also are a variety of documents on the LCME website (www.lcme.org) that serve for staff orientation as well for providing information to medical schools, survey team members, and the public. For more information, see the responses to 602.15(a)(2).

Exhibit 11 is a copy of the Memorandum of Understanding between the AMA and the AAMC that codifies the scope of their responsibilities related to LCME operations and financing. In summary, the MOU formalizes the following: 1) The LCME conducts its reviews of and makes decisions about the accreditation status of medical education programs autonomously, with no discussion, review, or participation by its sponsoring organizations. The LCME retains final authority for the adoption of new and revised accreditation standards and policies. 2) The organizations that sponsor the LCME provide financial and administrative support for its operations. 3) The LCME Council, consisting of three representatives each from the LCME, the AMA, and the AAMC serves as a vehicle for communication between the LCME and its sponsoring organizations.

There is no annual fee to medical schools for accreditation. As included in the Rules of Procedure, Responsibility for Survey Visit and Consultation Expenses (Exhibit 2, page 10), developing medical education programs applying for accreditation pay a $25,000 application fee and are responsible for all travel expenses for survey teams until full accreditation is granted. Following that, the LCME pays the expenses of team members for full accreditation reviews. For other types of visits (e.g., limited surveys, consultations), programs are charged a rate set by the LCME for expense reimbursement but no fee is charged. The LCME’s sponsoring organizations, the AMA and the AAMC provide financial and other support for LCME operations. The support from the LCME’s sponsors includes office space, technology and technology support, telecommunications support, human resources and financial services. With the exception of telecommunications and rent, this support is provided to the LCME without charge. The costs of accreditation operations, including meetings and survey visits, as well as the salaries of professional staff, support staff, and contract personnel (i.e., legal services, “field secretaries”) are covered by the LCME’s sponsors. The expenses incurred by the LCME, exclusive of the salaries and benefits of the Secretariat and support staff, are equally divided between the AMA and the AAMC. Expenses incurred by each office in support of the LCME are reconciled quarterly so that each office pays one-half of the incurred costs. See Exhibit 12 for the reconciliation statements for the 2018-2019 and 2019-2020 academic years. The operating expenses for the 2018-2019 academic year were $759,659 and for the 2019-2020 were $558,283. These years were selected since they represent years with more typical costs than those incurred in 2020-2021, which was impacted by changes brought about by the COVID-19 pandemic (e.g., the switch to virtual survey visits and virtual LCME meetings that occurred following March 2020). The lower costs in 2019-2020 compared with those in 2018-2019 reflect the start of changes in pandemic-affected operations as of March 2020.
There is no separate audit of LCME finances, as the LCME has no separate organizational identity, as specified in the AMA/AAMC MOU (Exhibit 11). According to the budget development timeline for each sponsor, the staff of the LCME at each office project and propose an operating budget for that office of the LCME for the coming fiscal year. The proposal is incorporated into the overall budget of the sponsor.

The LCME has not eliminated or postponed any activities due to deficits in administrative, staff, or financial capacity. As illustrated in Exhibit 9, the activities of the LCME have been assigned to staff in the two offices. There often is collaboration across offices to accomplish a specific task. In March 2020, based on the COVID-19 pandemic, the Secretariat acted to postpone 13 survey visits from the March - May 2020 timeline to June - August 2020 so as to organize the move from on-site to virtual visits. The LCME formally approved the implementation of virtual survey visits by email ballot in April 2020 and by vote during a regularly-scheduled LCME meeting in February 2021. Since June 2020, the LCME has carried out 42 virtual survey visits with full teams, as required by the type of the visit according to the new timeframe, and acted upon 31 of these survey reports at its February 2021 and June 2021 meetings. There have been no complaints related to the timeliness of LCME actions.

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Analyst Worksheet - Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**

The agency must provide the total number of accredited programs and staff-to-program ratio it held at the end of each year for the previous three years. The agency must provide its two most recent annual financial statements and two most recent annual budgets. The agency must provide written agreements demonstrating the sponsors' commitment to provide ongoing financial support for the agency ensuring its financial viability.

During the pending Department staff file review, the agency must provide the training materials used over the prior two years to educate agency representatives (including contractors) about the agency's standards, policies, and procedures, as well as attendance records and any other documentation of training events.

**Analyst Remarks to Narrative:**

The agency's administrative staff is collectively referred to as the "Secretariat." The staffing is split between two offices. The agency's Rules of Procedure manual provides policies on the role and duties of the Secretariat (Exhibit 2, p. 5). Each respective office falls under one of the two agency's sponsors which are the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC). The full-time Secretariat staffing consists of two co-Secretaries and two Assistant Secretaries.

Additionally, each of the two offices are supported by additional full-time staff. Taken together, the agency reports 11 full-time administrative staff and has provided documentation showing its organizational chart (Exhibit 8). The agency provided Curriculum Vitae documentation for its senior staff members clearly demonstrating their qualifications for their roles (Exhibits 4-7). Qualifications for the remaining staff members will be reviewed during the Department staff file review.
The agency also reports utilizing five part-time contractors annually to serve as site visit team secretaries and perform other assigned duties. Therefore, it appears these contractors serve in both an agency staff role as well as a representative role for site visits (discussed further in next section). The contractors' qualifications will be reviewed during the Department staff file review.

The agency states that preparation of LCME staff to carry out their roles takes place through mentorship and orientation. However, the agency did not provide any documentation of training. During the pending Department staff file review, the agency must provide the training materials used over the prior two years to educate agency staff (including contractors) about the agency's standards, policies, and procedures, as well as attendance records and any other documentation of training events.

The agency states that the two offices of the Secretariat are in regular communication and coordination with one another in carrying out the accrediting administrative responsibilities. Documentation of clearly delegated roles and responsibilities divided or shared between the two offices was provided (Exhibit 9). Responses to any Department staff requests and communications have been very quick and thorough.

The agency reports that it has not postponed or canceled activities due to any staffing problems and has not received any complaints regarding its timeliness in carrying out its accrediting functions. The Department has not received any such complaints and observation of agency provided annual reports and updates to the Department's Database of Accredited Postsecondary Institutions and Programs further supports a finding that the agency is able to timely and adequately carry out its activities.

The agency reported some limited postponement of site visits to allow a switch to virtual site visits in response to the pandemic. However, the agency did not provide the total number of accredited programs and staff-to-program ratio it held at the end of each year for the previous three years and must do so to demonstrate it meets the requirements of this section.

The agency states that the LCME does not have an existence separate from its two sponsors: the AMA and AAMC. Thus, it states it does not have a budget separate from the two sponsors and that each of the two separate offices of the Secretariat separately report its expected financial needs to their respective sponsors during that sponsor's annual budget procedures. However, the agency did not provide the two most recent annual financial statements and its two most recent annual budgets.

The agency did provide expenditure reports for 2018-2020 (Exhibit 12) and explained some of the variation in annual spending stemming from the pandemic. The agency
also explained that it does not require programs to pay an ongoing accrediting fee after the initial application fee and costs for visits are assessed to a program prior to it reaching full accreditation. Therefore, the agency's funding appears to be mostly provided for by its two sponsors. However, Department staff cannot provide an opinion as to the ability of the sponsors to meet the financial demands of the LCME's accrediting responsibilities without further information and documentation.

The agency must provide its two most recent annual financial statements and two most recent annual budgets. Additionally, since the agency relies heavily on financial support from its two sponsors, it must provide written agreements demonstrating the sponsors' commitment to provide ongoing financial support for the agency ensuring its financial viability.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The main source of funding for LCME operations comes from its sponsoring organizations. Exhibit 98 illustrates the budgeted amounts and actual expenditures for the two offices. For the AAMC, the fiscal year is July 1st to June 31st. The total FY 2020, 2021, and 2022 personnel and non-personnel budgets (actuals) ranged from $1.54 million to $1.69 million. For the AMA, whose fiscal year is January 1st to December 31st, total personnel and non-personnel actuals for 2021 were $1.03 million and for FY 2022 were $1.22 million.

Exhibit 99 contains a letter signed by David J. Skorton, MD, president and CEO of the AAMC and James L. Madara, MD, CEO and executive vice president of the AMA. In the letter, the two CEOs confirm the “longstanding commitment” of the two organizations to ensure that the LCME has the financial resources to carry out its accrediting responsibilities. Excerpts from the audited financial statements of the American Medical Association (Exhibit 100) and the Association of American Medical Colleges (Exhibit 101) demonstrate the finances and demonstrate the financial sustainability of the two sponsoring organizations of the LCME.

For the 2022-23 academic year, there are 10 full-time staff across the two LCME offices:

2 Co-Secretaries, 1 at each office
2 Assistant Secretaries, 1 at each office

4 staff members based at the AAMC office

2 staff members based at the AMA office

Since the initial submission of the LCME’s petition in July 2021, Ms. Caitlin Reicks has been replaced by Ms. Allyson Schneider and Ms. Danielle Ekoma left the LCME (a search is underway for her successor). The number of LCME-accredited medical education programs was 155 in the 2020-21 academic year, 155 in the 2021-22 academic year, and 157 in the 2022-23 academic year.

Staff Training: Of the full-time LCME staff, only the two Co-Secretaries and the two Assistant Secretaries have responsibility for areas that touch on compliance with accreditation standards. The Co-Secretaries and Assistant Secretaries participate in survey team training, as they serve as survey team secretaries. All of the LCME 10 full-time staff meet weekly in a virtual format to jointly discuss/problem solve operational/process issues. The file review includes the agendas of the all-staff meetings for the 2022 and 2023 (to date) meetings. These meetings serve as training for the staff members who have not been involved in the creation of new procedures or policies or as a venue to get broad-based input on proposed changes.

Field Secretary (“contractor”) Training: Field secretaries are part-time contract employees. During the 2022-23 academic year, there are three field secretaries: Tina Thompson, PhD; Robert Sabalis, PhD; and Ken Simons, MD. Two previous field secretaries have retired (Dan Hunt, MD and Phil McHale, PhD) since the July 2021 submission and the third previous field secretary (Randolph Canterbury, MD) now is a member of the LCME. The responsibilities of the previous field secretaries are covered by the regular team secretary pool.

Dr. Thompson and Dr. Sabalis act as survey team secretaries and participate in general survey team member training, which is required for all new surveyors and regularly for individuals participating in survey visits thereafter (see Exhibit 102, 2023 Revised LCME Rules of Procedure, page 16). The information covered in survey team member training was included in the documents submitted for file review. In addition, there is an annual training and planning session for all survey team secretaries, which covers changes in accreditation standards, policies, and procedures. The agendas for the 2021 and 2022 team secretary training sessions are included in Exhibit 103. Dr. Simons, who was a member of the LCME before becoming a field secretary, participates in the Secretariat review of survey reports and of complaints to the LCME about educational programs. In each of these functions, he works with a member of the full-time Secretariat (Dr. Hash for complaints and Drs. Barzansky, Catanese, Hash, or Waechter for survey report reviews). As
background for his role, he also received the 2023 Revised LCME Rules of Procedure (Exhibit 102), which includes information on the review of survey reports (page 12) and the LCME complaint process (pages 32 and 44-45).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

**Administrative Adequacy** - The qualifications information (CVs) for all staff members that was not included in the draft petition was reviewed by Department staff during the file review and indicated that all members are well qualified by education and experience to perform their respective roles for the agency. Qualifications information for contracted “field secretaries” was also reviewed and also demonstrated they are well qualified by education and experience. The agency provided the requested ratio information of staff to programs. The agency indicates that it is currently in the process of replacing a recent vacancy. In reviewing the agency's directory of accredited programs, the agency has added one fully accredited program since its last period of recognition (2019-present) and is in the preliminary or provisional stage of accreditation (not recognized by the Secretary) of four more at this time. Nothing in the review of the agency has indicated that it is not adequately staffed to handle the addition or planned additions at this time.

**Training** - Requested documentation of training was provided and reviewed during the file review. Documentation included meeting agenda as described in the agency's narrative indicating the topics covered. Additionally, any information requests from Department staff on any variety of agency matters arising during the period of recognition has been met with very timely, thorough, and professional responses and all indications are that the agency staff maintains a program of ongoing awareness and improvement on the knowledge and application of the agency policies and procedures. These qualities were also readily observable during staff observations of the decision-making meeting and the file review. Training of the contracted members that participate in site visits is discussed in 602.15(a)(2).

**Financial Resources** - In response to the draft staff analysis, the agency has provided
The agency has provided the requested documentation and addressed the staff concerns stated in the draft analysis. The agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.15(a)(2)

Description of Criteria

(2) Competent and knowledgeable individuals, qualified by education or experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence courses;

Narrative:

LCME members (policy and decision-makers):
The LCME has the final responsibility for developing accreditation policies and making decisions about the accreditation status of MD-granting medical education programs. As described in the Rules of Procedure (Exhibit 2), there are 19 voting
members of the LCME. These come from three membership categories: professional members (15), student members (2), and public members (2). Of the LCME professional members, 14 are elected by the LCME from a pool of nominees/applicants submitted by the LCME sponsors and reviewed by the LCME Council (see MOU between the AMA and the AAMC, Exhibit 11) and one is elected from nominees submitted directly to the LCME. Student members (one from the AMA and one from the AAMC) are selected by the Co-Secretary from the relevant organization through an organization-specific process. Public members are elected by the LCME from an LCME-identified pool of applicants/nominees. The Rules of Procedure describe the criteria for membership and the expected qualifications of members in each category (Exhibit 2, pages 3-4).

A list of LCME members for the 2021-2022 academic year from the LCME website (Exhibit 13) includes their names, membership categories (professional, student, and public), and their roles at their home institutions (professional members), the medical schools at which they are enrolled (student members), and their current or previous responsibilities (public members).

LCME members are trained for their responsibilities as policy and decision-makers in a variety of ways. As described in the Rules of Procedure (Exhibit 2, page 4-5), new members are provided access to all relevant policy and procedure documents and individually counseled by members of the Secretariat prior to assuming their formal responsibilities. The LCME Secretariat staff hold a formal orientation session for new members prior to their first meeting (see Exhibit 14 for the June 2021 orientation) and new members attend one LCME meeting as observers prior to formally beginning their terms as voting members. New members also are assigned experienced LCME members as mentors.

In addition, LCME members typically serve as chairs or members of survey team (‘‘evaluators’’). See below for the training of evaluators.

Evaluators (survey team members):
The Rules of Procedure (Exhibit 2, pages 15-16) specify the procedures for the selection and training of survey team members. During the 2020-2021 academic year, 95 individuals participated in one or more full/limited/provisional survey visits. This number includes members of the LCME and the LCME Secretariat and contract (field) team secretaries, and does not count duplicates. Of the total, 72 held the MD as their terminal degree, 18 held the PhD or equivalent (e.g., EdD), and five held the MD/PhD degrees. See Exhibit 16 for the list of members of each survey team during the 2020-2021 academic year.

Team members participating in a survey visit for a specific medical education program are selected by the LCME Secretariat, taking into account the LCME policies related to conflict of interest as contained in the LCME Rules of Procedure.
See Exhibit 17 for the LCME conflict of interest policy applicable to decision-makers (LCME and appeals panel members), evaluators (survey team members), and LCME staff.

As stated in the Rules of Procedure (Exhibit 2, page 16), all survey team members are required to participate in training. The content, frequency, and extent of training depends on the position they will fill on the team (e.g., team secretary, team member) and their level of experience as surveyors. All survey team members, regardless of role, must complete training (see Exhibit 18), which includes the training materials in use during the 2020-2021 academic year. The materials were sent to the 89 surveyors, not including Secretariat staff, along with an invitation to three optional live webinars so that participants could ask questions. All survey team members must complete this training before participating in their first survey visit and at least every two years thereafter. There is information for surveyors available on the LCME website (www.lcme.org/survey). A required orientation/workshop for survey team secretaries is held annually (see Exhibit 19), during which there is a discussion of changes in standards/elements and in the survey process. All team secretaries attended the session. Medical education programs with survey visits in the next two or three years may nominate a senior faculty member to participate in a full survey visit as a “Faculty Fellow” (in Exhibit 16), the Faculty Fellow is identified in the survey team list). This experience prepares the Faculty Fellows to take a leadership role in their own institutions’ planning for accreditation. The survey team chair and secretary serve as mentors for the faculty fellow.

See Exhibit 20 for the narrative information available on the LCME website (www.lcme.org/surveyors) for individuals participating in full survey visits during the 2020-2021 academic year. There are corresponding sections of the website for provisional and preliminary survey visits. In addition, there are documents posted on the LCME website under “Publications,” including the LCME standards/elements in Functions and Structure of a Medical School (Exhibit 15) and the Survey Report and Team Findings Guide for the academic year and type of the visit (see Exhibit 21 for the guide for 2021-2022 full visits). For a full list of informational documents available on the LCME website as of June 2021, see Exhibit 22.

Appeals Panel members:
As described in the Rules of Procedure (Exhibit 2, pages 36-37), Appeals Panels for adverse actions consist of three members appointed by the LCME Secretariat in consultation with the LCME chair and chair-elect. They may be former members of the LCME or other comparably qualified individuals and must not have a conflict of interest as described in the Rules of Procedure. Prior to the hearing, they receive the information described on page 37 of the Rules of Procedure (Information Presented to the Appeals Panel. At the beginning of an appeal hearing, Appeals Panel members are oriented to their role by LCME legal counsel.
There has been no appeal of an adverse accreditation action, as defined by the US Department of Education, since the last time the LCME was reviewed. Therefore, no training/informational documents are included with this section.

### Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section
Staff Determination:

The agency must provide further information and documentation regarding qualifications and training of LCME members, site team members (including contractors), and appeals panel members. During the pending Department staff file review, the agency must provide the training materials used over the prior two years to educate agency representatives (including contractors) about the agency's standards, policies, and procedures, as well as attendance records and any other documentation of training events.

Analyst Remarks to Narrative:

LCME members - The agency's policy is to host professional, student, and public members on the LCME policy and decision-making body. Members serve for a three-year term which may be renewed one time. Professional members must "hold the MD degree, its recognized foreign equivalent, or an advanced degree in basic medical, behavioral, social or population health science or educational science" (Exhibit 2, p. 3). Student members must be in their final year at an LCME accredited program (or completed clinical clerkships if in a joint degree program) and in good academic standing. Last, public members must, "by education, experience, and public service, possess qualifications that allow them to provide a "public" perspective to the assessment of medical education program quality. Public members should possess professional experience and stature in their field, be regarded as community leaders, and be seen as trusted agents of the public" (Exhibit 2, pp. 3-4).

The agency provided documentation demonstrating some limited qualifications information for the members comprising the LCME at the time it submitted the petition (Exhibit 13). Further qualifications information (resumes, CVs, etc.) must be provided for observation during the pending file review.

The agency's policy requires training of LCME members and provides several approaches to ensuring they are prepared for their roles (access to all the agency's material on policies and procedures, counseling, mentorship, an orientation, ongoing workshops, required attendance at training events, etc.) (Exhibit 2, pp. 4-5).

The agency provided a sample agenda demonstrating an orientation was held (Exhibit 14). However, the agency did not provide sample documentation of the content of any associated training materials nor a list of attendees. The agency must discuss any recurrent training that it provides to members of the LCME. The agency must provide training materials used over the prior two years to educate agency representatives about the agency's standards, policies, and procedures, as well as any attendance records and any other documentation of training events for staff observation during the pending file review.
Site teams - The agency's policy requires the administrative body (Secretariat) to recruit survey team members that are knowledgeable about medical practice and education (Exhibit 2, p. 15). The agency states that during the 2020-21 academic year it utilized 95 survey team members whom all held professional degrees related to medical practice or education. It provided some sample documentation evidencing these qualifications (Exhibit 16). Further qualifications information (resumes, CVs, etc.) must be provided for observation during the pending file review.

The agency's policy requires site team members to be trained for their role (Exhibit 2, p. 16). The content of training and frequency depends on the members' role. The agency provided sample documentation of training materials and an agenda from a training event (Exhibits 18-21). However, the agency did not provide a list of attendees. The agency must provide training materials used over the prior two years to educate agency representatives (including contractors) about the agency's standards, policies, and procedures, as well as attendance records and any other documentation of training events for staff observation during the pending file review. In the prior section, the agency mentioned the use of contractors to serve on survey teams. The agency must provide further discussion regarding their qualifications and role in this section as applicable.

Appeals Panels - The agency's policy is to form a three-member panel of persons that are former members of the LCME or could be qualified to serve as a member of the LCME (Exhibit 2, p. 37). Although the heading of one of the sections in the agency's Rules of Procedures manual states, "Identification and Training of Appeals Panel Members," there does not appear to be a description of what training will be provided (Exhibit 2, p. 37).

Additionally, the agency states it has not provided any such documentation since it has not had to undertake an appeal during the recognition period. However, during the pending Staff file review, the agency must provide documentation of what training materials it would provide in the event an appeal did occur so that the materials can be evaluated by Department staff.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Site Team Member Training: Survey team members have required training prior to participation in their first survey visit and every two years thereafter (Exhibit 102, 2023 Revised Rules of Procedure, page 16). The training materials and attendance (as captured in session evaluations) are included in the materials submitted for the file
review. In addition, as described in 602.15(a)(1) for contractors, all survey team secretaries receive additional training related to changes in LCME accreditation elements and their intent (see Exhibit 103 for agendas of 2021 and 2022 training sessions). Survey team secretaries are evaluated by the survey team chair (Exhibit 102, 2023 Revised Rules of Procedure, page 12) and survey team performance is evaluated by the school being reviewed (2023 Revised Rules of Procedure, pages 12-13).

LCME Member Training: To prepare individuals selected as LCME members, there is a formal orientation held before the individual assumes the duties of membership (see Exhibit 102, 2023 Revised LCME Rules of Procedure, page 5). The agenda of the October 10, 2022 orientation is contained in Exhibit 104. The agenda includes the names of the individuals who attended, including the new professional members (Drs. Olive, Cox, Lockwood, Britigan, Elliott), the new student members (Ms. Lippus Colvin and Mr. Gerlach), the LCME leadership (Drs. Youkey and Reboli), and the LCME Secretariat (Drs. Barzansky, Catanese, Hash, and Waechter. New members also attended the October 13-15, 2022 LCME meeting as non-voting observers and were given access to the LCME standards/elements document (Functions and Structure of a Medical School) and the policies and procedures of the LCME (as contained in the Rules of Procedure, Exhibit 102, 2023 Revised) as background. These documents were discussed during the orientation to prepare the new members for the meeting. For example, the Rules of Procedure document addresses the orientation agenda items related to compliance/performance definitions, “two-year” rule, possible accreditation actions, reconsiderations, subcommittees and member roles, and confidentiality/conflict of interest. New members also were given prior online access to the meeting materials for the October 2022 LCME meeting.

In addition to the orientation of new LCME members, all members receive two categories of recurrent training. First, they receive training for their roles as members of survey teams by participating in orientation sessions and webinars (2023 Rules of Procedure, page 5). This is required prior to the individual’s first experience as a surveyor and regularly thereafter. Team training materials and participation (recorded as session evaluations) are included in the materials for the staff file review.

Also, at each regularly scheduled LCME meeting, members hear about research related to consistency in decision making and trends in element performance (2023 LCME Rules of Procedure, page 5). This training is delivered through presentations by LCME staff. The “Research Report” presented by Michael Migdal, PhD at each meeting allows the LCME members to discuss reasons for any identified inconsistencies in interpretation of the intent of elements. This agenda item is included in the LCME agendas for the 2020-21 and 2021-22 academic years that are contained in the staff file review. Also, there is a yearly LCME CQI discussion at the first meeting of an academic year. The 2021 review compared performance in
selected elements from the in-person meetings prior to the COVID-19 pandemic and the virtual meetings during the pandemic period to show whether performance in any elements was affected by the specific meeting format. Attendance at the LCME meeting that includes CQI monitoring is included in the October 2021 meeting minutes (as contained in the staff file review). The 2022 CQI session addressed differences in which accreditation elements were most commonly cited over time. See Exhibit 105 for the content of the 2021 and 2022 CQI sessions.

Appeals Panel Members Training: There have been no appeals conducted since the time of the 2018 (previous) Department of Education review. The 2023 revised LCME Rules of Procedure (Exhibit 102, page 39) states that Appeals Panel members will be trained by having received a copy of the appeals process, as contained in the Rules of Procedure (Exhibit 102, pages 39-41) and will be oriented at the beginning of the appeal hearing by LCME legal counsel. Members of the appeal panel will already be familiar with the LCME standards/elements and expectations for performance because they “may be former members of the LCME or individuals who have the experience and qualifications to be LCME members” (2023 Revised Rules of Procedure, Exhibit 102, page 38), as long as no conflict of interest with the program under review exists.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

Competent and Knowledgeable Individuals - In addition to the narrative and documentation provided by the agency in the draft petition, Department staff reviewed additional documentation during the file review of the agency. This documentation included the CVs for agency commission members, administration (Secretariat), support staff, contractors, and site visitors. The documentation further demonstrated that the agency was collecting and reviewing professional qualifications to ensure that the agency’s representatives are competent and knowledgeable in their respective fields. In sum, there was ample documentation demonstrating the agency’s
compliance with this area of the criterion. Additionally, as described in the agency narrative and revised Rules of Procedure, the agency utilizes evaluations to further gather feedback on the performance of representatives thus creating further opportunity to assess their competence and knowledge (Exhibit ID #59822, p. 18). The agency did not have any appeals during the recognition period so qualifications of appeals panel members were not expected to be verified at this time.

Training - The agency provided additional narrative response and supporting documentation in response to the staff concerns stated in the draft analysis. Documentation includes further samples indicating the content of training for members of the decision-making body as well as site teams (Exhibit ID#s 58773-58775). In addition to the narrative and documentation provided by the agency in the draft and final petition, Department staff reviewed additional documentation during the file review of the agency.

This documentation included agenda and meeting minutes evidencing training, sample training presentations including recorded presentations, evidence of regularly presented training webinars, and other methods of training evidencing the agency was providing initial and ongoing training to agency representatives as appropriate for their roles as members of the policy and decision-making body or site visit teams. The agency provided documentation of training evaluations as evidence of member participation. Although this documentation did support the agency attestations in its narrative response regarding attendance, the agency is encouraged to take a more forthright approach to documenting attendance in all the various trainings it conducts.

The agency did not have any appeals during the recognition period. However, the agency provided additional narrative citing its revised Rules of Procedure that describes the training that appeals members would receive in the event of an appeal which will include an orientation from agency legal counsel and the written description of how the appeals process will be conducted (Exhibit ID #59822, p. 45).

Department staff observed a decision-making meeting and a site visit. It was clear that the various agency members and representatives were competent, knowledgeable, and well-trained for the roles they performed. The agency has addressed the staff concerns stated in the draft analysis and meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Description of Criteria

(4) Educators, practitioners, and/or employers on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

Narrative:

Included in the criteria for professional members of the LCME are the categories of “practitioner” and “educator” defined in the Rules of Procedure (Exhibit 2, page 3) as follows:

A practitioner professional member must hold an active medical license and must be, or recently have been, actively and significantly engaged in the clinical practice of medicine. An educator professional member must hold an administrative or faculty position at an LCME-accredited medical education program and must be, or recently have been, significantly engaged in teaching or supervising medical students and/or resident physicians. These definitions also apply to survey team and Appeals Panel membership.

The LCME Rules of Procedure (Exhibit 2, page 16) states that for full survey visits, the survey team includes at least one physician who is or recently been actively engaged in medical practice (“practitioner”, and at least one medical educator who possesses a doctoral-level graduate or professional degree and holds or has held a faculty appointment at an LCME-accredited medical education program (“educator”). A three-member Appeals Panel will include an educator and a current or former practitioner (Rules of Procedure, page 36), as well as a member of the “public” (see 602.15(a)(5).

The LCME Secretariat collects survey information to confirm that there is an appropriate mix of practitioner and educator members on its survey teams. See Exhibit 23 for a questionnaire survey that was distributed to 2020-2021 members of the LCME and survey team members. The questionnaire requests the respondent’s terminal degree(s), whether the respondent participates in teaching medical students and/or residents and/or is part of a medical school administration, and whether the respondents participates in medical practice. Only individuals who hold a current medical license and engage in patient care are classified as practitioners.

LCME members: Exhibit 24 contains the survey responses of the 15 U.S. professional members of the LCME during 2021-2022. Of these, four are classified as “educators” (Drs. Diaz Rodriguez, Ganzel, Nettleman, and Youkey) and the other 11 are classified as practitioners (Drs. Curry, DiPaola, Graham, Hromas, Le-Bucklin, Mejicano, Miller, Reboli, Simari, Takanishi, and Wynne). See Exhibit 13 for the list (from the
Survey team members: As described under 602.15(a)(2), Exhibit 16 includes the members of survey teams for the 2020-2021 academic year, with team members’ terminal degrees and responsibility on the survey team (i.e., chair, secretary, member, Faculty Fellow). The educator-practitioner status of the survey visitors also is included as available, derived from the survey described above. Using the criteria for educators/practitioners, there were 21 survey team members classified as educators and 49 classified as practitioners (with duplicates counted only once); 21 survey team members did not respond to the survey. The four members of the LCME Secretariat, who serve as team secretaries, are not counted as either educator or practitioner, but would meet the requirements as “educator.” See, for example, Exhibit 25 for the responses of survey team members who were classified as educators. The number of educators-practitioners did not equate exactly with the individuals’ terminal degrees, as some surveyors with an MD degree did not engage in practice and so were classified as educators if they met those criteria. In summary, all 22 full survey visits included at least one educator, including a member of the LCME Secretariat, and one practitioner.

As noted previously, Appeals Panels are expected to include one educator and one practitioner. There is no pool of Appeals Panel members. To avoid conflicts of interest, Appeals Panels are constructed for each appeal. There have been no adverse actions leading to an appeal since the time of the previous review by the U.S. Department of Education.

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<td>Exhibit 24 - LCME member Ed-Pract status.pdf</td>
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<td>Exhibit 25 - survey results for</td>
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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must amend its policies and procedures to ensure it identifies the role of all members of site visit teams. The agency must also ensure that it collects sufficient information to determine if site team members have the experience and qualifications to serve as educator or practitioner representatives on its site teams. Currently, the agency uses a survey to gather this information and should ensure that all site team members complete the survey to demonstrate the application of this requirement.

**Analyst Remarks to Narrative:**

LCME Members - The agency's Rules of Procedure manual requires its decision-making body and policy-making body ("the LCME") to have both educator and practitioner members on it (Exhibit 2, p. 2). It defines a practitioner as a person who "must hold an active medical license and must be, or recently have been, actively and significantly engaged in the clinical practice of medicine" (Exhibit 2, p. 3). It defines an educator as a person who "must hold an administrative or faculty position at an LCME-accredited medical education program and must be, or recently have been, significantly engaged in teaching or supervising medical students and/or resident physicians and/or serving as an administrator with responsibility for the medical education program" (Exhibit 2, p. 3).

Site teams - The agency's policy also requires an educator and a practitioner on its site visit teams (Exhibit 2, p. 16). It defines them as a "physician who is or recently has been actively engaged in medical practice ("practitioner"), and at least one medical educator who possesses a doctoral-level graduate or professional degree and holds or has held a faculty appointment at an LCME-accredited medical education program ("educator")" (Exhibit 2, p. 16).

Appeals panels - The agency states it has not convened any appeals panels during this period of recognition. However, its policy requires inclusion of an educator and a practitioner in the event an appeals panel is formed (Exhibit 2, p. 36).
The agency provided documentation identifying members serving as an educator or practitioner on its evaluation, policy, and decision-making bodies (Exhibits 13, 16, and 23-25). However, in the sample exhibit for site visits, there are instances where it appears no member is designated as serving as an educator (Exhibit 16).

For example, the following entries do not list an educator role: University of Chicago Division of the Biological Sciences, Pritzker School of Medicine Full 10/5/2020 - 10/7/2020 Barbara A. Schindler, MD (P) Team Chair Veronica M Catanese, MD, MBA (S) Team Secretary Karen E. Hauer, MD, PhD (P) Team Member Marc D Basson, MD, PhD, MBA (P) Team Member James Graham, MD (P) Team Member Morehouse School of Medicine Full 1/24/2021 - 1/27/2021 Charles P. Mouton, MD (P) Team Chair Robert B. Hash, MD (S) Team Secretary Imran Izzat Ali, MD (P) Team Member Thomas Svolos, MD (P) Team Member Stephanie C. McClure, MD Faculty Fellow Geisel School of Medicine at Dartmouth Full 4/26/2021 - 4/28/2021 Charles (Charly) J. Lockwood, MD (P) Team Chair Barbara M Barzansky, PhD (S) Team Secretary Angela Jackson, MD (P) Team Member George C. Mejicano, MD, MS (P) Team Member Jennifer Woerner, DMD, MD (P) Faculty Fellow Medical University of South Carolina College of Medicine Full 5/11/2021 - 5/13/2021 Robert A. Hromas, MD (P) Team Chair Robert B. Hash, MD (S) Team Secretary Paul Y. Ko, MD, Med (P) Team Member Sangeeta Lamba, MD, HPEd (P) Team Member Kristen H. Goodell, MD Faculty Fellow.

The agency states that members of the Secretariat serving on site visits are not "counted as either educator or practitioner, but would meet the requirements" of an educator. The statement is ambiguous.

It also appears the practice of the agency is to not designate the role of site team members as serving as a practitioner or as an educator unless they complete the agency's survey it uses to gather information to make the appropriate designation (Exhibits 23 and 25). The agency must be able to identify what role members of site teams fulfill even if they do not complete the agency's survey.

Department staff observed an LCME accrediting meeting in February 2022 (virtual) and a site visit in April 2022 (virtual). The agency included educators and practitioners on the LCME and the site visit team.

The agency must amend its policies and procedures to ensure it identifies the role of all members of site visit teams. The agency must also ensure that it collects sufficient information to determine if site team members have the experience and qualifications to serve as educator or practitioner representatives on its site teams. Currently, the agency uses a survey to gather this information and should ensure that all site team members complete the survey to demonstrate the application of this requirement.
In the 2023 Revised LCME Rules of Procedure (Exhibit 102, page 16) includes a definition of the role of a survey team member as an “educator” or “practitioner.” The Rules of Procedure states the following:

“Each survey team includes both educators and practitioners, as defined by the LCME. Educator and practitioner status is determined through a questionnaire to survey team members and/or through the individual’s CV or similar documentation so that the educator or practitioner status of each survey team member is verified. Practitioners are defined as physicians who hold an active medical license and engage in/recently have engaged in significant clinical practice. Educators are defined as individuals (physicians, education specialists, basic scientists, or others) who currently hold or have held a faculty position, with or without an administrative title, at an LCME-accredited medical education program leading to the MD degree and engage/have engaged in the teaching or supervision of medical students and/or medical residents in graduate medical education programs.”

For the 2021-22 academic year, survey team members for full survey visits were queried by questionnaire (see Exhibit 106) to determine their educator/practitioner status. The questionnaire had a 100% response, so that alternate methods were not required to determine team member status. Exhibit 107 demonstrates that at least one educator and one practitioner was present on each survey team.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies and procedures in response to the staff concerns stated in the draft analysis. Although observations and documentation reviewed by staff indicated that educators and practitioners were participating in the agency’s
evaluation, policy, and decision-making bodies, staff was concerned with the agency’s method of ensuring these parties were appropriately designated for those roles when conducting site visits. In response, the agency has amended its policies and procedures.

The agency's revised Rules of Procedure now codifies that the designation of individuals serving in these roles is accomplished either through the completion of a survey or through the agency's review of the individual's curriculum vitae or other similar documentation to ensure their role is verified (Exhibit ID #59822, p. 22). The agency provided sample documentation of its survey and the results evidencing it had verified the status of each member of the site visit teams for the 2020-21 academic year (Exhibit ID #’s 58776 and 58777). Additionally, the file review conducted by Department staff further verified the agency's compliance with this section.

The agency has addressed the staff concerns and it meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.15(a)(5)

Description of Criteria

(5) Representatives of the public, which may include students, on all decision-making bodies; and

Narrative:

Public members are included on the agency’s decision-making bodies (the LCME and Appeals Panels). While there are student members of the LCME, they are not defined as public representatives, as they are enrolled in LCME-accredited medical education programs.

The LCME: The Rules of Procedure (Exhibit 2, pages 3-4) include the requirements to be a public member of the LCME.

1. Public members must, by education, experience, and public service, possess qualifications that allow them to provide a “public” perspective to the assessment of medical education program quality. Public members should possess professional experience and stature in their field, be regarded as community leaders, and be seen as trusted agents of the public.
2. In order to ensure the impartiality required to represent the public at large, members of the medical profession or their current spouses or domestic partners, persons otherwise eligible for selection as professional members, or anyone else with financial, political, professional, or other interests in the programs being evaluated by the LCME, are ineligible for service as a public member.

3. The LCME will not appoint as a public member any person who is (1) an employee, member of the governing board, owner or shareholder of, or consultant to, any program that is accredited by the LCME or is actively seeking accreditation by the LCME; (2) a staff or board of trustees member of any trade association or membership organization related to, affiliated with, or associated with the LCME; or (3) a spouse, domestic partner, parent, child, or sibling of an individual who meets criterion (1) or (2) above.

Public members are identified by an open call for self and peer nominations. Applicants submit a resume and are interviewed by the LCME Co-Secretaries to ensure that they meet the criteria listed above and have no conflict of interest. The LCME Nominations Subcommittee reviews the applicants’ resumes and summaries of the interviews and makes recommendations of one or more applicants to the LCME for election (Rules of Procedure, Exhibit 2, page 7). Public members are elected for a three-year term, renewable once (allowing a maximum term of six years).

The current public member are Sharon DeVaney, PhD, a professor emeritus with extensive experience in consumer science research and William Ellis, MS, RPh, the executive director of the Board of Pharmacy Specialties. Their CV’s are included as Exhibit 26 (Dr. DeVaney) and Exhibit 27 (Mr. Ellis). Exhibit 28 includes their attestations that they meet the criteria for an LCME public member.

The LCME Rules of Procedure (Exhibit 2, page 36) require that an LCME Appeals Panel includes a representative of the public as one of the three panel members. Appeals Panel members are appointed by the LCME Secretariat in consultation with the LCME Chair and Chair-elect. Appeals Panel public members are subject to the same conflict of interest provisions as LCME public members. As noted previously, there has not been an adverse action by the LCME since the last review by the U.S. Department of Education, so no Appeals Panels have been constituted.

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Exhibit Title | File Name | Analyst Comments | Agency's Exhibit Comments
---|---|---|---
public member | CV.pdf | - | -
Exhibit 27 - CV William Ellis public member | Exhibit 27 - William Ellis resume.pdf | - | -
Exhibit 28 - LCME public member attestations | Exhibit 28 - Public member attestation.pdf | - | -

Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency's policy requires it to include representatives of the public on the agency's accrediting and appeals decision-making bodies (Exhibit 2, p.3 and 36). The agency's definition of a representative of the public ("public member") conforms to the definition in the Secretary's criteria for recognition (Exhibit 2, p. 4).

The agency provided attestation documentation for the two public members of its accrediting decision-making body (Exhibit 28). The agency states it has not convened an appeals panel during the recognition period.

Department staff observed an LCME accrediting decision meeting in February 2022 (virtual) and observed that the agency included representatives of the public at the meeting (the same two for whom Exhibits 26-28 were provided). The agency meets the requirements of this section.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

Criteria: 602.15(a)(6)
Description of Criteria

(6) Clear and effective controls, including guidelines, to prevent or resolve conflicts of interest, or the appearance of conflicts of interest, by the agency's—

(i) Board members;

(ii) Commissioners;

(iii) Evaluation team members;

(iv) Consultants;

(v) Administrative staff; and

(vi) Other agency representatives; and

Narrative:

The LCME conflict of interest policy is codified in the Rules of Procedure (Exhibit 2, page 28). The policy applies to any representative of the LCME who has a decision-making or evaluative relationship with medical education programs. As stated in the Rules of Procedure (page 27), no LCME representative (defined as an LCME member, survey team member, Appeals Panel member, or Secretariat member) will participate in a survey visit, in the review of materials submitted by or about a medical school, in discussions or voting at LCME meetings, or in a reconsideration or an appeal if the program meets any of the following criteria:

- A program with which the representative or an immediate family member (defined as a spouse, domestic partner, child, parent, or sibling) has been connected as a student, graduate, faculty member, administrative officer, staff member, employee, or contracted agent within the past five years.

- A program with which the representative or an immediate family member has interviewed for employment within the past two years or has immediate plans to apply for employment.

- A program located in the same state as the medical education program or institution of the representative, or in such close geographic proximity that the programs or institutions involved can reasonably be considered as competing with each other for financial advantage (e.g., in the operation of hospitals or clinics operated by the programs).

- A program that is part of a university system where the representative is employed.

- A program engaged in substantial cooperative or contractual arrangements with the program or institution of the representative or an immediate family member.

- A program which has engaged the representative or an immediate family member as a paid consultant within the past eight years. Provision of short-term educational
services (such as guest lectures) is not considered consulting that poses a conflict of interest.
• A program with which the representative or an immediate family member has any financial, political, professional, or other interest that may conflict with the interests of the LCME.
• A program in which the representative believes that there may be a conflict due to other circumstances, such as participation in accreditation or consultative review of the program for other agencies, close personal relationships with individuals at the program, etc.
• A program for which the program has reason to believe, and can document to the satisfaction of the LCME Secretariat, that the participation of the representative could be unfairly prejudicial.

New LCME members must agree in writing to abide by the conflict of interest policy before assuming their responsibilities. LCME members are introduced to the conflict of interest policies and procedures during their orientation, which takes place before they start their formal term. For example, the agenda for the June 4, 2021 orientation session for new LCME members is included as Exhibit 14. Appeals Panel members for a given medical education program receive a communication from the LCME Secretariat with information about what constitutes a conflict of interest. They are asked to confirm in writing that they have no conflict of interest and to return the conflict of interest form before beginning the appeal process. Prior to participating in their assigned survey visit, survey team members complete conflict of interest statements attesting that they will comply with LCME conflict of interest policy (see Exhibit 17 for a sample conflict of interest form for survey team members). The LCME Secretariat and staff are introduced to the policy when they begin employment. Signed conflict of interest forms are collected and retained by staff at the AAMC office of the LCME.

The Rules of Procedure document states that members shall not vote on, and shall absent themselves from the meeting room (in-person or virtual during the COVID-19 pandemic) during the discussion of any school with which there could be a perceived conflict of interest (Exhibit 2, page 18). The agenda of the June 2021 meeting of the LCME (Exhibit 29) illustrates the recusals of members during discussions and votes related to specific medical education programs.

To ensure that a conflict of interest is identified and addressed that may not be obvious to the LCME Secretariat as survey teams are being selected, medical schools are sent a list of proposed team members for their school at least three months prior to the scheduled survey visit. The dean of a school may challenge the inclusion of any proposed team member for a perceived conflict of interest (Rules of Procedure, Exhibit 2, page 11).
Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide sample conflicts of interest forms it uses for all applicable agency staff and representatives described in this section. During the pending Department staff file review, the agency must provide signed conflict-of-interest statements for current board members, commissioners, members of site visit teams that participated in visits during the prior two years, consultants, staff and others as appropriate.

**Analyst Remarks to Narrative:**

The agency has clear and effective controls and guidelines to prevent or resolve perceived or actual conflicts of interest. The agency's policy requires representatives to sign conflicts of interest forms. These will be reviewed during the staff file review. The agency has clearly defined examples of conflicts of interest that could occur (Exhibit 2, p. 28). New members of the LCME (the decision-making and policy-making body of the agency) receive training on conflicts of interest during their initial orientation. The agency provided a sample agenda demonstrating it carries out this activity (Exhibit 14). Further indication of training and materials will be reviewed during the staff file review.

Additionally, the agency's policy requires LCME members to recuse themselves from
discussions and refrain from voting where a potential for conflict of interest exists (Exhibit 2, p. 17). The agency provided a sample agenda from an accrediting meeting evidencing recusals by members (Exhibit 29).

Further, Department staff observed an LCME meeting during February 2022 (virtual). Members were observed following the agency's recusal requirements. Site team members sign conflict of interest forms prior to conducting a visit. The agency provided a blank sample form and completed samples will be later reviewed by staff (Exhibit 17). However, the agency did not provide sample conflicts of interest forms it uses for any other agency staff or representatives described in this section and must do so.

The agency's policy also gives a program that is being reviewed an opportunity to request proposed members of a site visit team be excluded if there is believed to be a conflict of interest (Exhibit 2, p. 11). The agency retains final authority over such requests. The agency states that appeals panel members will receive conflict of interest information from the agency when a panel is formed and will sign conflicts of interest forms. As discussed in other sections, the agency has stated that it has not formed an appeals panel during this period of recognition.

The agency must provide sample conflicts of interest forms it uses for all applicable agency staff and representatives described in this section. During the pending Department staff file review, the agency must provide signed conflict-of-interest statements for current board members, commissioners, members of site visit teams that participated in visits during the prior two years, consultants, staff and others as appropriate.

Sample conflict of interest forms for the following categories of agency staff and representatives are listed below and included in Exhibit 108:

- Sample COI form for LCME members and LCME Secretariat and administrative staff
- Sample CoI form for contract employees (consultants) who serve as survey team members and survey team secretaries
- Sample CoI form for Appeals Panel members
The complete set of signed COI forms for each category is included in the documentation for the staff file review. Note that an individual who plays multiple roles (such as a member of the Secretariat and a survey team member) will complete each of the relevant CoI forms.

**Analyst Worksheet - Response**

**Analyst Review Status:**
Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency has provided additional sample conflict of interest forms for the various agency representatives described in this section (Exhibit ID #58778). The additional samples are consistent with the prior reviewed sample and the prior reviewed policies in the agency's Rules of Procedure manual.

The policy and the forms require representatives to refrain from accreditation activities involving a program that the representative has: been a prior student or faculty member thereof, has sought employment from, has a current employment location within the same state of the program or within an otherwise reasonably competitive location, has consulted with or contracted with, has a financial, political, professional, or other interests that might conflict with those of the LCME, etc. Several of the restrictions are also applicable when an immediate family member of the representative would have such conflicts. In sum, the policies and procedures are clear and robust.

Additionally, during the staff file review, additional documentation was provided and reviewed. This included signed conflict-of-interest statements for then current board members, administration (the Secretariat), support staff, contracted representatives, and members of site visit teams that participated in visits during the prior two years.

The agency has addressed the staff concerns stated in the draft analysis and meets the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Response**

No file uploaded
Criteria: 602.15(b)

Description of Criteria

(b) The agency maintains complete and accurate records of—

(1) Its last full accreditation or preaccreditation review of each institution or program, including on-site evaluation team reports, the institution's or program's responses to onsite reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and

(2) All decision letters issued by the agency regarding the accreditation and preaccreditation of any institution or program and any substantive changes.

Narrative:

In general, LCME records are stored in password-protected electronic files that are accessible to staff in both LCME offices. The files are organized by state and school, with a standard set of specific categories for each school under which relevant documents can be filed for easy access, including accreditation letters, action plans, change notifications, complaints, consultations, correspondence, accreditation history of the program, status reports, survey package (i.e., the information submitted by a program prior to a survey visit), survey reports, and team correspondence.

The LCME records retention policy is included in the Rules of Procedure (Exhibit 2, page 29). The records retention policy states as follows:

All materials provided by schools in conjunction with accreditation surveys, including the Data Collection Instrument, institutional self-study summary report, independent student analysis, and any other relevant documents such as school responses to survey reports will be retained in electronic format for the most recent accreditation cycle. For schools with follow-up survey visits conducted between regular reviews, the information provided to and by the school, including school responses to survey reports, will be retained through the end of the accreditation cycle.

Accreditation survey reports, status reports from medical education programs, change notifications, historical records and decision letters of LCME accreditation actions for each accredited program and each program seeking accreditation, and all LCME meeting minutes and agendas will be retained indefinitely in electronic format. Other correspondence with individual medical education programs will be kept in paper format in the AMA LCME office for the most recent eight-year cycle and then stored at an off-site location or in electronic format.
For medical education programs not granted accreditation or whose accreditation has been revoked, all records will be kept for at least six months for purposes of notification of the relevant institutional accrediting body, state approval agency, and the U.S. Secretary of Education.

Complaints against program quality or third-party comments, if shown to relate to areas of noncompliance with accreditation standards and/or unsatisfactory performance with accreditation elements, will be retained indefinitely as part of the program’s accreditation history, so as to inform future survey team reviews.

**Document(s) for this Section**

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must amend its policies to ensure that it maintains all decision letters issued by the agency regarding the accreditation of any program and any substantive changes.

**Analyst Remarks to Narrative:**

The agency's record retention policy provides clear information on what records the agency retains where and how they are stored, secured, and retained (Exhibit 2, p. 29). The agency's policy is to retain the records described in (b)(1) of this section for the required period of time which will be at least one full accreditation cycle. The agency's policy for programs that are accredited is to retain the records described in (b)(2) of this section indefinitely.

However, the agency's policy also states that records for programs for which accreditation is denied or revoked will only be retained for six months (Exhibit 2, p. 29). The agency must revise its policy to ensure that the decision letters described in (b)(2) of this section are maintained permanently.

Additionally, as the agency is recognized as a programmatic accrediting agency for
non-Title IV purposes, it is not required to meet the criterion related to substantive changes in section 602.22. However, it appears that the agency has a substantive change notification requirement in its Functions and Structures of a Medical School manual (see Element 5.12, Exhibit 15, p. 7). Thus, any agency decision letters related to substantive changes must be maintained permanently. Department staff will utilize the pending file review to confirm that any such decision letters are being retained in accordance with this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

Response:

The LCME online data storage system contains all of the required documentation, which is retained indefinitely and accessible to individuals from both LCME offices. The information is password protected for security.

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 30) states the following.

“Final survey reports, status reports from medical education programs, substantive change notification forms, historical records and decision letters of LCME accreditation actions for each accredited program and each program seeking accreditation, decision letters for medical education program not granted accreditation or whose accreditation has been revoked, decision letters for substantive change notifications, and all LCME meeting minutes and agendas will be retained indefinitely in electronic format accessible by both LCME offices.”

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.
The agency has amended its policies in response to the staff concerns stated in the draft analysis. In the agency's revised Rules of Procedure, the policy now explicitly includes maintenance of all decision letters, including those on substantive changes and denials and withdrawals, indefinitely (Exhibit ID #59822, p. 36). Additionally, the file review conducted by Department staff included the review of substantive change decision letters evidencing the agency was retaining them despite not previously identifying a written policy to do so. The agency did not have any adverse actions during the recognition period. Therefore, staff did not expect to review any such decision letters.

The agency has addressed the staff concerns and meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response
No file uploaded

Criteria: 602.16(a)(1)(i)

Description of Criteria

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if the following conditions are met:

(1) The agency's accreditation standards must set forth clear expectations for the institutions or programs it accredits in the following areas:

   (i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of State licensing examinations, course completion, and job placement rates.

Narrative:

For student achievement and satisfaction, the LCME uses measures that include comparison with national norms and trends (as available). The LCME will consider a finding of “unsatisfactory” performance if trend data indicate that a program continues to be below the national norm over the period for which data are available.
for the specific measure. The LCME may impose a finding of “satisfactory with a need for monitoring” performance if there are positive trends that have not in place a sufficient amount of time to ensure sustainability. See Rules of Procedure (Exhibit 2, page 10) for the formal definitions of unsatisfactory and satisfactory with a need for monitoring performance. In order to ensure that schools are monitoring their ongoing performance in elements, including those involving data on student achievement and satisfaction, the LCME added the expectation for a continuous quality improvement system for the 2015-2016 academic year, which is codified as Element 1.1 (Strategic Planning and Continuous Quality Improvement/Functions and Structure of a Medical School/Exhibit 15, page 1).

There are several accreditation elements that explicitly, taken together, allow a judgment to be made related to student achievement. These permit achievement to be consistently evaluated in the context of the mission and associated objectives that a given medical education program has set for itself. The 12 LCME accreditation standards and their 93 associated elements for the 2020-2021 academic year are contained in Functions and Structure of a Medical School (Exhibit 15). Schools with full surveys complete a questionnaire, the Data Collection Instrument (DCI) for Full Accreditation Surveys (Exhibit 30 for the 2020-2021 academic year) which asks for qualitative and quantitative information for each of the 93 accreditation elements.

Standard 6, Element 6.1 (program and learning objectives) states, in part, that the faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students’ progress in developing the competencies that the profession and the public expect of a physician. In the DCI, the schools respond to element 6.1 by providing the specific outcome measures used to determine if the objective has been met (Exhibit 30, page 64).

Standard 8, Element 8.4 (evaluation of educational program outcomes/previously titled program evaluation) requires that schools monitor performance in a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. As stated in element 8.4, the outcome data must be “collected during program enrollment and after program completion.” The DCI (Exhibit 30, page 89-90) includes a request for performance data in the United States Medical Licensing Examination (USMLE), the national assessment used for licensure of physicians in all US jurisdictions. Schools also must include national benchmark data (e.g., pass rates and average scores) on USMLE performance.

In the DCI related to Standard 11 (medical student academic support, career advising, and educational records) (Exhibit 30, pages 121-122), schools provide trend data on students attrition and academic difficulty, graduation rates, and residency Match rates (i.e., the number and percent of students who obtained a graduate medical education
The latter is an important achievement outcome because a physician must complete a certain number of years of graduate medical education, which is variable by state licensure laws, to be eligible to obtain a license to practice medicine.

As part of a full accreditation review, the medical education program must complete a self-study that uses the DCI and other data sources to self-assess performance in each of the 93 LCME accreditation elements. Up until the 2021 academic year, the self-study format involved forming subcommittees that would be responsible for the review of the elements in one or more standards. The subcommittees would then respond to an evaluative question that asks for the perception of performance in each element (see Exhibit 31a/Guide to the Institutional Self-study for 2019-20). Starting in the 2021-2022 academic year, a new format was introduced for a program’s self-study summary report (Exhibit 31b/Guide to the Development of the Institutional Self-study Summary Report) so that programs review their DCI and supporting materials to identify areas of strength that should be maintained and challenges related to performance in specific accreditation elements but do not comment on each element. The report also requires that programs describe the strategies undertaken or planned to address performance problems.

Survey teams are directed to include narrative and supporting documentation related to student achievement in the standardized survey report template (Exhibit 32). For Element 8.4 (pages 91-92), the survey report includes comments on whether there is evidence that programs are evaluating the attainment of their educational program objectives and if they have been met. Survey teams also describe whether any of the outcome/achievement measures are exhibiting suboptimal performance and what the school is doing to address that gap. The survey report also includes three years of data on student performance in the steps of the USMLE (currently, Step 1 and Step 2 Clinical Knowledge).

Note for both of the following schools, the previous format for the self-study was used (Exhibit 31a). In this version, schools were asked to specifically comment on performance in each of the 93 elements.

- “School A” was selected by the United States Department of Education reviewer and will be used throughout this petition. It is a developing school with incomplete achievement/outcome data, as the first full accreditation survey was conducted in the spring of 2020 before the first class graduated in May of 2020. Therefore, there are no data on USMLE Step 2, on the graduation rate, or on the performance of graduates in residency training. Due to its size, the survey team report is included as Exhibit 33a (pages 1-100/Elements 1.1 to 7.5) and 33b (pages 101-200/Element 7.6 to 12.8) The relevant documents from the survey report Appendix are included in Exhibit 33c, and the school’s self-study is included in Exhibit 34. In its self-study (Exhibit 34), the school noted that its USMLE Step 1 performance was “below our desired outcome” (page 24) and noted the steps being taken to address this problem. In the survey report
for Element 8.4 (Exhibit 33b, page 128), reference was made to performance in USMLE Step 1 being “not up to expectation” and to the steps the school was taking to address this issue. The report also noted that some data needed to judge student performance and satisfaction outcomes were not yet available since the first cohort of students had not yet completed the curriculum and that the outcome data that existed were not being appropriately used to judge performance in relevant elements. Information on the outcome measures used by the school to judge student performance related to its educational objectives is included in Exhibit 33c (page 311-320). In its letter of accreditation for School A (Exhibit 37), the LCME cited the schools for unsatisfactory performance in Element 8.4. There is a follow-up limited survey scheduled for School A in the fall of 2021. As background for that survey, the school is asked to prepare a “briefing book” with information that would allow a survey team to judge performance in each cited element. The letter (Exhibit 39, page 11) asks the school to describe how the evaluation of relevant outcomes has allowed a determination of whether educational program objectives have been met.

- School “B” is a mature medical school with a full survey that was conducted in the winter of 2018. The survey report is included in Exhibit 35a (pages 1-98/Elements 1.1 to 6.7) and 35b (pages 99-201/Element 6.8 to 12.8), the relevant documents from the report Appendix are included in Exhibit 35c, and the self-study is included in Exhibit 36. In its self-study (Exhibit 36), the response to Element 8.4 noted performance problems related to USMLE Step 1 (page 22) and a decline in satisfaction with academic support (Element 11.1, page 29). In the survey report for Element 6.1 (Exhibit 35a, page 84), the survey team noted that there were relevant and measurable outcome measures for each educational program objective (Element 6.1). Data on USMLE Step 1 pass rates (Exhibit 35b, page 131) were about 10% below the national average for the most recent two years. The survey team chose to define this outcome as an academic support issue linked to Element 11.1, as it was coupled with relatively high attrition and academic difficulty (Exhibit 35b, page 174-175). In the letter of accreditation, the LCME cited the program for unsatisfactory performance in Element 11.1, noting issues related to pass rates for USMLE Step 1 (Exhibit 38). The LCME letter of accreditation asks for follow-up narrative and data, including current USMLE performance and how students are being supported academically, including in their preparation for USMLE Step 1 (Exhibit 38, page 8-9).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section
Staff Determination:

The agency must provide further information and documentation on how the agency determined that its student achievement standards are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of education provided by the programs it accredits.

Analyst Remarks to Narrative:

The agency has 12 accrediting standards comprised of 93 elements. These are clearly stated in the agency's Functions and Structure of a Medical School manual (Exhibit 15). The agency's Rules of Procedure manual describes the actions the agency takes when a program's review results in findings of unsatisfactory performance in the elements or noncompliance in the standards (Exhibit 2). The agency has identified specific elements within Standards 6 (6.1) and 8 (8.4) applicable to its student achievement expectations (Exhibit 15, pp. 8 and 12).

Element 6.1 requires the program faculty to develop educational objectives in outcomes-based terms that will enable assessment of student progress in developing the expected competencies of a physician. Element 8.4 requires programs to collect and report outcomes data, including national norms of accomplishment, to demonstrate student achievement of the educational objectives. This includes data on pass rates and scores on the United States Medical Licensing Examination (a national examination) which are reported in the agency's information form (Data Collection Instrument or DCI) that programs must complete as part of the self-study process in preparation for a full site visit as part of the accreditation cycle (Exhibit 30, pp. 89-90).

Programs must also provide data on student attrition (withdrawals and dismissals), course repeats, graduation rates, and data on student success in attaining a residency to satisfy reporting requirements under Standard 11 (Exhibit 30 p. 121-122). The agency also requires programs to develop and report on a continuous quality improvement system to ensure programs monitor and consider their student achievement outcomes (Exhibit 15, p. 1).

However, the agency did not provide information and documentation on how the agency determined that its student achievement standards are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of education provided by the programs it accredits.

The agency provided sample documentation for two programs including self-studies (Exhibits 34 and 36), site visit reports (Exhibits 33a and b and 35a and b), and decision letters (Exhibits 37 and 38) demonstrating full cycles of review. The
documentation includes corrective actions required by the agency with respect to findings of performance and compliance issues in areas related to student achievement.

The agency must provide further information and documentation on how the agency determined that its student achievement standards are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of education provided by the programs it accredits.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 1) states that

“Through the accreditation process, the LCME provides assurance to medical students and graduates, the medical profession, healthcare institutions, and the public that (1) educational programs culminating in the award of the MD degree meet reasonable, generally accepted, consistently applied, and appropriate national standards for educational quality and outcomes.” In summary, to meet this expectation, the LCME has chosen specific student achievement outcomes that are reflected in the information collected during accreditation reviews and through annual monitoring reports. These specific indicators include performance in the United States Medical Licensing Examination, graduation rates and attrition/academic difficulty, and success in moving into the next phase of training through success in obtaining a residency (graduate medical education) position.

To validate these measures as rigorous standards of student achievement, the standards used by peer accrediting bodies that are recognized by the United States Secretary of Education were reviewed to determine what student achievement outcomes are included. Osteopathic medicine and pharmacy are comparable to the LCME as post-baccalaureate educational programs and are recognized by the U.S. Secretary of Education. To determine their required student achievement outcomes, the current accreditation standards of the Commission on Osteopathic Accreditation (COCA 2019) and the Accreditation Council for Pharmacy Education (ACPE, 2016, Version 2) were reviewed.

COCA

Standard 10: Graduate Medical Education

Element 10.4: GME Placement Rates: A [college of osteopathic medicine] COM must
demonstrate and publish publicly the placement of its students in graduate medical education programs…

Standard 6: Curriculum

Element 6.3: Maximum Length of Completion: A COM must ensure that each single degree DO student completes the DO degree within 150% of the standard time to achieve the degree….

Element 6.12: COMLEX-USA (licensing examination)

All students must pass COMLEX-USA Level 1, Level 2, and Level 2 PE prior to graduation from an osteopathic medical school

ACPE

Documentation for Standard 1: Foundational Knowledge:

Annual performance of students nearing the completion of the didactic curriculum on Pharmacy Curriculum Outcomes Assessment (PCOA) outcome data for the last 3 years (by campus/branch/pathway for multi-campus and/or multi-pathway programs)

Documentation for Standard 24: Educational Outcomes

- Performance of graduates (passing rates of first-time candidates) on North American Pharmacist Licensure Examination™ for the last 3 years (by campus/branch/pathway for multi-campus and/or multi-pathway programs)

- Outcome assessment data summarizing students’ overall achievement of educational outcomes/professional competencies in the curriculum (pre-clinical and clinical)

Documentation for Standard 17: Progression

- Percentage total attrition rate for the last three admitted classes

- On-time graduation rates for the last three admitted classes

In summary, the criteria used by the LCME related to student achievement outcomes are consistent with those of peer accrediting bodies.

Additionally, the requirements included in the LCME criteria related to student achievement are basic to a student’s eventual ability to practice medicine in the
United States. That is, to obtain a medical license in a U.S. licensing jurisdiction, a physician graduate from a U.S. MD-granting program must pass the USMLE and complete a specified number of years in residency training in an accredited graduate medical education program, both of which are outcome measures included in LCME accreditation standards.

**Analyst Worksheet - Response**

**Analyst Review Status:**
Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

In the draft staff analysis, the agency had not included a narrative explanation on how the agency determined that its student achievement standards are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of education provided by the programs it accredits. The outcomes the agency reviews allow it to establish national norms and trends to determine if a program is not achieving the student achievement accreditation elements and standards. However, the agency had not provided an explanation as to how it determined the outcomes were sufficiently rigorous. In response to the staff concerns stated in the draft analysis, the agency has now provided the requested information.

The agency states that it used a peer comparison process to validate that its student achievement outcomes (performance on the USMLE, graduation rates and attrition/academic difficulty, obtaining residency positions) were consistent with those of two recognized agencies that also accredit post-baccalaureate medical field educational programs. The agency compared its outcomes with those of the Commission on Osteopathic Accreditation and the Accreditation Council for Pharmacy Education. The comparison allowed the agency to validate that its outcomes were comparable to those of its selected peers.

The agency also states that its selected student achievement outcomes are tied to the students' qualifications needed to practice medicine in the United States.
The agency has addressed the staff concerns stated in the draft analysis and it meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.16(a)(1)(ii)

Description of Criteria

(ii) Curricula.

Narrative:

There are a number of LCME accreditation standards and associated elements related to curriculum structure and content, as contained in Functions and Structure of a Medical School (Exhibit 15).

The LCME standards/elements and processes aim to ensure that there are comparable educational experiences and equivalent methods of evaluation across all locations within a given course or clerkship (Exhibit 15, Element 8.7/Comparability of Education/Assessment). Comparability is supported by the requirement for a single set of core standards for the advancement and graduation of all medical students across all locations (Element 9.9/Student Advancement and Appeal Process).

Standard 6 (Competencies, Curricular Objectives, and Curricular Design (Exhibit 15, pages 8-9) requires that the faculty of a medical school define medical education program objectives in outcome-based terms that allow the assessment of medical students’ progress in developing the competencies that the profession and the public expect of a physician and make the medical education program objectives known to all medical students and faculty (Element 6.1/Program and Learning Objectives). Standard 6 also includes elements that identify specific skill areas that students should acquire. For example, Element 6.2 (Required Clinical Experiences) requires faculty to identify specific skills that students must demonstrate, and Element 6.3 (Self-Directed and Life-long Learning) requires that the medical curriculum includes self-directed learning experiences and unscheduled time to allow medical students to develop the skills of life-long learning.

Standard 7 (Curricular Content) (Exhibit 15, pages 10-11) requires that the medical curriculum provides content of sufficient breadth and depth to prepare medical
students for entry into any residency program and for the subsequent contemporary practice of medicine. For example, Element 7.1 (Biomedical, Behavioral, Social Sciences) specifies that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students’ mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations. Element 7.2 (Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning) requires that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, and end-of-life care. Other elements within Standard 7 address expectations for the curriculum to address the scientific method and clinical/translational research (Element 7.3), critical judgment/problem-solving skills (Element 7.4), common societal problems (Element 7.5), cultural competence and health care disparities (Element 7.6), medical ethics (Element 7.7), communication skills (Element 7.8), and interprofessional collaborative skills (Element 7.9).

Standard 8 (Curricular Management, Evaluation, and Enhancement) (Exhibit 15, pages 12-13) requires that the faculty engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings. Element 8.3 specifically addresses curriculum content and whether it is reviewed and updated.

In all cases, schools must provide information on and self-assess the adequacy of coverage of the areas and survey teams must make an independent assessment of adequacy. For example, in the DCI (Exhibit 30) response for Element 7.1 (Biomedical, Behavioral, Social Science, pages 72-73), all schools must complete a table that illustrates where in the curriculum subjects within the biomedical sciences are taught and provide data on student satisfaction with the teaching. In the Self-study for School A (Exhibit 34, page 19), the school noted that about 70% of respondents to a student-managed survey were satisfied with the quality of the first year, which contains the relevant content. In the survey report for School A (Exhibit 33a, page 89) the survey team noted that there were no overall deficiencies in the availability of biomedical course content but that there was 29% overall dissatisfaction with the quality of the first year. The LCME letter of accreditation (Exhibit 37) cited the school for unsatisfactory performance in Element 7.1 based on low satisfaction with the quality of curriculum content. In the letter (Exhibit 39) with information to prepare for the upcoming limited survey, the school was asked to describe changes made to the placement of biomedical and socioeconomic content and to collect data on student satisfaction with the changes.

Since it has students who have completed the curriculum, School B has additional data that can be used to determine content adequacy (again using Element 7.1 as an
example). In the DCI for Element 7.1 (Exhibit 30, page 72), there is a table that asks for student response data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on how well final-year medical students believe that teaching of biomedical science content prepared them for the clinical phase of the curriculum. The 2020 “All Schools Report,” which contains the results of the over 16,000 students completing the questionnaire, is included as Exhibit 40. Data from a school’s own AAMC GQ, which contains the responses from that school’s students and the national data as a comparison for each item, are included in many places in the DCI. In the self-study for School B (Exhibit 36, pages 17-18), the school noted that the school’s respondents to the AAMC GQ felt the basic science disciplines prepared them for clinical clerkships at a level comparable to the national percentage of students in most content areas except for biochemistry, biostatistics/epidemiology and pathology. To correct these deficiencies, the school revised the courses in these subject areas. The survey report (Exhibit 35b, page 101-102) included the student response data from the AAMC GQ and described the results of the school’s analysis of why student satisfaction and performance in the USMLE Step 1 examination were below expectations and the changes that the school had implemented. In the LCME letter of accreditation (Exhibit 38), Element 7.1 was found to be satisfactory with a need for monitoring based on the work done to date to identify and act on the problem, and the school was asked to provide data on student performance in and student satisfaction with the revised courses.

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Analyst Worksheet - Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has numerous accreditation elements and standards that address curricula. Standards 6, 7, and 8 each set forth clear expectations for programs to follow with respect to the development, structure, ongoing monitoring and improvement, and provision of the medical education curricula. Standard 6 provides clear requirements for developing educational objectives that are outcomes-based to demonstrate the expected competencies of a physician, identify particular required skills areas such as clinical experiences, and include self-directed learning (Exhibit 15, pp. 8-9).

Standard 7 provides clear requirements of specific curricula subjects needed to prepare students for residency and eventual practice of medicine that must be included in the curricula and identified for agency review (Exhibit 15, pp. 10-11).

Standard 8 provides clear requirements for a program to ensure it is monitoring and revising the curricula, as needed, including a requirement to consider student evaluations and to ensure comparability of educational experiences across all locations of a course or clerkship (Exhibit 15, pp. 12-13).

The agency has provided information for its clear expectations of a program to assess its performance in meeting the curricula elements and standards as part of the program's self-study process. The agency's evaluation process requires a program to submit its curricula information with its self-study (including completion of the Data Collection Instrument which incorporates program curricula information and satisfaction to national rates), which is used by the site team to assess the programs' performance in elements and complete a site visit report that the LCME uses to form its final analysis and conclusions on compliance with the agency's curricula standards.
The agency provided sample documentation demonstrating the agency evaluates program curricula to determine compliance with its standards and takes necessary steps to require improvement as needed (Exhibits 33a, 34, 35b, and 36-39). Additionally, Department staff observed an agency site visit in April 2022 (virtual) and observed agency site team evaluators conducting interviews where it gathered further information and detail regarding compliance with the agency’s curricula elements and standards. The agency provided sample documentation for two programs including self-studies (Exhibits 34 and 36), site visit reports (Exhibits 33a and 35b), and decision letters (Exhibits 37 and 38) demonstrating full cycles of review. The agency meets the requirements of this section.

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The accreditation standards and elements related to the adequacy of faculty numbers, faculty qualifications, and the role of the faculty in the development and management of the curriculum are summarized below. The LCME places an emphasis on ensuring that there is a well-qualified faculty that is integrally involved in program governance. Examples of relevant standards and elements, as contained in Functions and Structure of a Medical School (Exhibit 15) are summarized below along with the pages in the DCI (Exhibit 30) where schools provide relevant information for each element.

Standard 4 (Faculty Preparation, Productivity, Participation, and Policies) states that the faculty members of a medical school are qualified through their education, training, experience, and continuing professional development, and provide the leadership and support necessary to attain the institution’s educational, research, and service goals. The following are examples of the elements contributing to Standard 4. Element 4.1 (Sufficiency of Faculty, Exhibit 30, DCI pages 32-33) requires programs
to demonstrate that there is a sufficient cohort of faculty to deliver the curriculum and
to participate in the other missions of the medical school. Element 4.3 (Faculty
Appointment Policies, DCI page 35) requires clear policies and procedures for faculty
appointment, renewal of appointment, promotion, granting of tenure, remediation, and
dismissal. Element 4.4 (Feedback to Faculty, DCI page 36) contains the expectation
that faculty receive regular feedback on their academic performance and their
progress toward promotion. Element 4.5 (Faculty Professional Development, DCI
page 37) requires that there are opportunities for professional development related to
education and assessment, research, and the faculty member’s own discipline.

Element 1.3 (Mechanisms for Faculty Participation) requires that there are effective
mechanisms in place for direct faculty participation in decision-making related to the
medical education program (DCI page 4). Element 8.1 (curricular management, DCI
page 85) specifies that a faculty committee has responsibility for the overall design,
management, integration, evaluation, and enhancement of the curriculum. Elements
9.2 (faculty appointments, DCI page 99) and 9.3 (clinical supervision of medical
students, DCI page 100) place the responsibility for student supervision and
assessment on faculty.

As noted above, schools supply information, descriptive and quantitative as relevant,
for each of these elements in the DCI (Exhibit 30). For example, Element 4.1 (pages
32-33) asks for trends in the number of faculty and the number of faculty by
discipline, as well as any examples where there has been difficulty in identifying
sufficient faculty to teach. The self-study (Exhibit 31a, Standard 4, Element 4.1, page
14) asks that schools “evaluate the current and anticipated adequacy of faculty
numbers, specialty and discipline mix, qualifications, and availability to support the
medical education program and the other missions of the medical school.”

School A’s self-study (Exhibit 34, page 11) noted that the current size, mix, and
qualifications of the faculty allows the school to deliver its curriculum “effectively”
and that this was an institutional strength. The survey report (Exhibit 33a, page 45)
noted that the school “has in place a sufficient cohort of faculty members with the
qualifications and time required to deliver the medical curriculum and to meet the
other needs and fulfill the other missions of the institution.” The LCME agreed with
the survey team assessment, as in the letter of accreditation (Exhibit 39) there is no
citation for Element 4.1.

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The agency has clear expectations for program faculty in its standards. The agency's Standard 4 requires program faculty to be qualified, sufficient in number, engaged in scholarly activity, regularly evaluated by the program, and provided opportunities for continued professional development and research (Exhibit 15, p. 5). The agency identified additional accreditation elements within other standards providing additional clear expectations regarding faculty participation, curriculum activities, and responsibilities for student supervision and assessment.

The agency's evaluation process requires a program to submit its faculty information with its self-study (including completion of the Data Collection Instrument) which is used by an agency site team to assess the programs' performance in accreditation elements related to faculty expectations and to complete a site visit report that the LCME uses to form its final analysis and conclusions on compliance with the agency's faculty standards.

The agency provided sample documentation demonstrating the agency receives and evaluates program faculty information to determine compliance with its standards (Exhibits 33a, 34, and 39). Additional supporting documentation may be viewed in other sections and also demonstrates the agency received and reviewed faculty information. See the sample documentation for two programs including self-studies (Exhibits 34 and 36), site visit reports (Exhibits 33a and b and 35a and b), and decision letters (Exhibits 37 and 38) demonstrating full cycles of review.

Additionally, Department staff observed an agency site visit in April 2022 (virtual) and observed agency site team evaluators conducting interviews where it gathered
further information and detail regarding compliance with the agency’s faculty elements and standards. These interviews included meetings with junior, senior, and clinical faculty. The agency meets the requirements of this section.

**List of Document(s) Uploaded by Analyst - Narrative**

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

**Criteria: 602.16(a)(1)(iv)**

**Description of Criteria**

(iv) Facilities, equipment, and supplies.

**Narrative:**

The LCME standards include expectations that there be adequate facilities and educational infrastructure to support the medical education program. Standard 5 (Educational Resources and Infrastructure) in Functions and Structure of a Medical School (Exhibit 15, pages 6-7) requires that medical schools have sufficient educational facilities, clinical facilities, instructional infrastructure, and student space. The following relevant elements are included under Standard 5. Element 5.4 requires that a medical school has buildings and equipment sufficient to meet its educational, clinical, and research missions. Elements 5.5 (Resources for Clinical Instruction) and 5.6 (Clinical Instructional Facilities/Instructional Resources) address the adequacy of clinical settings and their resources (instructional facilities and IT resources) to support medical student education. Element 5.7 (Security, Student Safety, and Disaster Preparedness) addresses student safety and security systems at all instructional sites. Elements 5.8 (Library Resources/Staff) and 5.9 (Information Technology Resources/Staff) review the adequacy of the library and its holdings, information technology resources to support educational program delivery, and the participation of library and IT staff in curriculum development and implementation. Element 5.11 (Study/Lounge/Storage Space/Call Rooms) addresses study, secure storage, and relaxation space for students on the medical school campus and affiliated clinical sites.

One important source of data from students is the Independent Student Analysis
(ISA). The ISA is an independent student evaluation of areas of strength and concern that is based on a survey conducted and analyzed by students. The respondents are all students in each year of the curriculum. The background and instructions for the ISA, including areas to include in the survey that relate to LCME accreditation elements, are found in the document titled The Role of Students in the Accreditation of U.S. Medical Education Programs (Exhibit 41). There are items in the survey that ask for student satisfaction related to Elements 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, and 5.11 above (see page 17 of the Role of Students document for the related questions).

As noted previously, schools supply information, descriptive and quantitative as relevant, for each of these elements in the DCI (Exhibit 30). This includes tables containing student satisfaction data from the ISA. The Guide to the Institutional Self-study (Exhibit 31a, pages 15-16) asks schools to evaluate and comment on the adequacy of facilities and resources related to each of the elements listed for Standard 5. For example, the School A self-study (Exhibit 34, page 16) noted space challenges in access to lecture halls that had been addressed by practices put in place over time. The survey report (Exhibit 33a, page 61) noted that space for the teaching and research missions was adequate, that there were appropriate resources for medical student clinical instruction (page 62) but that ISA data illustrated high student dissatisfaction with study space (page 72). The survey team noted that it was not clear that student concerns related to the adequacy of study space at the medical school campus and clinical sites had been addressed as there were no follow-up data to indicate increased student satisfaction (page 73). Based on its review of the survey report, the LCME found the school in unsatisfactory performance with Element 5.11 based on student concerns from the ISA and the absence of data that school actions to address student concerns related to study space had been resolved (Exhibit 37, finding for Element 5.11, page 4). The letter with information for the school to prepare as a briefing book for the team that will conduct a follow-up limited visit to the school included the request for information on changes made to enhance study space and a survey of students about satisfaction with the enhancements (Exhibit 39, pages 7-8).

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Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency has clear expectations for facilities, equipment, and supplies. The agency's Standard 5 requires programs to have: use of buildings and equipment sufficient to achieve its mission, proper clinical resources and settings, sufficient information resources and instructional facilities, proper security and safety features, adequate library resources/services/staff, sufficient IT resources/staff, and adequate study space/lounge areas/lockers/call areas (Exhibit 15, pp. 6-7).

The agency's evaluation process requires programs to submit its facilities, equipment, and supplies information with their self-study (including completion of the Data Collection Instrument) which is used by an agency site team to assess the programs' performance in accreditation elements related to its expectations and to complete a site visit report that the LCME uses to form its final analysis and conclusions on compliance with the agency's Standard 5.

The agency utilizes and places emphasis on the results of student feedback in assessing a program's compliance with its facilities, equipment, and supplies expectations via the Independent Student Analysis (ISA) document (Exhibit 41, pp. 6-8). These results are factored into the program's completion of the DCI and self-study. The agency provided sample documentation demonstrating the agency receives and evaluates program facilities, equipment, and supplies information to determine
compliance with its standards (Exhibits 33a, 34, and 39). The agency provided sample documentation evidencing taking corrective action for a Standard 5 compliance issue (Exhibit 37, p. 4).

Additional supporting documentation may be viewed in other sections and also demonstrates the agency received and reviewed facilities, equipment, and supplies information. See the sample documentation for two programs including self-studies (Exhibits 34 and 36), site visit reports (Exhibits 33a and b and 35a and b), and decision letters (Exhibits 37 and 38) demonstrating full cycles of review.

Additionally, Department staff observed an agency site visit in April 2022 (virtual) and observed agency site team evaluators conducting interviews where it gathered further information and detail regarding compliance with the agency's Standard 5 expectations. These interviews included meetings with both current students and alumni. Department staff also observed an agency LCME accrediting decision-making meeting in February 2022 (virtual) and observed LCME members' discussions making evident the importance of the ISAs in its accrediting decisions in numerous regards including adequacy of programs' facilities, equipment, and supplies. The agency meets the requirements of this section.

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<td>(v) Fiscal and administrative capacity as appropriate to the specified scale of operations.</td>
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Narrative:

The LCME evaluates whether medical education programs have administrative and fiscal resources sufficient to deliver the medical education program and to fulfill other missions. The LCME standards and elements also address the access of the medical education program leadership to university officials and the participation of medical
education program leadership in institutional-level decision-making that would impact medical school, the adequacy of administrative staff and leadership stability, and the adequacy and stability of medical school resources.

Relevant standards and elements from Functions and Structure of a Medical School (Exhibit 15) are as follows:

Standard 2 (Leadership and Administration) includes Element 2.3 (Access and Authority of the Dean), which asks whether the medical education program dean has sufficient access to the university president or other institutional official charged with final responsibility for the medical education program. Element 2.4 (Sufficiency of Administrative Staff) requires that there be a sufficient number of associate/assistant deans and other administrators who are able to commit the time necessary to accomplish the medical school’s missions.

Standard 5 (Educational Resources and Infrastructure) expects that there are adequate financial resources. Element 5.1 (Adequacy of Financial Resources) requires that the present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain medical school missions. Element 5.2 (Dean’s Authority/Resources) expects that the dean of a medical school has sufficient resources and budgetary authority to manage and evaluate the medical curriculum. Element 5.3 (Pressures for Self-Financing) attempts to ensure a medical school only admits as many students as its resources can accommodate and that financial or other influences do not compromise the educational mission.

To collect comprehensive and standardized information on medical schools finances, the LCME utilizes the LCME Part I-A Annual Financial Questionnaire (Exhibit 42). The questionnaire is sent to all LCME-accredited programs annually by the AAMC. The completed questionnaires are used to support monitoring of medical school finances between full surveys. The most recent questionnaire also is included as a required appendix to the DCI for all full surveys (Exhibit 30, page 41 under “Supporting Documentation”).

The institutional self-study (Exhibit 31a, page 15) asks schools to evaluate the adequacy and sustainability of and the balance among the various sources of financial support for the medical school. There also must be a self-assessment of whether the dean has sufficient financial and personnel resources and appropriate authority for planning, implementing, and evaluating the medical education program. In the self-study (page 13) schools are asked to reflect on the dean’s authority and responsibility for the medical school and the dean’s access to university and other officials and the temporal stability of the medical school’s central administration.

There will be citations of unsatisfactory performance in elements and noncompliance with standards if the elements associated with financial sufficiency and dean’s authority for medical school finances are found to be problematic. For example, in the
School A self-study (Exhibit 34, page 16), it was noted that the medical school does not have budgetary control over the use of its revenue as this has been shifted to the control of the university and that there was uncertainty about the future availability and accessibility of these funds. In the survey report (Exhibit 33a, page 55) the team noted that prior actions at the level of the university which resulted in uncertainties related to the sustainability of medical school funding had not been corrected. The survey team also noted that the medical school dean was not being included sufficiently in decision-making about the finances of the school (page 20). The LCME noted these findings related to Elements 5.1, 5.2, and 2.3 and found those elements to be in unsatisfactory performance (Exhibit 37) and Standard 5 to be in noncompliance. The information and data requested for the follow-up limited survey (Exhibit 39, pages 3 and 6-7) includes updates on the dean’s opportunities and authority to participate in decision-making related to the medical school, medical school funding sources, and the school’s access to its revenues.

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Analyst Worksheet- Narrative
**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has clear expectations for programs' fiscal and administrative capacity. The agency's Standard 2 requires programs to have: sufficient access to institutional authorities and a sufficient amount of administrators to carry out the program's mission (Exhibit 15, p. 3). The agency's Standard 5 requires programs to have sufficient current and anticipated finances from diverse sources. The executive over the program (medical school Dean) must have sufficient resources and authority over the budget. Programs may only admit the amount of students they can accommodate (Exhibit 15, p. 6).

The agency's monitoring and evaluation process is to collect and review annual financial information through program completion of a questionnaire and the agency provided a blank sample (Exhibit 42). The most recent questionnaire is also provided by programs with its self-study (including completion of the Data Collection Instrument).

Additionally, agency policy required programs to narratively self-assess their fiscal and administrative capacity within the self-study (Exhibit 31a, p. 13 and 15). These documents, responses, and on-site interviews are used by an agency site team to assess program performance in accreditation elements related to its fiscal and administrative capacity expectations and to complete a site visit report that the LCME uses to form its final analysis and conclusions on compliance with the agency's Standards 2 and 5.

The agency provided sample documentation including a self-study (Exhibit 34), site visit report (Exhibit 33a), and decision letter (Exhibit 37) demonstrating the agency receives and evaluates program fiscal and administrative capacity and demonstrating the full cycle of review. The agency provided a sample decision letter that evidences the agency took corrective action for compliance issues related to fiscal and administrative capacity expectations (Exhibit 37, pp. 3-4 and 39).

Additionally, Department staff observed an agency site visit in April 2022 (virtual) and observed agency site team evaluators conducting interviews where they gathered further information and detail regarding compliance with the agency's fiscal and administrative capacity expectations in Standards 2 and 5. These interviews included meetings with the program's Dean, senior administration members, and senior finance administration. The agency meets the requirements of this section.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded
Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.16(a)(1)(vi)

Description of Criteria

(vi) Student support services.

Narrative:

LCME accreditation standards 11 and 12 directly address student support services (Exhibit 15, pages 18-20).

Standard 11 (Medical Student Academic Support, Career Advising, and Educational Records) states the expectation that a medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school’s medical education program objectives and that all medical students have the same rights and receive comparable services. Standard 11 includes Element 11.1 (Academic Advising), which expects that a medical school has an effective system of academic advising that integrates the efforts of a variety of knowledgeable individuals. Element 11.2 expects that an effective career advising system is in place to assist students in choosing elective courses, evaluating career options, and applying to residency programs.

Standard 12 (Medical Student Health Services, Personal Counseling, and Financial Aid Services) expects that a medical school provides effective student services to all medical students and that all medical students have the same rights and receive comparable services. Standard 12 includes Element 12.1 (Financial Aid/Debt Management Counseling/Student Educational Debt), which addresses the availability of financial aid services, debt management counseling, and mechanisms to reduce educational debt. Element 12.3 (Personal Counseling/Well-Being Programs) and 12.4 (Student Access to Health Care Services) aim to ensure that personal counseling/mental health services and programs to promote student well-being are available and accessible. Elements 12.7 (Immunization Requirements and Monitoring) and 12.8 (Student Exposure Policies/Procedures) address formal guidelines for required immunizations and the availability of policies and procedures for preventing and caring for occupational exposures from infectious and environment hazards. Schools supply information, qualitative and quantitative as relevant, for each
of these elements in the DCI (Exhibit 30): 11.1-11.2 (pages 123-125) 12.3-12.4 (pages 136-139), and 12.7-12.8 (pages 142-143). This includes tables containing student satisfaction data from the ISA for Elements 11.1, 11.2, 12.3, 12.4, and 12.8.

The self-study for School B (Exhibit 36, page 29-30) noted a recent decline in student satisfaction with academic support services which was being addressed by the retention of a consultant to create recommendations for change. The survey report for School B (Exhibit 35b, page 175) includes data on attrition and academic difficulty and data from the AAMC GQ and ISA on satisfaction with academic counseling. The report notes (page 174) that these data indicate that “there are academic support issues that need additional attention.” In the letter of accreditation for School B (Exhibit 38) the school’s performance for Element 11.1 was cited as unsatisfactory based on the concerns that the system for academic advising was not sufficiently addressing student performance gaps. The school was asked to provide updated information on academic difficulty and attrition rates, on student satisfaction with academic advising/counseling, and on how students at risk for academic difficulty are identified and supported.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has clear expectations for programs’ student support services. The
agency's Standard 11 requires programs to provide students with the necessary support to achieve the educational objectives and their career goals. They are to have equal support and services. They are required to provide effective academic and career advising (Exhibit 15, p. 18).

The agency's Standard 12 requires programs to provide effective counseling for financial need and debt management, have clear refund policies, provide personal counseling and well-being programs, provide timely access to health care services, ensure availability of health and disability insurance for students and their dependents, follow expected guidelines on required immunizations, and have policies to address exposures that can occur in the medical field (Exhibit 15, pp. 19-20).

The agency's evaluation process requires programs to provide quantitative and qualitative information to address these expectations with the programs' self-study (including completion of the Data Collection Instrument and Individual Student Analysis). These documents, responses, and on-site interviews are used by an agency site team to assess program performance in accreditation elements related to its student support services and to complete a site visit report that the LCME uses to form its final analysis and conclusions on compliance with the agency's Standards 11 and 12.

The agency provided a sample self-study (Exhibit 36), site visit report (Exhibit 35b), and decision letter (Exhibit 38) demonstrating the agency receives and evaluates a program's student support services and demonstrating the full cycle of review. The agency's decision letter demonstrates it taking corrective action for compliance issues related to its student support services expectations (Exhibit 38, p. 3).

Additionally, Department staff observed an agency site visit in April 2022 (virtual) and observed agency site team evaluators conducting interviews where it gathered information and details regarding compliance with the agency's student support services expectations in Standards 11 and 12. These interviews included meetings with current students as well as alumni. Department staff also observed an agency LCME accrediting decision-making meeting in February 2022 (virtual) and observed LCME members' discussions making evident the importance of the Individual Student Analyses in its accrediting decisions in numerous regards including adequacy of programs' student support services. The agency meets the requirements of this section.

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Criteria: 602.16(a)(1)(vii)

Description of Criteria

(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

Narrative:

LCME accreditation Standard 10 (Medical Student Selection, Assignment and Progress) states that a medical school establishes and publishes admission requirements for potential applicants to the medical education program and uses effective policies and procedures for medical student selection, enrollment, and assignments (Functions and Structure of a Medical School, Exhibit 15, page 16). Elements within standard 10 include 10.1 (Premedical Education/Required Coursework), which asks medical schools to describe the required and recommended courses/disciplines for admission. Element 10.2 (Final Authority of the Admission Committee) specifies the expectation that a formally constituted admission committee has the final authority for admitting an applicant. Element 10.3 (Policies Regarding Student Selection/Progress and their Dissemination) requires schools to describe the decision-makers at each step in the admission process and make available to interested parties the criteria for admission. Element 10.3 also addresses policies for student academic progress/assessment/grading/promotion. Element 10.6 (Content of Informational Materials) ensures that a medical school’s academic bulletin and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education program.

Schools supply information, descriptive and quantitative as relevant, for each of these elements in the DCI (Exhibit 30: Elements 10.2-10.3 (pages 112-113) and Element 10.6 (page 116). For example, for Standard 10, schools are asked to supply trend data on the numbers of applicants, of acceptances issues, and of new students matriculated, and to provide information on the mean Medical College Admission Test scores and mean GPAs for entering students (page 110). As supporting documentation, schools supply the excerpt from the bylaws that specifies the authority of and charge to the admission committee (page 112) and the policies and procedures for student selection, assessment, advancement, graduation, and dismissal (page 113). Supporting
documentation for Element 10.6 includes the current academic bulletin or similar document with the location(s) of the educational program mission, admission requirements, academic calendars for each curricular option, and descriptions of required courses and clerkships (page 116).

See, for example, the survey team report for School A (Exhibit 33b, pages 153-168). More specifically, in the self-study for School A (Exhibit 34, page 29), the school stated that there is no conflict of interest or external influences on the admissions process. The school also noted that “materials for admissions, general information, and recruitment are “up to date” (page 29). The survey report (Exhibit 33b, page 159) noted that while there were specific practices to prevent conflicts of interest in the admissions process, there was no formal policy that requires members of the admissions committee to recuse themselves from decisions on applicants for whom they have a conflict of interest. Related to the content of informational materials, after reviewing the school’s catalog and other informational materials (page 168), the survey team agreed that the informational materials met the requirements of the element. In its letter of accreditation (Exhibit 37), the LCME found the school to be in unsatisfactory performance for Element 10.2 and in satisfactory performance for the other elements related to admission, including Element 10.6. In the letter describing the information to prepare for the upcoming limited survey visit (Exhibit 39, page 15), the school was asked to provide a copy of the formal conflict of interest policy related to admission and to describe how the policy is made known to the members of the admission committee.

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The agency has clear expectations for programs' recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising. The agency's Standard 10 requires programs to: encourage applicants to have a proper academic background for the field, form an official admissions committee to oversee student admissions and include faculty, establish and make available to interested parties student selection criteria, develop and publish required technical standards, ensure publications, advertising, and recruitment materials are a balanced and accurate representation of the program, and to provide the academic calendar (Exhibit 15, p. 16).

Additionally, within the agency's Standard 9, an accreditation element with respect to grading requires that a program provide final grades within six weeks of course/clerkship ending and to conduct "fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program" (Exhibit 15, p. 15). Standard 9 contains other assessment requirements including: providing a narrative assessment of a student's performance and to provide assessment early enough to allow time for any needed remediation (Exhibit 15, pp. 14-15).

The agency's evaluation process requires programs to provide narrative and documentation to address these expectations with the programs' self-study (including completion of the Data Collection Instrument). These documents, responses, and on-site interviews are used by an agency site team to assess program performance in accreditation elements related to recruiting, admissions, and other practices described in this section and to complete a site visit report that the LCME uses to form its final analysis and conclusions on compliance with the agency's Standards 9 and 10.

The agency provided a sample self-study (Exhibit 34), site visit report (Exhibit 33b), and decision letter (Exhibit 37) demonstrating the agency receives and evaluates a program's recruiting, admissions, and other practices described in this section and demonstrating the full cycle of review. The agency's decision letter demonstrates it
taking corrective action for compliance issues related to these areas (Exhibit 37, pp. 3-5).

Additionally, Department staff observed an agency site visit in April 2022 (virtual) and observed agency site team evaluators conducting interviews where it gathered information and detail regarding compliance with the agency's expectations in Standards 9 and 10. These interviews included meetings with program representatives from selections, admissions, and enrollments divisions. The agency meets the requirements of this section.

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Narrative:

The LCME has policy and process related to acting on complaints and third-party comments from students and others. As described in the Rules of Procedure (Exhibit 2, page 31 and Appendix D, pages 41-42), the LCME will consider complaints about educational program quality from students or others which, if substantiated, would represent noncompliance with one or more LCME accreditation standards or unsatisfactory performance in accreditation elements. Complaints may come from any source, including through credible and verifiable public sources (i.e., print or online newspaper articles). Complaints from individuals must be submitted in writing and complainants must sign a form allowing the complaint to be disclosed to the medical education program. The LCME will not intervene on behalf of a student complainant to achieve redress of the individual's grievances with regard to issues such as admission to medical school, dismissal or disciplinary actions involving students.

The LCME Secretariat will conduct an initial evaluation of any complaint about program quality to determine whether it represents potential noncompliance with
accreditation standards or unsatisfactory performance in accreditation elements. If the LCME Secretariat determines that the information in the complaint potentially presents such evidence, the complainant is notified that an investigation will be undertaken. The program’s dean is sent a copy of the complaint and given an opportunity to respond in writing to a set of questions. The issue(s) raised by the student in the complaint and the program’s response will be reviewed by an ad hoc Subcommittee on Complaints appointed by the LCME Secretariat. The LCME will take formal action on the investigated complaints. For those complaints determined by the LCME to represent noncompliance with accreditation standards and/or unsatisfactory performance in accreditation elements, the LCME will require follow-up by the medical education program on how the identified problems were addressed. Complaints with such findings will be retained in LCME records (Rules of Procedure, Exhibit 2, page 31) but complainants will not be notified of the results of the review.

The following illustrate the process. A complaint from a medical student was received, reviewed by the LCME Secretariat, and determined to raise questions about performance in Element 12.1 (Financial Aid/Debt Management Counseling/Student Educational Debt). The dean of School C was sent a letter (Exhibit 43) with an excerpt from the complaint and specific questions for the dean’s response. The letter also included a copy of the complaint procedure. The complaint and the dean’s response was included in the October 2020 LCME meeting agenda. The Secretariat appointed an ad hoc reviewer for the complaint, who presented a recommendation to the LCME at the meeting. This reviewer recommended and the LCME concurred that the complaint raised issues related to the performance of School C in Element 12.1. The dean was sent a letter (Exhibit 44) with a request for follow-up to be due by December 2020. At its meeting of February 2021, the LCME considered the status report containing the dean’s response related to Element 12.1 in conjunction with another item of business (Exhibit 45). The conclusion was that the issue related to Element 12.1 would be reviewed by the survey team at the next full visit of the medical education program.

In summary, the LCME retains a copy of complaints and the LCME actions stemming from them. These become part of the accreditation history of a medical education program and, as such, are provided to survey teams as background for their reviews, as illustrated below. Survey teams for full, limited, and provisional survey visits receive a school’s accreditation history since the time of the previous full survey as part of an informational mailing from the LCME Secretariat. Exhibit 46 is the accreditation history for School C, which includes a record of the complaint.

In addition to individual complaints, the LCME uses the Independent Student Analysis (ISA/Exhibit 41) as a way to identify areas of student dissatisfaction. The ISA is a student-led process where students create, disseminate, and analyze the results of a survey that collects student satisfaction data on areas related to LCME accreditation elements. The full ISA for a given school is included in the information
provided by schools as background for a survey visit and the ISA is included as an Appendix in survey reports. ISA data tables are also included in the DCI for relevant elements (for example, see Exhibit 30, pages 9-11 for ISA tables for reporting satisfaction data with the accessibility and awareness of student concerns of members of the medical school administration). See the letter of accreditation for School A (Exhibit 37, pages 3-5) for several findings that include concerns based on ISA data (for example, Elements 11.1, 11.2, 12.3 3.2, 5.11).

**Document(s) for this Section**

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide its standards, policies, procedures, and supporting documentation relevant to the requirements of this criterion.
Analyst Remarks to Narrative:

The agency stated its policies and procedures related to its complaint procedures that Department staff analyze fully at section 602.23(c). However, the criterion at this section is instead related to the agency’s complaint requirements for its programs and the record of student complaints at the program and the agency’s review of the programs for compliance with its standards. The agency must provide its standards, policies, procedures, and supporting documentation relevant to the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 31-32) describes the requirements for medical education programs to collect student complaints:

“Student Complaints to and About Medical Education Programs

Medical education programs must have policy and processes to collect and review student complaints and concerns related to compliance with/performance in LCME accreditation standards/elements and be able to provide information about these at the time of review for continued LCME recognition. This includes the requirement that there be formal policies supporting student submission of complaints/concerns and processes in place to act on these. There also is a requirement that there be a formal Independent Student Analysis (ISA), a survey of students in all years of the curriculum on satisfaction with school performance in accreditation elements. The LCME will use the ISA results along with other complaints/student concerns related to LCME accreditation standards/elements to identify and address problems in such things as educational program quality, student assessment, student supervision in clinical settings, and student mistreatment.”

The Independent Student Analysis (ISA) is a student developed and analyzed survey of students in all or relevant years of the curriculum on satisfaction with a number of areas related to accreditation elements (see Exhibit 109 for a description of the ISA content and the format used to report data). The process for an accreditation review of medical education programs with full accreditation requires that an ISA be completed and submitted to the survey team as part of the “survey package” (the materials sent to the survey team as background for a full survey visit). Each of the
ISA items is specifically related to an accreditation element. This survey allows a survey team to identify areas of student dissatisfaction in individual years of the curriculum and the curriculum as a whole.

Relevant LCME accreditation elements also expect that there are school policies to collect and review student dissatisfaction/concerns related to performance in accreditation elements on an ongoing basis. Three elements will be included as examples (student supervision, use of student course evaluation data, and student mistreatment). The language of the accreditation element and the questions specifying the information to provide are included in the Data Collection Instrument (DCI) for survey visits in the 2023-24 academic year (Exhibit 110) and excerpted below.

Student Supervision (Element 9.3):
- Policies or guidelines related to medical student supervision during required clinical activities
- The mechanisms that are available for students to express any concerns about the adequacy and availability of supervision
- How reported concerns about supervision are reviewed and acted upon (by school personnel)

Use of Student Feedback from Course/Clerkship Evaluations (Element 8.5):
- Processes in place to collect and consider student evaluations of their courses/clerkships, and teachers
- As part of the accreditation review, schools must submit the results of student questionnaires used to evaluate each course/clerkship

The requirement for the use of this data on a regular basis by programs to evaluate course and clerkship quality is included in Element 8.3 (curricular design, review, revision/content monitoring).

Student Mistreatment (Element 3.6):
- The formal medical school policies on student mistreatment and the avenues for reporting mistreatment.
- The procedures that can be used by students to report mistreatment
- How and by whom at the institution summative data on alleged mistreatment experiences is collected and reviewed
**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies to address staff concerns stated in the draft analysis. The agency's revised Rules of Procedure now have a policy that explicitly sets forth the agency's clear expectations for the programs it accredits to maintain a procedure for receiving and recording student complaints that must be made available to the agency (Exhibit ID #59822, p. 38). The agency has additionally codified its prior procedures involving collection and review of student feedback that is required as part of a program's accreditation review (Individual Student Analysis or ISA) to make explicit that this is treated as part of the record of student complaints.

The agency provided additional explanation and documentation clarifying the role of the ISA in the agency's review of a program (Exhibit ID#'s 58781 and 58784). The agency also provided further information and sample documentation on areas within the agency's Data Collection Instrument (DCI) tool that also address areas of student concerns including data and information on student mistreatment, supervision, and course evaluation (Exhibit ID #58783). The DCI is required to be completed by a program as part of its self-study process and is provided to site team visitors for review.

Completed DCI reports, self-studies, and site team reports were reviewed by Department staff during the file review evidencing the agency was clear to programs on its expectations and that the information was being received and evaluated by the agency. Additionally, the agency decision letters that were analyzed during the file review revealed that the areas of student concerns identified by the agency in this section were given appreciable weight by the decision-making body. This practice was also observed during the staff observation of a site visit during which there were meetings and interviews with students that were in various stages of their medical education program. The site team member questions were probing and the discussion was an open and frank assessment of any issues the students were experiencing.
practice was further observed during the staff observation of a decision-making meeting in which commission members consistently gave great deference to the student feedback and concerns.

The amended policy and codification of the agency’s prior procedures now being specifically tied to the student complaint policy setting forth the agency’s clear expectations for the programs has addressed the staff concerns stated in the draft analysis. The agency meets the requirements of this criterion.

Criteria: 602.16(b-c)

Description of Criteria

(b) Agencies are not required to apply the standards described in paragraph (a)(1)(x) of this section to institutions that do not participate in title IV, HEA programs. Under such circumstance, the agency’s grant of accreditation or preaccreditation must specify that the grant, by request of the institution, does not include participation by the institution in title IV, HEA programs.

(c) If the agency only accredits programs and does not serve as an institutional accrediting agency for any of those programs, its accreditation standards must address the areas in paragraph (a)(1) of this section in terms of the type and level of the program rather than in terms of the institution.

Narrative:

c. The LCME has one set of accreditation standards and elements for its programs, as contained in Functions and Structure of a Medical School (Exhibit 15). The standards cover 12 specific areas, each with a number of related elements, which cover the following areas: Standard 1: Mission, Planning, Organization, and Integrity (six elements); Standard 2: Leadership and Administration (six elements); Standard 3: Academic and Learning Environment (six elements); Standard 4: Faculty Preparation, Productivity, Participation, and Policies (six Elements); Standard 5: Educational Resources and Infrastructure (12 elements); Standard 6: Competencies, Curricular Objectives, and Curricular Design (eight elements); Standard 7:Curricular Content (9 elements); Standard 8 (Curricular Management, Evaluation, and Enhancement (eight elements); Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety (nine elements); Standard 10: Medical Student Selection, Assignment, and
Progress (nine elements); Standard 11: Medical Student Academic Support, Career Advising, and Educational Records (six elements); and Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services (eight elements). These standards and accompanying elements are used for the full review of all medical education programs.

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Analyst Worksheet- Narrative

**Analyst Review Status:**
Meets the requirements of this section

**Analyst Remarks to Narrative:**
Section 602.16(b) is not applicable to the agency as it is not an institutional accrediting agency. The agency has addressed the requirements of Section 602.16(c) within the applicable criterion at Section 602.16(a)(1).

**List of Document(s) Uploaded by Analyst - Narrative**
No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
Not Reviewed

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## Criteria: 602.16(d)

**Description of Criteria**

(d)

(1) If the agency has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education, correspondence courses, or direct assessment education, the agency's standards must effectively address the quality of an institution's distance education, correspondence courses, or direct assessment education in the areas identified in paragraph (a)(1) of this section.
(2) The agency is not required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence courses.

Narrative:

**Document(s) for this Section**

No files uploaded

Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must state whether or not it wishes to seek recognition for the evaluation of the quality of programs offering distance education, correspondence courses, or direct assessment education. If it does wish to include these modalities in its scope of recognition, it must provide related policies and procedures and documentation to demonstrate the application of those policies and procedures.

**Analyst Remarks to Narrative:**

The agency's current scope of recognition does not include the evaluation of the quality of programs offering distance education, correspondence courses, or direct assessment education. However, the agency must state whether or not it wishes to seek recognition for the evaluation of any of these modalities. If it does wish to include these modalities in its scope of recognition, it must provide related policies and procedures and documentation to demonstrate the application of those policies and procedures.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

Response:

The LCME does not seek recognition for the evaluation of programs offering distance education, correspondence courses, or direct assessment education.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section
The agency states it does not seek recognition to evaluate programs under any of the modalities in this section and therefore this criterion does not apply.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.16(e-g)

Description of Criteria

(e) If none of the institutions an agency accredits participates in any title IV, HEA program, or if the agency only accredits programs within institutions that are accredited by a nationally recognized institutional accrediting agency, the agency is not required to have the accreditation standards described in paragraphs (a)(1)(viii) and (a)(1)(x) of this section.

(f) An agency that has established and applies the standards in paragraph (a) of this section may establish any additional accreditation standards it deems appropriate.

(g) Nothing in paragraph (a) of this section restricts--

(1) An accrediting agency from setting, with the involvement of its members, and applying accreditation standards for or to institutions or programs that seek review by the agency;

(2) An institution from developing and using institutional standards to show its success with respect to student achievement, which achievement may be considered as part of any accreditation review; or

(3) Agencies from having separate standards regarding an institution’s or a program’s process for approving curriculum to enable programs to more effectively meet the recommendations of

(i) Industry advisory boards that include employers who hire program graduates;

(ii) Widely recognized industry standards and organizations;

(iii) Credentialing or other occupational registration or licensure; or

(iv) Employers in a given field or occupation, in making hiring decisions.
(4) Agencies from having separate faculty standards for instructors teaching courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses, as long as the instructors, in the agency’s judgment, are qualified by education or work experience for that role.

Narrative:

**Document(s) for this Section**

No files uploaded

Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must specify whether or not it has established separate accreditation standards described in this section.

**Analyst Remarks to Narrative:**

The agency is a not a Title IV gatekeeper and subsection (e) of this section does not apply to it. However, the agency did not provide a response for subsections (f) or (g) and must do so.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

The LCME has not established separate accreditation standards for curriculum or faculty, as described in this section of the criteria, for any purpose.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The agency attests that it does not have any separate standards described in this section. Therefore, this criterion does not apply.

**List of Document(s) Uploaded by Analyst - Response**

No file uploaded
Criteria: 602.17(a)

Description of Criteria

The agency must have effective mechanisms for evaluating an institution’s or program’s compliance with the agency’s standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it—

(a) Evaluates whether an institution or program—

(1) Maintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded;

(2) Is successful in achieving its stated objectives at both the institutional and program levels; and

(3) Maintains requirements that at least conform to commonly accepted academic standards, or the equivalent, including pilot programs in §602.18(b);

Narrative:

Accreditation Standard 1 (Mission, Planning, Organization, and Integrity) states, in part, that a medical school has a written statement of mission and goals for the medical education program (Functions and Structure of a Medical School, Exhibit 15, page 1). In the DCI (Exhibit 30, page 2), Element 1.1 (Strategic Planning and Continuous Quality Improvement) asks for the mission and vision statements of the medical school for information and how a medical school establishes and monitors the outcomes of its short and long-term programmatic goals.

Objectives and Program Outcomes:
Standard 6 (Competencies, Curricular Objectives, and Curricular Design) states that the faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and are responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program (Functions and Structure of a Medical School, Exhibit 15, Standard 6, page 8). There are several relevant elements associated with standard 6. Element 6.1 (Program and Learning Objectives, page 8) states that the faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students’ progress in developing the competencies that the profession and the public expect of a
physician. The medical school makes these medical education program objectives known to all medical students and faculty. The information that schools must supply for Element 6.1 in the DCI includes a table linking the educational program objectives to the general competencies expected of graduates and the specific outcome measures that are used to judge attainment of each educational program objective (Exhibit 30, page 62). Element 6.2 (Required Clinical Experiences) addresses a subset of educational program objectives in that it expects the faculty of a medical school to define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

Standard 8 (Curricular Management, Evaluation, and Enhancement) includes Element 8.4 Evaluation of Educational Program Outcomes), which states that a medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives (Functions and Structure of a Medical School Exhibit 15, page 12). The outcome indicators that schools are expected to utilize include both internal and external measures of student accomplishment with data from students and graduates (DCI, Exhibit 30, page 89).

In the self-study process, medical education programs are expected to evaluate whether outcome-based objectives have been created and are being used for assessing medical student achievement of school-identified competencies (Guide to the Institutional Self-Study, Exhibit 31a, page 16) and whether there is an adequate system to evaluate whether the medical education program objectives are being met and desired program outcomes are being achieved (page 17).

In the survey report template (Exhibit 32), survey teams are directed to provide information related to the elements described above. For example, the institutional mission and goals are included in the survey report as an appendix (specified in Exhibit 32, page 4) and discussed in the report narrative in relation to Element 1.1 (page 5); the program’s defined competencies, program objectives, and outcome measures are included as an appendix and discussed in relation to Element 6.1 (page 55), and the evidence that educational program objectives are being met is provided in association with Element 8.4 (page 82).

In summary, the survey team reviews the DCI and the self-study to determine if educational program objectives and appropriate outcome indicators, including those related to student achievement, have been identified and if the outcome data are being collected and used to judge programmatic performance and student achievement. The LCME, in turn, reviews the survey report to make a judgment about these aspects of educational program quality and outcomes. The letter of accreditation to School A (Exhibit 37, page 5) notes that the school uses a variety of individual outcome data to
evaluate the medical education program but that a process to integrate outcome data from across the curriculum has not been created so as to demonstrate the extent to which students are achieving the educational program objectives.

Programmatic Requirements Conform to Commonly Accepted Academic Standards: The LCME accreditation standards (Exhibit 15) support a medical education program defining its mission and developing goals and objectives consistent with that mission. Medical education programs are reviewed solely to determine compliance with LCME accreditation standards. LCME accreditation standards and related elements are stated in terms that respect the diversity of missions of U.S. medical schools, including religious mission (Rules of Procedure, Exhibit 2, page 10). However, the LCME expects that programs obtain and use outcome measures that ensure that they are meeting national standards of medical education program quality. Evidence must be provided that programs conform to commonly accepted academic standards related to educational process, such as the presence of an objectives-based curriculum and a credible internal student assessment system, as well as outcome standards, such as student performance in national licensing examinations, residency Match rates, and graduation rates. For example, both the DCI (Exhibit 30, page 89-90) and the Survey Report Template (Exhibit 32, page 81) require that data be provided related to USMLE performance (Element 8.4) since passing the USMLE is a requirement for obtaining a medical license in all jurisdictions. There also must be data in the DCI (Exhibit 30, page 122) and survey report (Exhibit 32, page 111) on students’ success in the obtaining a residency position through the National Resident Matching Program, since entry into and completion of a set number of years of residency training also is a licensure requirement. Finally, there is an expectation that programs provide data on advancement and completion rates (DCI/Exhibit 30, page 121 and that the data be included in the survey report as an appendix (survey report template/Exhibit 32, page 111). Each of these three outcome measures has national comparison data (also see the response to 602.17(f)(2)) so that schools and survey teams can review performance against national comparison data.

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The agency has policies and procedures to evaluate if a program has stated educational objectives, achieved them, and has requirements that conform to commonly accepted academic standards. The agency requires programs to provide a written statement of mission and goals (Exhibit 15, p. 1).

The agency's Standard 6 requires programs to create and define program and learning objectives in "outcomes-based terms that allow the assessment of medical students’ progress in developing the competencies that the profession and the public expect..." (Exhibit 15, p. 13). Programs must complete a table in the agency's Data Collection Instrument (DCI) to map students’ expected competencies to the associated objectives and then to the outcomes measures that will be used for assessment in achieving them (Exhibit 30, p. 62).

The agency's Standard 8 requires programs to collect, provide, and evaluate a variety of outcomes data (national examination results, internal grading, performance-based assessments, etc.) within the DCI (Exhibit 30, p. 89). Programs are required to utilized the self-study process to evaluate their compliance in setting objectives and effectively evaluating the success of achieving them. Site teams review a program's DCI and self-study and then utilize a report that has areas dedicated to its evaluation of these requirements. The agency states that the LCME then performs its own review of the site team's gathered information and findings to reach its own conclusions.

A sample was provided evidencing the LCME's review where it found a program had not satisfied Element 8.4 with respect to program evaluation (Exhibit 37, p. 5). The agency requires all programs to report student data on the results of United States
Medical Licensing Examinations (USMLE), students' success in attaining a medical residency position, and advancement/completion rates. The agency has provided policies and sample documentation evidencing it is evaluating programs' establishment of educational objectives, their success in meeting them, and that they maintain requirements that conform to commonly accepted academic standards. The agency meets the requirements of this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.17(b)

Description of Criteria

(b) Requires the institution or program to engage in a self-study process that assesses the institution's or program's education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements;

Narrative:

The LCME Rules of Procedure (Exhibit 2) describes the inclusion of a self-study for medical education programs with full accreditation status (page 10) and those developing programs being considered for preliminary accreditation (page 14). As described previously, the format of the self-study changed between 2019-20 (Exhibit 31a) and 2020-21 (Exhibit 31b). In both formats, there are two steps in the self-study process. The first step is the completion of documents that will be used by the school to judge its performance for each accreditation element. As described in the Guide to the Development of the Institutional Self-Study Summary Report (Exhibit 31b, page 1), this includes the DCI (Exhibit 30), the Independent Student Analysis (Exhibit 41) and the compilation of other documents relevant to judging performance in one or more elements (e.g., the AAMC Medical School Graduation Questionnaire, Exhibit 40). The second step is the review of these data/information sources by the Self-Study Task Force and the creation of a self-study summary report that identified institutional strengths, challenges related to performance in accreditation elements, and strategies to address the challenges. In the previous version of the self-study process, there were
subcommittees formed that would review the data/information from step 1 and
develop the responses to specific questions for each element contained in the
document, Guide to the Institutional Self-study (Exhibit 31a). The individual
subcommittee reports were then summarized into a self-study summary that included
strengths and challenges and recommendations for future action (page 21). Therefore,
the outcomes of both versions of the self-study are identical. Each version ensures
that all elements are reviewed by relevant stakeholders. In both versions, there also is
an “Appendix” to the report that contains the names and titles of participants.

In both versions of the self-study process, the LCME has expected that participation is
broad-based so that the breadth of constituencies of the school are included, the
findings are evidence-based in identifying strengths and challenges, and the strategies
to address the identified challenges are linked to the expectations of the cited
elements (Exhibit 31b, page 6).

In the survey report, survey teams are asked to comment on the DCI and the self-
study (Survey Report Template, Exhibit 32, page 3) including the quality of the DCI;
the involvement of faculty, students and other stakeholders in the self-study; the
correlation between the findings of the self-study and those of the survey team; and
the level of participation of students in the ISA and the AAMC GQ. These comments
provide context for the LCME members who are reviewing the report.

Because School A (the educational program selected by Department staff) has not yet
had a class graduate, the following responses related to the self-study also will include
School B. The names of self-study participants have been redacted, but their
roles/titles remain to provide context.

School A: The School A self-study was completed using the process described in
Exhibit 31a and is included as Exhibit 34. The school’s self-study included perceived
strengths and areas for improvement/recommendations related to each standard. For
example, the school describes its mission to train broadly educated, highly-skilled
medical practitioners to provide quality health services to communities historically
underserved by primary care practitioners (page 3). Student achievement related to
educational program objectives is addressed in the self-study response to Element 8.4
(Exhibit 34, page 23-24), where student performance in the USMLE Step 1 (one of
the few external outcomes measures available to this developing school) was stated to
be below the desired outcome. The self-study included several strategies to address
that performance gap.

School B: The School B self-study is included as Exhibit 36. In this medical education
program, a wider variety of outcome data were available for review by the self-study
committees. For example, in the review of Element 8.4, the self-study noted a number
of specific measures related to educational program objectives that were reviewed
(page 22), including some related to the clinical phase of the curriculum. One
indicator of student achievement identified by self-study participants as suboptimal was performance in USMLE Step 1, which was attributed to this cohort of students being in a previous curriculum that had since been revised.

**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency states it has revised its self-study process requirements during this recognition period. However, the revised policies meet the requirements of this section. The agency requires programs to collect information that includes data on objectives and outcomes. This includes completion of the agency's Data Collection...
Instrument (DCI, Exhibit 30) and collection of student-completed Independent Student Analyses (ISAs) and other standards-specific documentation such as graduation questionnaires (Exhibit 40).

The program is required to review the data and information and perform an assessment of the education quality of the program and its success in achieving its mission and objectives. The programs are also required to provide information describing strengths and challenges and their plans to improve where needed (see samples in Exhibit 34, pp. 8, 11, 16, 19, 22, 25, 28, 30, 32, 35 and Exhibit 36, pp. 35-37).

The agency's self-study guides are clear and thorough (Exhibits 31a and 31b). The guide requires a task force at the program review the agency's accreditation "standards and elements, information from the DCI, data from the medical students' survey and the ISA report, and other sources to create the final set of strengths, challenges/concerns about performance related to elements, and strategies to address the identified concerns" (Exhibit 31b, p. 6). The agency's site teams are required to address the program's self-study process. The agency provided self-studies demonstrating the self-study requirements (Exhibits 34 and 36). The agency has demonstrated that it meets the requirements of this section.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### Criteria: 602.17(c)

**Description of Criteria**

(c) Conducts at least one on-site review of the institution or program during which it obtains sufficient information to determine if the institution or program complies with the agency's standards;

**Narrative:**

The LCME conducts several types of on-site reviews. See Guidelines for the Conduct of Accreditation Survey Visits (Exhibit 47) for an overview of the planning for and
While survey visits are typically conducted on site, the COVID-19 pandemic led to the LCME instituting virtual visits beginning in the summer of 2020 and continuing through the 2021-2022 academic year. By email vote in April 2020, the LCME agreed to virtual visits and at its February 2021 meeting reaffirmed that visits should continue virtually “until such time as there is a reasonable assurance that in-person visits can be conducted safely for survey teams and schools” (Minutes of the February 2021 LCME meeting).

Medical education programs with full accreditation are normally subject to an eight-year review cycle (Rules of Procedure, Exhibit 2, page 7). A full review begins with the program’s completion of the DCI for Full Accreditation Surveys (Exhibit 30) and the conduct of a self-study, followed by an on-site evaluation (survey visit) by a team of peer reviewers. There is a sample survey visit schedule (Exhibit 48) for full surveys that is available on the LCME’s website (www.lcme.org), but this can be modified to meet the characteristics of the school by agreement between the survey team secretary and school personnel. A full accreditation survey visit typically begins with an entrance conference with the medical school dean and lasts a total of two to three days. Schools with regional campuses may have additional time added to the visit. Within one week following the conclusion of the visit, the survey team secretary provides a report of the team’s initial findings to the dean (Rules of Procedure, Exhibit 2, page 11).

The survey team for a full visit typically consists of five or six members, including educators and practitioners as defined by the LCME in the response to 602.13(a)(4). The roles and responsibilities of the various team members (chair, secretary, member, Faculty Fellow) are described in the Guidelines for the Conduct of Accreditation Survey Visits (Exhibit 47, pages 9-12). It is the responsibility of the survey team secretary to work with school personnel to finalize the visit schedule, to coordinate visit logistics, and to prepare the other members of the survey team for their responsibilities during and after the visit. As noted previously, the survey team comes to a visit prepared with information contained in the “survey package,” which includes the DCI, the self-study, the ISA, and the relevant year of the AAMC GQ. The survey visit schedule (Exhibit 48) is linked to specific accreditation elements so that survey teams can be assured of covering the information that will be needed to develop a set of findings and prepare the survey report. The survey report template (Exhibit 32) ensures that full surveys include information related to each accreditation element. The survey report for School A is included as Exhibit 33 (a/b). It was completed using the survey report template.

Limited surveys are reviews conducted by ad hoc survey teams to evaluate a medical education program in instances when the program was previously found to be in noncompliance/unsatisfactory performance or to be in compliance/satisfactory
performance with a need for monitoring with identified standards/elements (Rules of Procedure, Exhibit 2, page 22). Limited visits typically are shorter, as they are focused on specific accreditation elements. The survey team will typically consist of three or four members. One of the team members will be designated as team chair and another as team secretary. Instead of the DCI, schools complete a focused briefing book prepared by the Secretariat that includes requests for qualitative and quantitative information for each element under review.

There are documents available to assist team members in preparing the survey report for different types of visits. For example, the Survey Report and Team Findings Guide for full surveys (Exhibit 49) is a brief summary of the process beginning with team members receiving the school’s information (the survey package) through the preparation of the survey report and team findings. In addition to informational documents, survey team members have access to required training from the LCME Secretariat.

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The agency's policy is to conduct a full on-site visit on an eight year accreditation cycle (Exhibit 2, p. 7). However, if the agency determines circumstances warrant, it may conduct a full site visit on a shorter cycle. The agency's site teams review all the documentation provided by a program in preparation for the on-site visit. Once on-site, the team conducts interviews to verify and clarify the information.

A site team is charged with making findings and compliance recommendations (Satisfactory, Satisfactory with a need for monitoring, or Unsatisfactory) on each element within each of the agency's 12 accreditation standards. It does not make recommendations with respect to the overall compliance with each standard (Exhibit 49, p. 1). Judgement on compliance with the overall standards is reserved for the determination by the LCME at an accreditation meeting. The agency has developed guidelines that provide an estimated timeline for all planned activities that make up the visit (Exhibit 47, pp. 14-17).

The agency has provided sample templates and guidance documents as well as a sample completed visit report demonstrating the thoroughness of the agency's process in ensuring compliance with accreditation standards is assessed (Exhibits 32, 33a and b, 47, 48, and 52). Department staff observed an accreditation meeting of the LCME in February 2022 (virtual). Staff observed the agency reviewing and discussing the site visit reports for the programs under review. The agency discussed and reviewed each standard for every program and held voting on compliance determinations. The committee was very thorough.

Additionally, Department staff observed a three-day site visit conducted by the agency in April 2022 (virtual). Staff observed the team carrying out the visit in accordance with the agency's policies and procedures. The team was consistent throughout its numerous interviews and briefings with the program's representatives in reminding them that the team was there to verify and, if needed, clarify all the information and documentation provided for the visit.
The team was consistent in informing the program that further documentation would not be accepted after the visit was concluded. The team explained its purposes throughout the visit. The team developed a thorough and clear visit schedule that detailed what accreditation elements would be assessed in each of the various scheduled meetings. The team met with administrators, directors, department chairs, senior faculty, junior faculty, students, and alumni (residents). The team was very thorough in carrying out its duties.

The agency provided sample documentation of a completed site visit report demonstrating it carrying out its policies and procedures (Exhibits 33a and 33b). The agency provided another completed site visit report in another section further demonstrating its review process (see Exhibits 35a and 35b in 602.16(a)(1)(i)). The agency has met the requirements of this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

Criteria: 602.17(d)

Description of Criteria

(d) Allows the institution or program the opportunity to respond in writing to the report of the on-site review;

Narrative:

The LCME Rules of Procedure (Exhibit 2, pages 11-12) specifies the opportunities the medical school dean has to respond to the draft survey report. The dean is sent a copy of the draft survey report by the survey team secretary. The dean has 10 business days to respond in writing to the team secretary regarding areas of the draft survey report that the dean believes are errors of fact or with which the dean has concerns related to the tone of the report. The dean does not comment on the survey team findings. Information provided as part of the dean’s response must be referenced to information contained in the DCI or provided to the team prior to or during the survey visit and must refer to the time of the survey visit. Information that was available but not provided to the team or events that occurred or actions that were taken by the
school after the survey visit will not be considered in mitigation of the findings identified in the survey report. The survey team chair and secretary review the dean’s response and determine whether the changes recommended by the dean will be made. The team secretary responds in writing to the dean about the changes that were or were not made based on the dean’s comments. If the dean has remaining concerns either about the process of the visit or the tone of the report, the dean may write a letter to the LCME detailing these concerns. The dean’s response must be provided to the LCME Secretariat within 10 business days of the time he/or she is informed by the team secretary of the changes that were made to the survey report. No new information or perceived errors of fact may be included in the dean’s letter to the LCME and no attachments to the letter will be accepted. The dean’s letter related to visit process and/or report tone will be provided to the LCME along with the survey team’s report and findings.

Exhibit 50 includes the initial letter to School A accompanying the draft survey report, the dean’s response to the draft report, and the team secretary’s response to the dean’s recommended changes. The team secretary’s response notes the opportunity for the dean to communicate remaining concerns. No follow-up letter was submitted by the dean.

In addition to the information in the Rules of Procedure, the information about the review process for the survey report is included in the Exit Report template (Exhibit 51, pages 3-4). At the time of the review of School A, an exit report with the survey team’s initial findings was provided to the dean orally and in writing at the conclusion of the survey visit; it currently is provided in writing within one week of the visit’s conclusion. The report template includes the process for review of the report.

### Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section
Staff Determination:

The agency must provide further information regarding its policies and procedures in permitting a program the opportunity to respond in writing to the findings in the site visit report.

Analyst Remarks to Narrative:

The agency's policies and procedures provide a program the opportunity to respond in writing to a draft version of the site visit report as to issues of fact or tone. This process is carried out between the program and the site visit team's secretary. New information or documentation that was not provided leading up to or during the visit is not considered.

The program has 10 business days to respond. The site visit team's secretary will provide a response to the program as to any changes made in the draft report based on the program's feedback. The program will then have an additional 10 business days to relay any further concerns regarding issues with the site visit process or tone of the report to the agency's administrative body (the Secretariat). These further concerns, only, are provided to the LCME decision-making body along with the final site visit report.

The agency provided sample documentation (Exhibit 50). See staff analysis in the follow section at 602.17(e) for concerns regarding this practice. Although the agency is providing an opportunity for some comment to the report, it states that it has restricted the program from not being able to comment on the site team's findings (Exhibit 2, p. 11). The agency did not discuss if this limitation is impacting the programs' ability to provide a meaningful response to the report. The agency must provide further information regarding its policies and procedures in permitting a program the opportunity to respond in writing to the findings in the site visit report.

Response:

Following a survey visit, the dean of the medical school may provide feedback on the draft survey report to the survey team secretary. The feedback includes the dean’s perception that there are errors of fact in the report narrative and the team findings. The dean may also express concerns about the process of the visit.

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 12) states the
following related to the review of a draft survey report:

“... the survey report and the survey team findings are circulated to team members and to the dean for review and feedback. The medical school dean has 10 business days to respond in writing to the team secretary regarding areas of the draft survey report that he or she believes are errors of fact and concerns about the survey visit process. Information related to errors of fact in the report narrative and/or the survey team findings provided as part of the dean’s response must be referenced to information contained in the DCI or provided to the team prior to or during the survey visit and must refer to the time of the survey visit. Information that was available but not provided to the team or events that occurred or actions that were taken by the school after the survey visit will not be considered in mitigation of the findings identified in the survey report. The team secretary will respond in writing to the dean about the changes that were or were not made based on the dean’s comments.”

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies and procedures to address staff concerns stated in the draft analysis. The amendments are also discussed in section 602.17(e). Additionally, staff did not encounter any evidence during observations of the agency that would indicate programs had not been provided a meaningful opportunity to respond to a site visit report. The revised procedures remove any doubt by now ensuring the LCME accrediting decision-making body can review programs’ comments to an on-site review in their entirety (see Exhibit ID #59822, p. 18). The agency has addressed the staff concerns stated in the draft staff analysis and meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Criteria: 602.17(e)

Description of Criteria

(e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other information substantiated by the agency from other sources to determine whether the institution or program complies with the agency's standards;

Narrative:

The LCME Rules of Procedure (Exhibit 2, page 12) states that the LCME reviews the final survey team report and any other relevant documentation (such as a letter from the dean) and makes determinations about the program’s performance in accreditation elements, compliance with accreditation standards, the accreditation status of the program, and any required follow-up. Survey reports include tabular and narrative information for each element that is taken directly from the data collection instrument and independent student analysis, as well as information that was obtained by the survey team during the visit (Exhibit 2, page 17). In addition to having information included in the report narrative, the survey report also includes the full independent student analysis and the self-study summary report as appendix documents to the report narrative. See the Appendix table of contents for School A on page v of Exhibit 33a which lists the ISA as Appendix C and the self-study summary report as Appendix B.

The final survey report is accompanied by the survey team findings document, which includes the summary evidence for each of the elements with performance that the survey team identified as “satisfactory with a need for monitoring” and “unsatisfactory” (Survey Team Findings template, Exhibit 52). As noted previously, the definitions of these categories of findings are included in the Rules of Procedure (Exhibit 2, page 10).

There are several processes in place to ensure informed and consistent review of survey reports. Survey reports are written using a standardized report template (Exhibit 32), which includes questions to be answered and data tables to be completed based on the information in the data collection instrument prepared by the school.

Before a survey report is sent to the dean for feedback, it is reviewed by two members of the LCME Secretariat to ensure that it is complete, all questions are answered, and all required data are provided (Exhibit 2, page 11). Final teams reports and team findings documents are included in the agenda of an LCME meeting as long as they are available to LCME members at least three weeks before the meeting at which the report will be considered (Exhibit 2, page 17). LCME members can access the survey
reports to be reviewed at a given meeting online through a password protected platform (BoardEffect by Diligent). For the review of full survey reports, two members of the LCME are assigned as primary reviewers. They use a standardized “Presenter Worksheet” (Exhibit 53) which asks the reviewers whether they agree with the finding assigned by the survey team for each element (e.g., satisfactory with a need for monitoring) or whether they believe that a different status should be assigned (e.g., unsatisfactory). Changes to recommended team findings must be justified by data and other information contained in the survey report. Report reviewers discuss their assigned report using a standardized rubric (Exhibit 54), which is included in the background materials in BoardEffect for each meeting.

As can be seen from the presenter worksheet template (Exhibit 53), the result of the LCME’s review of a survey report is a determination of performance in each of the 93 accreditation elements. The LCME then uses performance in the elements comprising a given standard to make a judgment about compliance with that standard. This judgment is made using the definitions for compliance with standards found in the Rules of Procedure (Exhibit 2, page 10) and also included as background information on BoardEffect for each LCME meeting:

- **Compliance**: Taken as a whole, the expectations of the standard are being met.
- **Compliance with a Need for Monitoring**: While there are concerns based on the performance in individual elements, those concerns do not seriously compromise meeting the expectations of the standard.
- **Noncompliance**: Taken as a whole, the performance in elements does not permit the expectations of the standard to be met.

In its three meetings per year, the LCME typically reviews a variety of survey reports from survey teams and follow-up and notification reports from schools. Exhibits 55 a-f include the LCME agendas for the 2019-2020 and 2020-2021 academic years. Each of the categories of agenda items (e.g., full and limited survey reports) uses a similar process for LCME decision making related to elements and standards, which begins with a review by LCME members and completion of worksheets, presentation of the review to the full committee and committee discussion, and action by the committee as a whole. The review of status reports and change notifications is similar, except that there is a consent agenda process where the LCME votes to accept certain of these without discussion if they meet specified categories (i.e., no elements judged to be unsatisfactory and complete information included).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must amend its policies and procedures to allow for the LCME accrediting decision-making body to review a program's comments to an on-site review in their entirety.

**Analyst Remarks to Narrative:**

The agency has robust policies and procedures in place to ensure that the accrediting decision-making body is making its own independent analysis. Particularly, site visit teams do not make recommendations as to compliance with the agency's 12
accreditation standards. Instead, they make recommendations as to the 93 elements that make up those standards. The LCME may make its own decisions as to a program’s satisfaction of the various elements that make up the standards: including reaching a decision different than that of the site visit team. The agency has reserved the final judgment as to compliance with standards solely to the LCME (Exhibit 2, pp. 11-12).

The agency's policies and procedures provide for the LCME's independent review of the documentation utilized by the site team in preparing its report. This includes the self-study information, the Data Collection Instrument information, the Independent Student Analyses information, and others. Although the agency utilizes a consent agenda in some instances, any member of the decision-making body may pull a program from the consent agenda. This practice was discussed in the Department staff observation of an LCME accrediting meeting observed in February 2022 (virtual). All other policies and procedures described here were also observed.

The agency states that the LCME may review "other relevant documentation (such as a letter from the dean)." However, the agency's policy states that the "dean’s comments about a survey report and the response of the team secretary about the changes that were or were not made are kept in the files of the LCME Secretariat. Except in circumstances determined by the LCME Secretariat, neither the dean’s letter nor the team secretary’s response to the dean’s letter will be shared with the LCME" (Exhibit 2, p. 11).

Because the agency treats the program's commentary to the draft site visit report as part of the program's response to the report, the LCME must be permitted to review that portion of the response. The agency must amend its policies and procedures to allow for the LCME accrediting decision-making body to review a program's comments to an on-site review in their entirety.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The dean’s comments on perceived errors of fact in a draft survey report narrative and findings and concerns about the process of the visit and the team secretary’s response about what changes were made and not made based on the dean’s comments are provided to the LCME at the time the final report of the survey visit is reviewed by the LCME.

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 12) states that “...The dean’s comments and proposed revisions to the draft survey report and the
team secretary’s response related to the changes that were and were not made are provided to the LCME when the survey report is reviewed. Any concerns raised by the dean about the process of the visit also will be provided to the LCME along with the survey team secretary’s comments on those concerns.”

Exhibit 111 is a screenshot of the BoardEffect (online) agenda for the February 2023 LCME meeting that illustrates the meeting materials available for LCME review for full accreditation surveys. An item under each school being reviewed is a copy of the correspondence between the school and the survey team secretary related to the review of the survey report, including recommended changes from the dean and the survey team secretary’s response.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies and procedures to allow for the LCME accrediting decision-making body to review a program’s comments to an on-site review in their entirety (Exhibit ID #59822, p. 18). As discussed in the draft analysis, this documentation is in addition to having the entirety of the documentation available from the review for which the decision-making body has independent authority to make the final decisions as to a program’s compliance with the agency’s standards. The agency has removed the language analyzed in the draft analysis of this section that generated staff concern. Additionally, the agency provided sample documentation demonstrating it has carried out its revised policy (Exhibit ID #58787). The agency has addressed the staff concerns stated in the draft analysis and it meets the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Response**

No file uploaded
Criteria: 602.17(f)

Description of Criteria

(f) Provides the institution or program with a detailed written report that assesses the institution's or program's compliance with the agency's standards, including areas needing improvement, and the institution's or program's performance with respect to student achievement;

Narrative:

The survey report for a full survey includes the findings and supporting data for each of the 93 elements that are reviewed (see Exhibit 32 for the survey report template). Areas where the LCME has identified concerns related to the program’s performance in an element and the associated standard are specified in the letter of accreditation. After each LCME meeting, the LCME Secretariat prepares a letter of accreditation for each medical education program reviewed at that meeting. For reviews of full surveys, the letter includes the basis for performance determinations where performance was not satisfactory (i.e., satisfactory with a need for monitoring and unsatisfactory), the status of compliance with each accreditation standard, the accreditation status of the medical education program, and any required follow-up. See the letter of accreditation for School A (Exhibit 37), which is the school selected by the US Department of Education reviewer which received an accreditation status of “probation” and for School B (Exhibit 38), which received a term of eight years with a required follow-up report. For School B, the letter of accreditation describes the specific information to be included in the follow-up report that is used by the LCME to judge performance in the cited elements. The school receives a copy of the full survey report along with the letter of accreditation.

As noted previously (602.16(a)(1)(i)), a number of the LCME elements touch on the program’s performance related to student achievement. For example, School B was cited as unsatisfactory for Element 11.1 and as satisfactory with a need for monitoring in Element 7.1 based on performance levels in the USMLE Step 1 licensing examination (Exhibit 38, page 3) that were well below national norms for first-time pass rates in the examination. This area of concern was noted in the survey report for School B (Exhibit 35b, page 131). The school was asked to provide follow-up data on both USMLE performance and student attrition and academic difficulty, and to respond to the root cause hypothesis that problems in student performance were based on deficits in academic counseling and support. In its review of the follow-up letter (Exhibit 56), performance was satisfactory with a need for monitoring in both Elements 11.1 and 7.1, so additional follow-up on USMLE performance was requested for review at the October 2021 LCME meeting.
School A received a status of probation based on a number of areas of unsatisfactory performance in standards and their related elements (Exhibit 37). The school was informed of the opportunity for reconsideration of the action by the LCME, as specified in the LCME Rules of Procedure (Exhibit 2, Appendix B). The school chose not to seek reconsideration and accepted the status of probation, and was informed about the follow-up procedures for schools on probation (Exhibit 57). As specified in the Rules of Procedure (page 22), the school developed an action plan that was used as the basis of a consultation by members of the LCME Secretariat. Following the consultation, the dean was sent a letter specifying the information to be prepared as a briefing book for the survey team that will be conducting a limited visit to review the cited elements in which performance was less than satisfactory (Exhibit 39/Briefing Book letter).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency has provided policies and sample documentation evidencing it provides detailed, ample, thorough, and clear written reports to programs on their compliance with the agency's standards following a review. This documentation includes both positive feedback (commentary indicating why an element within a standard was met) as well as feedback indicating needed areas of improvement.

The documentation includes a lengthy site visit report (see Exhibits 33a and 33b in 602.17(c)) as well as a letter of accreditation where any specific areas of noncompliance are highlighted (Exhibit 37). The site visit report covers performance of all of the agency's elements that make up the standards. The agency accreditation letter covers compliance with all of the standards. Both documents include the performance areas related to student achievement.

The agency has provided sample documentation demonstrating its thorough reports to programs on their compliance: including areas related to student achievement (Exhibits 35b and 37-39). The agency meets the requirements of this section.

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Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.18(a)-(b)(1)

Description of Criteria

(a) The agency must consistently apply and enforce standards that respect the stated mission of the institution, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education, correspondence courses, or direct assessment education is of sufficient quality to achieve its stated objective for the duration of any accreditation or preaccreditation period.

(b) The agency meets the requirement in paragraph (a) of this section if the agency—

(1) Has written specification of the requirements for accreditation and preaccreditation that include clear standards for an institution or program to be accredited or
Narrative:

The LCME Rules of Procedure (Exhibit 2, page 9) state that “medical education programs are reviewed solely to determine compliance with LCME accreditation standards and to ensure that medical education programs conform to commonly accepted academic standards related to the educational process, such as the presence of an objectives-based curriculum and a credible internal student assessment system, as well as outcome standards, such as student performance in national licensing examinations and graduation rates.” The requirements for accreditation are addressed in the Rules of Procedure (Exhibit 2), including the eligibility requirements for LCME accreditation (pages 7-8), the processes for review of programs with full accreditation status (pages 10-12) and for developing programs (pages 12-15), and the types of accreditation actions and follow-up after reviews (pages 18-22).

All medical education programs are reviewed using the accreditation standards and elements contained in Functions and Structure of a Medical School (F&S). The version for the 2020-2021 academic year is included as Exhibit 15. There is a new version of F&S yearly which is published about 12-18 months prior to the date when it will go into effect. For example, the version for the 2020-2021 academic Year (Exhibit 15) was published in March 2019.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency has written specification of the requirements for accreditation that include clear standards for a program to be accredited. The agency has provided its Rules of Procedure manual and its Functions and Structures of a Medical School manual. The agency's policy states that, "LCME accreditation standards and their related elements are stated in terms that respect the diversity of missions of U.S. medical schools, including religious missions" (Exhibit 2, p. 9).

The agency has 12 accreditation standards comprised of 93 elements. The elements and standards are sufficiently clear and convey the agency's expectations. The agency meets the requirements of this section.

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<td>(2) Has effective controls against the inconsistent application of the agency's standards;</td>
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Narrative:

There are various mechanisms in place that support the consistent application of LCME elements/standards. All documents for medical education programs to use in preparing for accreditation reviews and for survey teams and the LCME to use in school reviews are posted on the LCME website at www.lcme.org (Exhibit 22 under Publications) so that medical education programs, LCME members, survey team members, and the public have easy access. Documents are referenced to the academic year for which they are in effect.

The LCME does the following to support understanding of the meaning and intent of accreditation elements by medical education programs and survey team members. For medical education programs, the LCME Secretariat holds open webinars nine times per year for faculty and administrators from LCME-accredited medical schools. These typically have 150-200 participants per session. The webinars focus on
explaining the intent of and answering questions about specific elements or clusters of elements, and provide an opportunity for participants to submit questions related to other elements. Exhibit 58 lists the topics of webinars, including the elements addressed, for the last several years. There is a yearly orientation for medical education programs with upcoming survey visits. The agenda for the May 2021 session (Exhibit 64, which included participation by representatives from medical education programs with survey visits in the 2022-2023 academic year agenda included several segments on the meaning and interpretation of commonly cited elements. The LCME also has created guidance documents for some commonly cited elements. For example, when the new requirement for a CQI process for monitoring performance in LCME accreditation elements went into effect, a guidance document was created (Exhibit 59) and posted on the LCME website.

In the Rules of Procedure (Exhibit 2), there are several sections on strategies to support consistent applications of standards, including required “training of new and experienced LCME members on the meaning an interpretation of standards/elements” (page 4), the review of draft survey reports by members of the LCME Secretariat to ensure that “the standards/elements are applied and interpreted consistently across reviews” (page 11), and training of survey team members so as “to support consistency in decision making” (page 16). Survey team training (Exhibit 18) is required for new and experienced surveyors.

The LCME bases its accreditation actions on performance in its elements and compliance with its standards. The LCME uses a variety of methods so that information it uses to make judgments about performance/compliance is accurate and credible. First, information comes from a variety of sources, including documentation provided by program faculty (in the DCI) and students (in the independent student analysis). There also are documents external to a medical school that provide data included in reviews. For example, the AAMC Medical School Graduation Questionnaire (AAMC GQ) is completed by over 16,000 final year students in all U.S. MD-granting programs (Exhibit 40 for the results for “all schools”), so the version from the medical school provides both school and national comparison data. Data from the most recent AAMC GQ is included at various places in the DCI (Exhibit 30/see for examples pages 9, 10, 14). In the report of School B (Exhibit 35a) illustrations of the inclusion of AAMC GQ data can be found on pages 30 and 42. The standard survey report schedule (Exhibit 48) allows survey teams to collect the impressions of various groups on a given element. For example, the elements related to the learning environment/student mistreatment are touched upon in meetings with medical students, course and clerkship directors, resident physicians, and administrators with responsibility for these areas. The information provided by the medical education program in the DCI (Exhibit 30), the report that survey teams complete (Exhibit 32), and the team findings that accompany the survey report narrative (Exhibit 52) are all formatted to require documentation related to accreditation elements. The final LCME decision letter (for example, Exhibit 37 for School A) includes the LCME determinations and related findings related to
Consistency in decision-making requires that the standards used are clear. To ensure that LCME accreditation elements and the questions asked in the DCI related to them are clear, there is an annual review based on a survey of medical education programs completed a full review during that academic year. The results of a recent review are included as Exhibit 61 and the survey process and changes made related to the clarity of elements are discussed in 602.21. The results of the survey are reviewed and discussed by members of the LCME Subcommittee on Standards to determine if changes in element language are needed.

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The agency has effective controls against the inconsistent application of the agency's standards. It utilizes numerous methods to ensure consistency in carrying out its duties including: publicly available (confirmed by Department staff) standardized manuals, guidelines, and procedures for the preparation, conduct, and review of self-study materials and on-site reviews, training webinars for programs, training for site team members, training for members of the LCME (the accrediting decision-making body of the agency), multiple level review (by site visitors, administration (the Secretariat) and the LCME), review of data and information created external to the programs, review of student-completed analyses, on-site review interviews with students, staff, and administration at all levels, formatted templates for numerous areas of accrediting activities and reports, and collection and consideration of feedback surveys of programs that have gone through review.

The agency has provided documentation and samples demonstrating these various checks and balances to ensure its consistent application of its standards (Exhibits 2, 18, 22, 30, 32, 37, 40, 48, 52, 58, 61, and 64). The agency meets the requirements of this section.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:
Criteria: 602.18(b)(3)

Description of Criteria

(3) Bases decisions regarding accreditation and preaccreditation on the agency's published standards and does not use as a negative factor the institution's religious mission-based policies, decisions, and practices in the areas covered by §602.16(a)(1)(ii), (iii), (iv), (vi), and (vii) provided, however, that the agency may require that the institution's or program's curricula include all core components required by the agency;

Narrative:

The LCME Rules of Procedure (Exhibit 2, page 9) states the following: “LCME accreditation standards and their related elements are stated in terms that respect the diversity of missions of U.S. medical schools, including religious missions.” In the DCI response to Element 1.1 (Strategic Planning and Continuous Quality Improvement/DCI/Exhibit 30, page 2), schools are asked to provide the mission of the medical school and to demonstrate that they use the mission to guide programmatic planning and other activities. For example, the language of Element 3.3 (Diversity/Pipeline Programs and Partnerships/Functions and Structure of a Medical School/Exhibit 15, page 4) states that “a medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission appropriate diversity outcomes…” Schools are free to identify the diversity categories to which they will devote resources for recruitment and retention, but must link the categories to their stated mission.

There is a single set of 93 accreditation elements, each of which is associated with one of the 12 accreditation standards as contained in Functions and Structure of a Medical School (Exhibit 15). The accreditation elements are the basis of school activities to prepare for an accreditation review (i.e., compilation of the DCI and conduct of the self-study), survey team activities (conduct of a survey visit, preparation of a survey report), and LCME activities (review of the survey report and determination of performance in elements, compliance with standards, and accreditation status/follow-up). Therefore, all documents utilized directly for survey visits and reports are grounded in the elements. For example, the DCI (Exhibit 30) includes quantitative and qualitative questions related to each element. To ensure that all constituencies are familiar with the accreditation elements, the version of Functions and Structure of a Medical School for each year is posted in the LCME’s public website (www.lcme.org) under Publications. Information about mechanisms to
ensure that all relevant groups (medical schools, survey teams, LCME members) understand the intent of accreditation elements.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has demonstrated that it bases decisions regarding accreditation on its published standards. The agency requires programs to address all of the agency’s 93 elements that make up its 12 accreditation standards (Exhibit 15). The programs do this via the self-study process and completion and collection of required documentation (Data Collection Instrument, Individual Student Analyses, Questionnaires, etc.). The site visit teams assess a program’s performance with each element and verify the information in the self-study. The LCME reviews the site team findings and determines compliance with the standards (Exhibit 2).

As cited in the prior section, the agency utilizes formatted templates that ensure consistency. Additionally, the Data Collection Instrument and up to date information on the agency’s website (Functions and Structure of a Medical School) assist in ensuring information provided by the programs is tied to the accreditation elements (Exhibit 30). The agency’s policy is to respect the diversity of the various missions of the programs it accredits. Department staff observed an LCME accrediting decision-making meeting in February 2022 (virtual) and a site visit in April 2022 (virtual).

Findings as to program performance on accreditation elements and decisions on compliance with the accreditation standards were observed to be firmly rooted in the
agency's published policies, procedures, and standards. The agency meets the requirements of this section.

**List of Document(s) Uploaded by Analyst - Narrative**

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

**Criteria: 602.18(b)(4)**

**Description of Criteria**

(4) Has a reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate;

**Narrative:**

The LCME bases its accreditation actions on performance in its elements and compliance with its standards. The LCME uses a variety of methods so that information it uses to make judgments about performance/compliance is accurate and credible. First, information comes from a variety of sources, including documentation provided by program faculty (in the DCI) and students (in the independent student analysis) and also from information gained on site through interviews with school personnel.

There also are documents external to a medical school that provide data included in reviews. For example, the AAMC Medical School Graduation Questionnaire (AAMC GQ) is completed by over 16,000 final year students in all U.S. MD-granting programs (Exhibit 40 for the results for “all schools”), so the version from the medical school provides both school and national comparison data. Data from the most recent AAMC GQ is included at various places in the DCI (Exhibit 30/see for examples pages 9, 10, 14). In the report of School B (Exhibit 35a) illustrations of the inclusion of AAMC GQ data can be found on pages 30 and 42. The standard survey report schedule (Exhibit 48) allows survey teams to collect the impressions of various groups on a given element. For example, the elements related to the learning environment/student mistreatment are touched upon in meetings with medical students, course and clerkship directors, resident physicians, and administrators with responsibility for these areas. The information provided by the medical education
program in the DCI (Exhibit 30), the report that survey teams complete (Exhibit 32 is the survey report template), and the team findings that accompany the survey report narrative (Exhibit 52) are all formatted to require documentation related to accreditation elements.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate. The agency solicits program data and responses from a variety of sources within the program (junior and senior faculty, administration, students, alumni) as well as external sources (Graduation Questionnaire). The agency utilizes multiple levels of review (site teams, administration, and the decision-making body). As observed by Department staff in February 2022 (virtual), the LCME accrediting decision-making body has access to the entirety of the documentation from on-site reviews.

Additionally, as addressed in a prior section, programs have an opportunity to review, respond to, and make factual corrections to site visit reports. Additionally, the
agency’s Rules of Procedure Manual has a policy on willful deception that states, "Providing false or misleading information or the failure to provide material information may affect a medical education program’s accreditation status.

If the LCME determines that a medical school has knowingly supplied false or misleading information or has failed to supply relevant material information to the LCME or to a survey team (including information provided in annual questionnaires, the Data Collection Instrument that accompanies a survey visit, the Independent Student Analysis, change notification forms, status reports, or correspondence), the LCME will reconsider the medical education program’s accreditation status and term, and determine any appropriate follow-up action... (see Exhibit 2, p. 27, in the prior section). The agency meets the requirements of this section.

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(5) Provides the institution or program with a detailed written report that clearly identifies any deficiencies in the institution’s or program’s compliance with the agency's standards; and

Narrative:

As described in the Rules of Procedure (Exhibit 2, page 17), the report “following a full survey visit includes a detailed narrative and quantitative information about the program’s performance in each accreditation element, including the program’s performance with respect to student outcomes and achievement.” The survey report contains school-supplied information from the data collection instrument and independent student analysis and information that as collected by the survey team during the survey visit.

As described in detail in 602.17(f), following a full survey a medical education program receives a copy of the full survey report with information on each element
and a letter of accreditation where the specific performance deficits are described. After each LCME meeting, the LCME Secretariat prepares a letter of accreditation for each medical education program reviewed at that meeting. For reviews of full surveys, the letter includes the basis for performance determinations where performance was not satisfactory (i.e., satisfactory with a need for monitoring and unsatisfactory), the status of compliance with each accreditation standard, the accreditation status of the medical education program, and any required follow-up. See the letter of accreditation for School A (Exhibit 37), which is the school selected by the US Department of Education reviewer which received an accreditation status of “probation” and for School B (Exhibit 38), which received a term of eight years with a required follow-up report. For School B, the letter of accreditation describes the specific information to be included in the follow-up report that is used by the LCME to judge performance in the cited elements. The school receives a copy of the full survey report along with the letter of accreditation.

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### Analyst Worksheet- Narrative

#### Analyst Review Status:

Meets the requirements of this section

#### Analyst Remarks to Narrative:

The agency provides programs with a detailed written report that clearly identifies any deficiencies in the program's compliance with the agency's standards following a review. The agency's policy is to provide programs with a site visit report and an accreditation letter after the LCME has met (Exhibit 2, pp. 11-12). The site visit reports address compliance with each of the agency's 92 accreditation elements that make up its 12 accreditation standards (see sample Exhibits 33a, 33b, 35a, and 35b in section 602.16(a)(1)(i)).

The agency's accreditation letter to a program following the LCME's final decision-
making review provides details on any performance issues with elements and any compliance issues with the standards (Exhibits 37-38). The agency meets the requirements of this section.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### Criteria: 602.18(b)(6)(i-ii)

**Description of Criteria**

(6) Publishes any policies for retroactive application of an accreditation decision, which must not provide for an effective date that predates either—

(i) An earlier denial by the agency of accreditation or preaccreditation to the institution or program; or

(ii) The agency's formal approval of the institution or program for consideration in the agency's accreditation or preaccreditation process.

**Narrative:**

The Rules of Procedure (Exhibit 2) specifies that an accreditation status awarded by the LCME will never be applied retroactively; this applies to the granting of preliminary accreditation (page 14), provisional accreditation (page 14), and full accreditation (page 15). When the LCME acts to withdraw accreditation, the letter transmitting that decision specifies the date on which accreditation ceases (page 7).

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The agency's policy is to not apply accreditation decisions retroactively (Exhibit 2, p. 12). Department staff have not observed any agency actions contrary to this policy. The agency meets the requirements of this section.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

**Criteria: 602.18(c)**

Description of Criteria

(c) Nothing in this part prohibits an agency, when special circumstances exist, to include innovative program delivery approaches or, when an undue hardship on students occurs, from applying equivalent written standards, policies, and procedures that provide alternative means of satisfying one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24, as compared with written standards, policies, and procedures the agency ordinarily applies, if—

1. The alternative standards, policies, and procedures, and the selection of institutions or programs to which they will be applied, are approved by the agency's decision-making body and otherwise meet the intent of the agency's expectations and requirements;

2. The agency sets and applies equivalent goals and metrics for assessing the performance of institutions or programs;

3. The agency's process for establishing and applying the alternative standards, policies, and procedures is set forth in its published accreditation manuals; and

4. The agency requires institutions or programs seeking the application of alternative standards to demonstrate the need for an alternative assessment approach, that students will receive equivalent benefit, and that students will not be harmed through such application.
The LCME uses the same standards/elements, as contained in Functions and Structure of a Medical School (Exhibit 15), in the review of all medical education programs. The only deviation is for developing medical education programs, where the level of the program’s development makes some elements not applicable. As stated in the Rules of Procedure (Exhibit 2, page 13), medical education programs being reviewed for preliminary accreditation are held to “all accreditation standards and those accreditation elements that are deemed by the LCME to be essential prerequisites for a charter class to be admitted.” The Planning Self-study Guide for Preliminary Accreditation (Exhibit 62, page 8) states that the following elements are not included in the review for Preliminary Accreditation: Elements 5.6, 5.10, 5.12, 10.7, 10.8, 11.3, and 11.4. Exhibit 63 contains the letter sent to School A after the program’s review for preliminary accreditation. The letter notes that findings of noncompliance were based on insufficient progress in meeting the intent of the standard for the stage of the program’s development.

The review for provisional accreditation, which typically occurs when the first entering class is in the second year of the curriculum, includes all 12 accreditation standards and a focused set of 49 elements appropriate for a medical education program at this stage of its development (Rules of Procedure, Exhibit 2, page 14).

The LCME has not received any complaints about the inequitable application of its standards.
Analyst Remarks to Narrative:

The agency states that it applies the same published standards and elements in its review of all accredited programs. In other words, it does not have any alternative standards.

The agency provided additional information regarding programs that have not yet reached full accreditation with the agency. However, the agency is not recognized for preaccreditation. Further, the considerations described by the agency do not amount to alternative standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.18(d)

Description of Criteria

(d) Nothing in this part prohibits an agency from permitting the institution or program to be out of compliance with one or more of its standards, policies, and procedures adopted in satisfaction of §§602.16, 602.17, 602.19, 602.20, 602.22, and 602.24 for a period of time, as determined by the agency annually, not to exceed three years unless the agency determines there is good cause to extend the period of time, and if—

(1) The agency and the institution or program can show that the circumstances requiring the period of noncompliance are beyond the institution's or program's control, such as—

(i) A natural disaster or other catastrophic event significantly impacting an institution's or program's operations;

(ii) Accepting students from another institution that is implementing a teach-out or closing;

(iii) Significant and documented local or national economic changes, such as an economic recession or closure of a large local employer;

(iv) Changes relating to State licensure requirements;

(v) The normal application of the agency's standards creates an undue hardship
(vi) Instructors who do not meet the agency's typical faculty standards, but who are otherwise qualified by education or work experience, to teach courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses;

(2) The grant of the period of noncompliance is approved by the agency's decision-making body;

(3) The agency projects that the institution or program has the resources necessary to achieve compliance with the standard, policy, or procedure postponed within the time allotted; and

(4) The institution or program demonstrates to the satisfaction of the agency that the period of noncompliance will not—

(i) Contribute to the cost of the program to the student without the student's consent;

(ii) Create any undue hardship on, or harm to, students; or

(iii) Compromise the program's academic quality.

Narrative:

The LCME has determined to retain the requirement that medical education programs achieve compliance with standards and satisfactory performance with elements within two years. As stated in the Rules of Procedure (Exhibit 2, Requirement for Prompt Correction of Deficiencies, page 19) “noncompliance with any accreditation standard must be corrected promptly. If the LCME determines that a program is in noncompliance with any standard, the LCME may take an immediate adverse action or require the program to take appropriate action to bring itself into compliance with the standard within two years from the time the school is notified of its noncompliance.” Similar language in the Rules of Procedure applies to unsatisfactory performance in elements (page 19-20). The LCME has identified the circumstances under which a medical education program may receive a “good cause” extension related to noncompliance with its standards or unsatisfactory performance in elements for longer than the time specified in LCME policy. The policies for good cause extensions are included in the LCME Rules of Procedure (Exhibit 2, pages 19-20) and will be described in the response to 602.20(a).

There have been various circumstances that have led to good cause extensions. Schools are reviewed before granting a good cause extension related to their ability to make the needed improvements in the time available. Recently, the need for good
cause extensions has been related to the COVID-19 pandemic. One of the criteria for a good cause extension (Rules of Procedure, Exhibit 2, page 19) states that “the program has provided written and compelling evidence that there are significant and documented local and/or national conditions affecting the ability to achieve compliance, including economic and/or environmental, which are beyond the program’s control.” School E was granted a one-year extension by the LCME at its June 2021 meeting for Element 5.11 (study/lounge/storage space/call rooms). The program was originally cited for unsatisfactory performance based on student dissatisfaction with the available student space at the medical school and affiliated hospital. The follow-up report from the program described the improvements that were made but indicated that students could not access the improved student spaces based on COVID-19 restrictions for entry to the medical school and affiliated clinical facilities, so data on student satisfaction with the improvements was not available at the end of the two-year timeframe. The LCME voted that the element remained in unsatisfactory performance and the program was awarded a good cause extension for a maximum of one year pending the review of new data on student satisfaction (Exhibit 65, letter of accreditation to School E). The letter specifies the type of information the school must provide in its follow-up.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has not opted to develop any additional policies and procedures available under this criterion. Instead, it maintains application of its existing policies and procedures discussed and reviewed in the various other areas of the criteria that address compliance, enforcement timelines, extensions for good cause, etc.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded
Criteria: 602.19(a)

Description of Criteria

(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.

Narrative:

The LCME develops and submits an annual report at the end of each academic year to the U.S. Department of Education that contains the following information: a list of accredited programs, a summary of accreditation actions taken during the academic year, and a summary of changes to policies and standards made during the academic year (Rules of Procedure, Exhibit 2, page 24). The LCME Annual Report for the 2019-2020 academic year is included as Exhibit 66. The LCME also provides a written report to the U.S. Secretary of Education with LCME actions after each meeting (see Exhibit 67 and Exhibit 68 for a sample notification letters).

Medical education programs are normally reviewed on an eight-year cycle. If there are questions about the sustainability or quality of the program, the term of accreditation may be shortened so that a full review occurs in less than eight years (Rules of Procedure, Exhibit 2, page 7). Following the review of the report of a full survey with minimal compliance/performance issues, the LCME specifies the term of accreditation and the academic year when the next full survey will take place. The letter of accreditation for School B (Exhibit 38) states that the LCME determined to continue full accreditation for an eight-year term and that the next full survey will occur in eight years. Most medical schools have some required follow-up related to unsatisfactory performance/noncompliance issues. For example, as contained in the letter of accreditation, School B was required to submit a status report on progress addressing the findings in six elements. The letter includes the timing of when the status report is due (page 1), the specific issues that led to each finding (pages 2-3) and the specific data/information to be provided in the status report (pages 3-9). The LCME reviews status reports at each of its meetings (see, for example, Exhibit 55a/Agenda for the October 2019 meeting of the LCME).

In place of a defined term of accreditation, the LCME may vote to continue
accreditation for an indeterminate term (Rules of Procedure, Exhibit 2, page 20). The LCME grants an indeterminate term if there is a need for the program to develop “credible and timely plans to address LCME findings of noncompliance with accreditation standards/unsatisfactory performance in elements. An indeterminate term accompanies an accreditation status of “warning” or “probation,” but may be awarded without such actions. The LCME posts on its website (Exhibit 3/Accredited Medical Education Programs) the date of the next full survey for each medical education program for which a term has been assigned. Schools with an indeterminate term of accreditation have the next full survey date listed as “pending.”

Developing medical education programs undergo reviews at regular intervals. As described in the Rules of Procedure (Exhibit 2, pages 13-15) the review for preliminary accreditation takes place before the admission of the charter class and the review for provisional accreditation occurs when the charter class is approximately mid-way through the curriculum. The review for full accreditation, which is held when the charter class is in the final year of the curriculum, is followed by a five-year term after which the program typically enters an eight year accreditation cycle.

The Rules of Procedure (Exhibit 2, page 25) state that the LCME requires prior notification of specified changes, and that failure to provide adequate prior notification before a change is implemented could lead to reconsideration of the program’s accreditation status or term. The areas that require prior notification include a change in the balance of educational resources and class size, including class size increases; changes in ownership/governance, including transfer to another entity; validated complaint about program quality; major modification of the curriculum, including creation of a parallel curriculum (curriculum track) (pages 25-26).

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<td>Exhibit 38 - School B Letter of Accreditation</td>
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<td>Exhibit 55a - October 2019 LCME meeting agenda</td>
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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide further information regarding its policy and practice of awarding accreditation for an indeterminate term.

**Analyst Remarks to Narrative:**

The agency's policy is to perform full reevaluations of fully accredited programs at year five following the grant of initial full accreditation and then on an eight year cycle thereafter. The reevaluation and accrediting decision is based on the self-study process, the on-site review, program response, and program outcomes. However, the agency may grant accreditation for a shorter term, or an indeterminate term, if it is concerned with the sustainability or quality of the program (Exhibit 2, p. 7). The criterion requires reevaluations at regularly established intervals. However, it is not clear if accreditation by the agency for an “indeterminate” term results in reevaluations at regularly established intervals (Exhibit 2, pp. 7 and 20). The agency must provide further information.

The agency also has predefined changes that can result in a reevaluation upon the required notification to the agency by the program (Exhibit 2, pp. 25-26). The agency provided sample documentation (including reports and notifications to the Department) demonstrating its regular reevaluation of programs in accordance with its policies (Exhibits 38, 55a, and 66-68). Although the agency discussed evaluations for developing programs, it is not recognized for preaccreditation by the Department. Therefore, the Department's recognition does not extend to such programs or the policies and procedures related to them.
LCME policy specifies that re-evaluation of medical education programs granted an indeterminate term will occur and be acted upon by the LCME within two years.

The language in the 2023 Revised LCME Rules of Procedure (Exhibit 102, page 21) is as follows:

“The LCME may grant a medical education program an indeterminate term if the LCME identifies a need for the program to document credible and timely plans to address LCME findings of noncompliance and unsatisfactory performance before it continues accreditation for the standard term. Following the imposition of an indeterminate term, the program will complete an action plan followed by a limited survey visit. The report of the limited survey visit will be scheduled for review by the LCME at the meeting two years following the meeting at which the indeterminate term was imposed. Medical education programs with an indeterminate term must demonstrate that the program has appropriately addressed the previously cited elements and standards to revert to a fixed accreditation term. The LCME always grants an indeterminate term when it places a program on warning or probation but may also grant an indeterminate term without such actions. For programs with a status of probation, warning, or indeterminate term, the LCME website lists the date of the next survey as the academic year when the limited survey visit will occur.”

Exhibit 112 is a letter of accreditation for “School 1,” which was reviewed by the LCME at its February 2023 meeting. The program was awarded an indeterminate term. The letter describes that a limited (follow-up) survey visit will be held in time for the report of that visit to be reviewed at the February 2025 meeting of the LCME and that the date of the program’s next survey was being listed on the LCME website as the 2024-25 academic year.

Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

Due to some technical issues, the agency’s revised Rules of Procedure exhibits
referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies and procedures in response to concerns stated by staff in the draft analysis. The agency’s revised Rules of Procedure now specify that a program that is accredited for an indeterminate term will be reevaluated in two years from the decision meeting date in which the action was taken. The revised policy now specifies a date being set for the program's limited survey visit as shown on the agency's website whereas in the prior version of the agency's policy that status would have been listed as pending (Exhibit ID #59822, p. 27). The agency provided sample documentation of carrying out the revised policies (Exhibit ID #58789).

The agency's amended policies and procedures address the staff concerns stated in the draft analysis. The agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.19(b)

Description of Criteria

(b) The agency must demonstrate it has, and effectively applies, monitoring and evaluation approaches that enable the agency to identify problems with an institution’s or program’s continued compliance with agency standards and that take into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(g). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

Narrative:

Annual Questionnaires to Monitor School Data Between Reviews: The questionnaires described below allow the LCME to monitor medical education programs on a yearly basis. All LCME-accredited medical education programs are required to complete annual questionnaires that are administered under the auspices of the LCME through the American Medical Association and the Association of American Medical Colleges (Rules of Procedure, Exhibit 2, page 29). The LCME
Part I-A Annual Financial Questionnaire (Exhibit 42) collects information on the financial status of medical education programs, the LCME Part II Annual Medical School Questionnaire (Exhibit 69) includes questions related to medical student enrollment, academic difficulty/graduation rates, curriculum, and student assessment requirements, and the LCME Part I-B Financial Aid Questionnaire (Exhibit 70) collects information on student financial aid and debt.

The LCME has set a threshold for changes in certain key quantitative indicators (Rules of Procedure, Exhibit 2, page 29), such as student enrollment, medical student debt, and faculty numbers. A percent change report is created for each indicator which contains the change in the value for the indicator over a pre-defined time period (typically one or two years). If the data for a given indicator exceed the pre-set threshold for change in the value of the indicator (e.g., student enrollment), AAMC data staff contact the school to obtain an explanation. The response is provided to the LCME research staff and may be brought to the LCME if the data indicate that there may be performance issues related to one or more accreditation elements. Exhibit 60 describes the data elements that have recently been identified as exceeding thresholds in one or more schools (e.g., student enrollment levels), the threshold for each of those data elements which led to the school being contacted for an explanation, and sample responses by schools explaining why the given threshold was exceeded. For example, a school explained that its significant increase in enrollment was due to its status as a new school with an initially low enrollment (Exhibit 60, Table 2).

Requirement for Notifying the LCME About Major Changes: Another way that the LCME monitors medical education program status on an ongoing basis is through the requirement for notification prior to a set of defined changes, including a class size increase that exceeds a pre-defined threshold, changes in ownership of governance of the medical education program, creation of a new or expansion of an existing regional campus, and major modification of the curriculum (Rules of Procedure, Exhibit 2, pages 25-26). For each of these changes, alone or in combination, the LCME specifies the notification information that must be provided. For example, the LCME requires (Rules of Procedure, page 25) that medical schools must complete the Class Size Increase Notification Form (contained in Exhibit 71) under the following circumstances: 1) one or more planned class size increases will result in a cumulative increase in the size of the entering class at the main campus and/or on one or more existing regional campuses of 10% or 15 students, whichever is smaller, starting at the entering class size/campus yearly enrollment in place at the time of the medical school’s last full survey visit; 2) the school accepts a total of at least 10 transfer students into any year(s) of the curriculum. The purpose of the notification is to ensure that resources are sufficient to support the proposed change. Change notification forms are reviewed during regular meetings of the LCME as illustrated, for example, in the agenda of the October 2020 LCME meeting (Exhibit 55d). The LCME responds to class size increase (and other) notifications by indicating whether it believes that resources are adequate to support the change. For
example, Exhibit 72 is a response to School G’s class size increase submission, which was reviewed during the October 2020 LCME meeting. The program was found to have adequate resources to support the change.

There also are criteria for some notifications that are non-quantitative. For example, medical schools must notify the LCME of plans for a major reorganization of one or more years of the curriculum or if the curriculum change will require additional educational resources, such as faculty or educational space, or if such resources will be used in different ways (Rules of Procedure, page 26).

The LCME also considers information from verifiable and credible public media sources that may indicate noncompliance with standards/unsatisfactory performance in elements (Rules of Procedure, Exhibit 2, Appendix D, page 41). Handled similarly to complaints/third-party comments, the LCME Secretariat reviews the information and if there is a potential for a noncompliance/unsatisfactory performance finding, contacts the program for a response. For example, there was a newspaper article raising concerns about the financial status of School H (Exhibit 73). The program was contacted for a response, which was reviewed at the February 2019 meeting of the LCME (Exhibit 74), where it was determined that no further information was needed at that point but that the program’s financial status should be reviewed in detail at its next survey visit.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide completed sample questionnaires demonstrating the policies cited by the agency in this section. The agency must provide further information about what information it periodically collects and analyzes to assess a program's ongoing compliance with the agency's requirements with respect to student achievement.

**Analyst Remarks to Narrative:**

The agency's policy is to require programs to complete annual questionnaires that provide information to allow the agency to monitor continued compliance. The agency provided blank samples (Exhibits 42, and 69-70). The agency must provided completed samples for analysis.

The agency's policy states that the "AAMC administers questionnaires regarding medical school finances and student financial aid, and the AMA surveys schools regarding their class size/enrollment, organization, and curriculum" (Exhibit 2, p. 29). Although it is clear that the agency has policy to periodically collect and analyze
fiscal information and other key data and indicators, it is not clear how this information relates to periodic monitoring of the agency's expectations regarding student achievement.

In the section on student achievement at 602.16(a)(1)(i), the agency cited a requirement for programs completing the agency's Data Collection Instrument to provide performance data on the United States Medical Licensing Examinations (USMLE), trend data on student attrition and academic difficulty, graduation rates, and residency Match rates. However, here, the agency does not cite periodic collection and review of such information. Instead, the agency states that it collects and analyzes data with respect to program size/enrollment, organization, and curriculum. Although these indicators may enable the agency to consider a program's ongoing strengths and stability, it is not clear what data is collected and reviewed that relates to the agency's expectations with respect to student achievement.

The agency's policy requires programs to notify it in the event of specific changes (enrollment spike, ownership/governance change, expansion or addition of regional campus, or a major curriculum change) (Exhibit 2, pp. 25-26). The agency also has a policy to require notification if a program plans to undertake a major reorganization of the curriculum that results in a demand for additional resources or creates a new curriculum track (Exhibit 2, p. 26). The agency also monitors complaints, third-party comments, and public media for raising potential issues of program noncompliance with accreditation standards (Exhibit 2, p. 41). The agency provided sample documentation of applying its various periodic monitoring policies (Exhibits 72-79).

The agency must provide further information about what information it periodically collects and analyzes to assess a program's ongoing compliance with the agency's requirements with respect to student achievement.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The 2023 Revised LCME Rules of Procedure (Exhibit 102, pages 30-31) summarizes the data available from annual questionnaires to monitor performance in accreditation elements:

“The LCME uses the results from these questionnaires [LCME Part I-A Annual Questionnaire on Medical School Financing, LCME Part I-B Student Financial Aid Questionnaire, and LCME Part II Annual Medical School Questionnaire] to monitor performance in accreditation elements in the period between full surveys. Data derived from the LCME questionnaires described above and other questionnaires are
used by the LCME for monitoring medical education programs in the interval between accreditation surveys. Relevant data that are regularly monitored include student enrollment, curriculum, faculty numbers, medical school finances, student academic difficulty, student achievement including pass rates in licensure examinations, graduation/completion rates, and success rates in obtaining a graduate medical education (residency) position. The LCME has set thresholds for changes in certain key quantitative indicators, and data are reviewed annually against these benchmarks by staff. If data exceed the pre-set threshold for that item, members of the LCME Secretariat and/or data analysts at the AAMC contact schools to obtain an explanation, which is reviewed by the LCME Secretariat and brought to the LCME for action if the data indicate potential performance issues related to accreditation elements/standards.”

Completed copies of these questionnaires for the 2021-22 academic year from two medical education programs are included in the materials submitted for the file review.

Exhibit 113 is a copy of the 2022-23 LCME Part II Annual Questionnaire. This questionnaire is the main source of data related to student achievement that is used by the LCME for annual monitoring. The items specifically related to student achievement include attrition/academic difficulty (item 2a), residency placement (item 7b), USMLE requirement for taking and passing the examinations (items 14a and b), and USMLE performance (item 14c, a new item in the 2022-23 version of the questionnaire). The results of this questionnaire for the 2022-23 academic year will be available in May 2023 and will be included in the 2023 Annual Change Report.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies to make clear that the agency's measures for student achievement are explicitly included in the agency's annual monitoring efforts. The revised Rules of Procedure state that data that is collected and monitored in the agency’s annual questionnaires include monitoring of data related to “…student
achievement including pass rates in licensure examinations, graduation/completion rates, and success rates in obtaining a graduate medical education (residency) position” (Exhibit ID #59822, p. 37). This clarifies that the agency's measures of student achievement discussed in section 602.16(a)(1)(i) are indeed part of the agency’s regular monitoring and addresses the concerns stated by staff in the draft analysis.

The agency provided documentation of a sample questionnaire and identified areas that are particular to monitoring for any compliance issues with the agency's student achievement requirements (Exhibit ID #58791). Additionally, completed questionnaires were observed by Department staff during the file review and further demonstrated that the agency was monitoring data for measures of student achievement.

The agency has addressed the staff concerns and it meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.19(c)

Description of Criteria

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect head-count enrollment data from those institutions or programs.

Narrative:

The class size for medical education programs is monitored yearly and plans for increases that exceed the pre-set benchmark require prior notification to the LCME.

The Rules of Procedure (Exhibit 2, page 29) states that data on student enrollment are collected annually through the LCME Part II Annual Medical School Questionnaire. This questionnaire (Exhibit 69 which is from the 2020-2021 academic year) asks for the verified number of graduates from the 2019-2020 academic year (item 1) and the first-year enrollment, total enrollment, and estimated number of graduates in the 2020-2021 academic year (item 3). As described in 602.19(b), there is a process to monitor annual enrollment and to request information from schools if there are deviations that exceed pre-set benchmarks. For student enrollment, the benchmark is described in the Rules of Procedure, page 25 (see below). In the most recent review
(Exhibit 60, Table 2) a school was found to have exceeded the benchmark and the school was contacted for an explanation.

The requirement to notify the LCME of an anticipated class size increase is codified in LCME accreditation Element 5.12 (Functions and Structure of a Medical School, Exhibit 15, page 7). The requirement for prior notification of a planned class size increase is described in the Rules of Procedure (page 25) as an increase that results in a cumulative increase in the size of the entering class at the main campus and/or on one or more existing regional campuses of 10% or 15 students, whichever is smaller, starting at the entering class size/campus yearly enrollment in place at the time of the medical school’s last full survey visit and/or the school accepts a total of at least 10 transfer students into any year(s) of the curriculum. The reporting form for a planned class size increase is included as Exhibit 71. The agenda of LCME meetings includes the reviews of class size increase proposals (see, for example, Exhibit 55b, February 2020 LCME meeting). School I submitted a class size increase proposal that was considered along with a status report. The LCME responded (Exhibit 75) with the finding that resources were adequate for the change.

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide a completed questionnaire demonstrating the policy cited by the agency in this section.

Analyst Remarks to Narrative:

The agency has a policy to require programs to submit an annual questionnaire that allows it to monitor overall growth (Exhibit 2, p. 29). The agency provided a blank sample questionnaire (Exhibit 69). The agency must provide completed sample documentation.

The annual questionnaire requires each program to provide the verified number of graduates from the last academic year and the first-year enrollment, total enrollment, and estimated number of graduates in the successive/current academic year. The agency provided documentation summarizing the data sources, procedures, and thresholds it utilized to monitor program growth and includes sample responses from programs (Exhibit 60, p. 3).

The agency also has policies to allow it to monitor overall growth by requiring programs to submit a notification form for planned class size increases that exceed agency-defined thresholds (Exhibits 15, p. 7 and 2, p. 25). The agency provided documentation of its response to a program that submitted the form demonstrating the agency’s application of its policies and procedures (Exhibit 75).

The agency must provide a completed questionnaire demonstrating the policy cited by the agency in this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Two examples of completed LCME Part II Questionnaires for the 2021-22 academic year were submitted for the file review.

In addition to the requirement that there be a prior notification for an entering class size increase above the specified threshold, entering student enrollment is reviewed as part of the Annual Change Report. Exhibit 114 shows sample results from the 2022 Change Report where schools were queried about increases in the number of
matriculants in the entering class that was over the threshold. This monitoring data and other areas (medical school finances, student indebtedness) from the Change Report were presented to the LCME for discussion at its February 2023 meeting. An excerpt from the meeting agenda follows:

ITEMS FOR LCME DISCUSSION

Presenter(s)

1. Research report Migdal
2. Report of the Nominating Committee Reboli/Hash
3. LCME Change Report 2022 Barzansky/Waechter/
The LCME accepted the report for information and no action was taken on the schools whose data on enrollment were presented.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In the file review, the agency provided sample completed documentation evidencing it was reviewing programs' overall growth and annual head-count enrollment data. Additionally, the agency provided sample documentation and narrative evidencing growth had been monitored, observed, and discussed (Exhibit ID #58792). The agency summarized a meeting agenda in its narrative as support for demonstrating that the agency is monitoring growth and enrollment. The agenda and the meeting minutes were reviewed in their entirety by staff during the file review and further confirm the agency's application of policies supporting its compliance with this criterion.

The agency has addressed the staff concerns stated in the draft analysis and it meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

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(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must—

(1) Follow its written policy for notifying the institution or program of the finding of noncompliance;

(2) Provide the institution or program with a written timeline for coming into compliance that is reasonable, as determined by the agency's decision-making body, based on the nature of the finding, the stated mission, and educational objectives of the institution or program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed the lesser of four years or 150 percent of the—

(i) Length of the program in the case of a programmatic accrediting agency; or

(ii) Length of the longest program at the institution in the case of an institutional accrediting agency;

(3) Follow its written policies and procedures for granting a good cause extension that may exceed the standard timeframe described in paragraph (a)(2) of this section when such an extension is determined by the agency to be warranted; and

(4) Have a written policy to evaluate and approve or disapprove monitoring or compliance reports it requires, provide ongoing monitoring, if warranted, and evaluate an institution's or program's progress in resolving the finding of noncompliance.

Narrative:

Most medical education programs have a length of four years. The LCME has policy related to the timeline for addressing a finding of noncompliance for accreditation standards and a finding of unsatisfactory performance in accreditation elements. After consideration of the revised U.S. Department of Education recognition criteria (in 602.20), the LCME decided to retain its previous requirement that compliance and performance concerns must be addressed within two years.

For accreditation standards, the Rules of Procedure (Exhibit 2, page 19) state that if a medical education program is found to be in noncompliance with any standard, the LCME may take an immediate adverse action or require the program to take action to come into compliance within two years from the time the program is notified of the noncompliance action. If, after the two-year period the program has not achieved
compliance, the LCME will initiate an adverse action unless it determines that the
time for achieving compliance can be extended for good cause. There are specific
criteria used by the LCME for the granting of a good cause extension (Rules of
Procedure, Exhibit 2, page 19):
• The program has demonstrated significant progress and has a realistic timeline for
the resolution of any remaining noncompliance issues.
• The program has provided written and compelling evidence that the nature of the
needed change (e.g., facilities construction or renovation, fundraising for
scholarships) reasonably requires a length of time that exceeds two years and has
provided a realistic timeline to address the deficiency.
• The program has provided written and compelling evidence that there are significant
and documented local/or and national conditions affecting the ability to achieve
compliance, including economic and/or environmental, which are beyond the
program’s control.
• The program has provided documentation of the need for actions by groups external
to the medical education program (such as decisions by university or legislative
bodies) and provided a timeline for when these actions are likely to occur.
The Rules of Procedure (page 19) state that extension for good cause shown will not
be a routine occurrence.

There also is a two-year timeframe for a program to address unsatisfactory
performance in accreditation elements (Rules of Procedure, Exhibit 2, pages 19-20)
even if the program is in compliance with the relevant standard. If a program fails to
achieve satisfactory or satisfactory with a need for monitoring performance within the
two-year timeframe, the relevant standard will move into noncompliance unless an
extension for good cause shown is granted by the LCME. The criteria for a good
cause extension for accreditation elements are the same as the criteria for standards.
See Exhibit 65 for an example of an extension for good cause for Element 5.11 based
on environmental conditions imposed by COVID-19.

In all cases, the LCME provides medical education programs with a timeline for
coming into compliance/satisfactory performance with cited accreditation
standards/elements. This is conveyed to programs in the letter of accreditation
following action by the LCME on survey reports. For example, School A received an
LCME probation decision. The letter from the LCME notifying School A of the
probation action (Exhibit 37) included the timing of a set of steps leading to a limited
survey visit and action on the visit report by the LCME.

The LCME sets the timing for follow-up after full surveys to ensure that reviews will
occur within the two-year timeframe. Exhibit 76 lists the full survey reports that were
reviewed during the 2020-2021 academic year (i.e., at the meetings of February 2021
and June 2021, as there were no full surveys reviewed during the October 2020
LCME meeting), the general type and timing of follow-up, and the standard(s) found
to be in noncompliance. The timing of follow-up allows a program to be reviewed
before the expiration of the two-year timeframe. The LCME requests follow-up reports even if no standards are in noncompliance if there are findings of compliance with a need for monitoring for standards and/or unsatisfactory/satisfactory with a need for monitoring performance in elements.

The letter notifying School A of the action to impose probation (Exhibit 37) noted that the medical education program had already been in unsatisfactory performance with Elements 5.1 and 5.2 based on a previous review. The timeframe for coming into compliance with Standard 5 included a good cause extension based on progress to date and the need for actions by bodies external to the medical school (page 7 of the letter of accreditation).

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further information regarding the length of programs it accredits. The agency must identify its written policies to: evaluate and approve or disapprove monitoring or compliance reports it requires, provide ongoing monitoring, if warranted, and evaluate a program's progress in resolving the finding of noncompliance and explain how they meet the requirements of this criterion.

Analyst Remarks to Narrative:
The agency has 12 accreditation standards. Within each standard, there are 6 to 12 elements for a total of 93 (See Exhibit 15, pp. 6-25). The agency's policy is to require correction in the event a program is found to be in noncompliance with a standard. The agency's written policy states that it "may take an immediate adverse action or require the program to take appropriate action to bring itself into compliance with the standard within two years from the time the school is notified of its noncompliance" (Exhibit 2, p. 19).

Additionally, the agency's policy also requires correction in the event an element within a standard is found to be in noncompliance (Exhibit 2, pp. 19-20). A program will have a maximum of two years to address an "Unsatisfactory" finding in an element and achieve a status of "Satisfactory" or "Satisfactory With a Need for Monitoring."

The agency states that "most" of the programs it accredits are 4 years in length. The policy to return to compliance within two years meets the maximum timeframe prescribed in this section so long as no programs accredited by the agency are shorter than 16 months in length. The agency must provide further information regarding the length of programs it accredits.

The agency's policy is to provide written notifications to programs of its findings upon conclusion of a review. It states that "within 30 calendar days of any final LCME action on survey visit reports, the LCME Secretariat sends an accreditation letter to the president or equivalent chief executive of the institution and the medical school dean and makes a copy of the final survey team report available to the dean. The accreditation letter includes the LCME action on accreditation status, its findings related to the program’s performance in accreditation elements, its decision regarding the program’s compliance with accreditation standards, and a description of any required follow-up" (Exhibit 2, pp. 22-23).

The agency has a written policy to grant an extension to a program, for good cause, to return to compliance with a standard (Exhibit 2, p. 19). It identifies the circumstances that could lead to granting an extension including: demonstration of progress with a realistic timeframe until achievement, specific circumstances requiring longer than two years to comply (such as renovations), compelling extenuating circumstances beyond the program's control (such as the pandemic), and the need for involvement of outside actors. The extension is not to last more than one to two years beyond the standard two year period to return to compliance.

The agency provided sample documentation of a decision letter (Exhibit 37). The sample letter shows the agency met June 16-17, 2020, and the letter was dated June 22, 2020. The agency awarded a status of probation to the program for compliance issues with several accreditation standards and elements. The agency has
demonstrated that it is following its written policy for notifying a program of a finding of noncompliance with an agency standard.

The decision letter provides a timeline to return to compliance in accordance with the agency's policies. It also provided an extension for good cause in accordance with its policies. However, this extension was granted based on a prior finding instead of the additional findings of noncompliance from the June 2020 decision letter. The timeline for the additional findings was provided to ensure that the agency would reassess the program's progress in returning to compliance at its February 2022 meeting. Thus, within two years and in accordance with the agency's policies.

Department staff observed the agency's February 2022 LCME meeting. The LCME decision-making body reviewed the findings of the limited survey visit to the program that was a follow up measure after the agency's June 2020 action to place the program on probation. The committee voted to end the program's probation and granted a good cause extension for two accreditation elements with a status report scheduled for June 2023. These actions demonstrated the agency's adherence to its enforcement timelines policies.

The agency provided additional documentation of a letter to a program where it was found to be in noncompliance with an element within a standard but was then granted an extension for good cause (Exhibit 65). The letter specifies to the program that even though a standard may have been found to be in compliance, an element within that standard that was found to be unsatisfactory will pull the associated standard into noncompliance if the element is not moved to a status above unsatisfactory within two years. The agency followed its policy on an extension for good cause to allow the program further time to correct the element.

The agency has demonstrated application of its extension for good cause policies and procedures. However, the agency has not identified its written policies to: evaluate and approve or disapprove monitoring or compliance reports it requires, provide ongoing monitoring, if warranted, and evaluate a program's progress in resolving the finding of noncompliance. It has provided documentation of actually carrying out such activities (Exhibit 76). However, a written policy is required.

The agency's Rules of Procedure manual describes three types of "follow-up activities": status reports, limited surveys, and action plans (Exhibit 2, pp. 21-22). However, it has not identified how the various descriptions of these activities meet the requirements of this section. The descriptions include terms such as "may ask a program to" and "may take an accreditation action" and "typically reviews", etc. To meet the requirements of this section, the agency must identify its written policies to evaluate and approve or disapprove monitoring or compliance reports it requires, provide ongoing monitoring, if warranted, and evaluate a program's progress in
resolving the finding of noncompliance and explain how they meet the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s final responsive narrative did not get saved in this section of the petition. However, the agency separately provided the narrative to Department staff which has been uploaded to the petition as a staff exhibit (Exhibit ID #59947). Further, references in the agency narratives regarding revised Rules of Procedure may refer to an incorrect exhibit. The correct documentation has also been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibits found under the “List of Exhibits uploaded by Analyst” section for the agency’s narrative and the revised Rules of Procedure.

The agency has provided requested clarification in its responsive narrative to explain that no program it accredits could ever be shorter in length than 130 weeks of instruction which is reflected in one of the agency’s accreditation elements (Exhibit ID #59947). The agency also clarified that in practice, the majority of Doctor of Medicine programs are four years in length but that some offer a three-year curriculum. In any event, the agency's two-year timeline to return to compliance is well within the maximum timeframe required in this criterion.

The agency has amended its policies to address concerns stated by staff in the draft analysis. The revised Rules of Procedures policies that address the agency's follow up activities for a program that is out of compliance with an accreditation standard now contain action verbs that convey clear command language; “will” versus “may” (Exhibit ID # 59822, pp. 28-29). As the agency commented in its narrative response there is now “an explicit requirement for LCME action” in each of the monitoring activities following an issue of noncompliance (Exhibit ID #59947, p. 1). As stated in the draft analysis, there were concerns as to policy language but not the actual practice of the agency. Documentation had been provided evidencing the agency was carrying out monitoring actions and taking follow up actions as needed. Additionally, the file review conducted by Department staff further confirmed these practices.

The agency has addressed the concerns stated in the draft staff analysis and meets the
requirements of this criterion.


List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.20(b-d)

Description of Criteria

(b) Notwithstanding paragraph (a) of this section, the agency must have a policy for taking an immediate adverse action, and take such action, when the agency has determined that such action is warranted.

(c) If the institution or program does not bring itself into compliance within the period specified in paragraph (a) of this section, the agency must take adverse action against the institution or program, but may maintain the institution's or program's accreditation or preaccreditation until the institution or program has had reasonable time to complete the activities in its teach-out plan or to fulfill the obligations of any teach-out agreement to assist students in transferring or completing their programs.

(d) An agency that accredits institutions may limit the adverse or other action to particular programs that are offered by the institution or to particular additional locations of an institution, without necessarily taking action against the entire institution and all of its programs, provided the noncompliance was limited to that particular program or location.

Narrative:

The LCME Rules of Procedure (Exhibit 2, page 19) state that noncompliance with any accreditation standard must be corrected promptly. If the LCME determines that a program is in noncompliance with any standard, the LCME may take an immediate adverse action or require the program to take appropriate action to bring itself into compliance with the standard within two years from the time the school is notified of its noncompliance. If the LCME determines that the program has not done so, it may initiate an adverse action against the program unless it determines that the time for achieving compliance can be extended for good cause. For purposes of meeting this requirement, the LCME uses the definition of adverse action of the U.S. Department of Education, which is denial or withdrawal of accreditation. The U.S. Department of Education does not consider probation to be an adverse action.
In the time since the previous review by the U.S. Department of Education, the LCME has not taken an adverse action, as defined by the U.S. Department of Education, against a medical education program based on failure to achieve compliance with an accreditation standard in a timely manner. There have been two medical education programs that have received final actions for probation, which is defined by the LCME as a severe action.

School A was notified of the probation action in a letter that listed the standards in noncompliance/compliance with a need for monitoring, the specific findings for the elements in unsatisfactory and satisfactory with a need for monitoring performance, and the timeline for follow-up (Exhibit 37). School A notified the LCME Secretariat of the decision to not seek reconsideration of the LCME’s action and was notified of the final steps and timeline for follow-up (Exhibit 57). After consultation with the LCME Secretariat, the dean was sent a letter with the information to include in a briefing book that will be used by the survey team conducting the follow-up visit that will occur in the fall of 2021 (Exhibit 39).

School J was notified of the probation action in a letter that listed the standards in noncompliance/compliance with a need for monitoring, the specific findings for the elements in unsatisfactory and satisfactory with a need for monitoring performance, and the timeline for follow-up (Exhibit 77). School J notified the LCME Secretariat of the decision to not seek reconsideration of the LCME’s action and was notified of the final steps and timeline for follow-up (Exhibit 78). After consultation with the LCME Secretariat, the dean was sent a letter with the information to include in a briefing book that was used by the survey team conducting the follow-up visit (Exhibit 79). A limited survey visit was conducted to School J in February 2021. The survey report resulting from the visit was reviewed by the LCME at its June 2021 meeting, probation was ended, and a follow-up report was requested for review at the October 2022 meeting. The specific information to be included in the follow-up report was specified (Exhibit 80).

The LCME has not taken an adverse action against a medical education program related to failure to come into compliance with accreditation standards within the specified period. Should this ever be the case, the LCME “teach-out” policy (Rules of Procedure, Exhibit 2, page 9) would come into effect.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must have a policy that if a program does not bring itself into compliance within the period specified in the enforcement timelines in its Rules of Procedure, the agency will take an adverse action against the program. The agency must address if it grants good cause extensions to the same program for the same issue after having already granted one previously. If so, it must address how this practice allows it to meet the requirements of this section.

**Analyst Remarks to Narrative:**

The agency's Rules of Procedure state that if "the LCME determines that a program is in noncompliance with any standard, the LCME may take an immediate adverse action ..." (Exhibit 2, p. 19). The policy states it "may" instead of it "shall."

Additionally, the agency's Rules of Procedure provides policies on time periods to return to compliance and policies on good cause extensions. It states, "failure to achieve compliance within two years constitutes grounds for denial or withdrawal of accreditation unless the period for achieving compliance is extended for good cause shown" (Exhibit 2, p. 19). It states that a failure to timely return to compliance "constitutes grounds for" an adverse action. However, it does not positively state that
an adverse action will actually be taken upon conclusion of the two year period without a return to compliance and without a good cause extension. Therefore, it does not meet the requirements of paragraph c of this section.

The agency states that it has not carried out an adverse action during this period of recognition. The agency provided sample documentation of findings of noncompliance with standards (and noncompliance with elements within standards) (Exhibits 37 and 77). However, this documentation does not demonstrate compliance with this criterion. As the agency points out, these actions involved awarding probation statuses as opposed to adverse actions. Additionally, it is unclear if the agency grants good cause extensions to the same program for the same issue after having already granted one previously. The agency must provide further information about this practice.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

Due to some technical issues, the agency’s final responsive narrative did not get saved in this section of the petition. However, the agency separately provided the narrative to Department staff which has been uploaded to the petition as a staff exhibit (Exhibit ID #59939). Further, references in the agency narratives regarding revised Rules of Procedure may refer to an incorrect exhibit. The correct documentation has also been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibits found under the “List of Exhibits uploaded by Analyst” section for the agency’s narrative and the revised Rules of Procedure.

The agency has amended its policies to address concerns stated by staff in the draft analysis. The revised Rules of Procedures policies that address enforcement of adverse actions now contain action verbs that convey clear command language; “will” versus “may” (Exhibit ID # 59822, pp. 25-26). As the agency commented in its narrative response, "upon identifying noncompliance with one or more standards, the LCME will either initiate an adverse action or require that compliance be achieved within two years. If such compliance has not been achieved in that time period, the LCME either will initiate an adverse action or grant an extension for good cause for no longer than 24 months“ (Exhibit ID #59939). The agency's summation of the revised Rules of Procedure accurately reflects those policies (Exhibit ID # 59822, pp.
The agency’s policy is now clear and the amendments address the staff concerns.

The agency has also amended its policies to address concerns stated by staff in the draft analysis with respect to the granting of extensions for good cause. The revised Rules of Procedure state that if “by the end of the extension period, the medical education program has not shown the specified progress in coming into compliance with the cited standard(s), the LCME will initiate an adverse action. The LCME will not grant a second good cause extension for the same issue” (Exhibit ID # 59822, p. 26). The agency’s policy is now clear and the amendments address the staff concerns.

The agency did not award any adverse decisions during the recognition period. The agency meets the requirements of this criterion.

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**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.21(a-b)**

**Description of Criteria**

(a) The agency must maintain a comprehensive systematic program of review that involves all relevant constituencies and that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.

(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--

(1) Is comprehensive;

(2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;

(3) Examines each of the agency's standards and the standards as a whole; and

(4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.
Narrative:

Review of Elements:
The Rules of Procedure (Exhibit 2, page 27) states that the LCME conducts regular reviews of accreditation elements that includes participation by relevant constituencies. Appendix C of the Rules of Procedure (page 40) states that reviews are conducted “over a timeline that supports participation by relevant constituencies. In planned reviews of accreditation standards and elements, the LCME may solicit review and advisory comment and feedback from relevant constituencies, including medical school leadership, faculty, and students; survey team members; the LCME’s sponsoring organizations; and others in the U.S. regarding the importance and clarity of the existing standards and elements.” Since the LCME’s revised version of its standards and elements that went into effect for the 2015-2016 academic year, there has been a yearly review of all 93 elements by stakeholders at medical education programs that have completed a full survey during that academic year. Since the standards and elements are relatively new, reviews have focused on the clarity of elements and of the questions in the data collection instrument (DCI) that are used by survey teams to evaluate performance.

The survey for 2018-2019 academic year was sent to the individual responsible for managing the accreditation review at each medical education program surveyed during that year (this role is termed the “Faculty Accreditation Lead” or FAL). Exhibit 81 includes the background information that was sent to the programs’ FALs related to the survey. The FAL is responsible for disseminating the survey to individuals who were responsible for completing the DCI related to specific standards and for collecting and collating the results to complete the questionnaire. The survey asked about the clarity of each element within a standard and the clarity of the DCI questions for the elements. The rating scale used is “clear,” “somewhat clear,” and “unclear.” Exhibit 61 illustrates the results of the review of elements in the 2018-2019 academic year. In summary, most elements were rated as “clear” and there was no element that was rated so low as to require substantive change within the 12-month window (see 602.21(c)). A small group of members of the Subcommittee on Standards reviews the ratings for all elements and brings any items for change to the full Subcommittee on Standards for discussion. For the 2020-2021 academic year, instead of going through the FAL, the survey is being sent directly to each of the members of the self-study task force, which consists of a broad-based group of administrators, faculty, students, and others in the medical education environment (see Exhibit 31b/Guide to the Development of the Institutional Self-Study Summary Report, pages 1 and 6).

Creation of New or Revision of Existing Standards/Elements:
Requests for the development of new or the revision of existing accreditation standards or elements may derive from any source (Rules of Procedure, Exhibit 2, page 40). Any requests for new standards/elements or modification of existing
standards/elements are sent to the LCME Secretariat and reviewed initially by the Executive Committee of the LCME. If the idea for a proposed standard/element or standard/element change is deemed to have merit it is referred to the Subcommittee on Standards for further action. The Subcommittee on Standards then develops draft language for new and amended standards and elements, which it forwards to the Executive Committee for consideration. Technical amendments (minor changes in wording that do not alter the content or requirements of the standard or element) also are developed by the Subcommittee when appropriate. For example, during the 2019-2020 and 2020-2021 academic years, the LCME received several requests for changes to specific elements (see Exhibit 50c/Executive Committee report Item 3; Exhibit 50d/Executive Committee Report Items 4 and 5). For each of these requests, the Executive Committee recommended and the LCME confirmed that changes to the wording of elements was not needed as existing elements addressed the intent of the request.

There have been recent changes to elements that have been made for clarification and do not impose additional requirements on medical education programs. Therefore, they were approved by the Subcommittee on Standards, the Executive Committee, and the LCME as a whole. These changes resulted from, for example, the surveys of the clarity of elements described above. Exhibit 81a illustrates all the changes made in Functions and Structure of a Medical School between the 2018-2019 and 2022-2023 academic years (note that the version for the 2022-2023 academic year was finalized at the February 2021 LCME meeting). The changes made between the 2018-2019 and 2022-2023 versions of Functions and Structure of a Medical School are illustrated in “Track Changes.”

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further information and documentation to demonstrate it has policies and procedures to conduct a comprehensive systematic program of review of all of its standards and the standards as a whole at regular intervals or on an ongoing basis and that involves all of the agency's relevant constituencies and affords them a meaningful opportunity to provide input into the review.

Analyst Remarks to Narrative:

The agency has a policy to conduct "regular reviews of all accreditation standards and elements that include participation by relevant constituencies" (Exhibit 2, p. 27). However, it does not specify the interval for regular reviews or state that this is ongoing. The policy directs readers to an appendix for further information. The appendix states that the agency conducts "planned reviews of all accreditation standards and elements over a timeline that supports participation by relevant constituencies" (Exhibit 2, p. 40). However, it is not clear if the timeline provides for a comprehensive program of review at a regular and reasonable interval or an ongoing basis.

The agency references a 2015-2016 revised version of its standards and elements. However, there does not appear to have been a comprehensive review of each of the standards and the standards as a whole since that time in accordance with the requirements of this criterion. The policy further states that the agency "may" involve relevant constituencies during the planned reviews. However, the criterion requires the agency to involve all its relevant constituencies in the comprehensive review process.

The agency has 12 accreditation standards. Within each standard, there are 6 to 12 elements (See Exhibit 15, pp. 6-25). The agency has been utilizing surveys to assess a program's perception of the clarity of the various elements that make up the standards. However, the surveys are only going to programs that have had a full accreditation review during the particular year. Then, the results are only being reviewed by a small number of the agency's members that make up its Subcommittee on Standards. This small subgroup can make a recommendation to the larger group of the Subcommittee on Standards who in turn can make a recommendation to the agency's Executive Committee.
However, this practice does not explain how the agency conducts a comprehensive systematic program of review that involves all its relevant constituencies. It appears the surveys are only to the programs that have had a full review during the particular year and that the user survey may be restrained to feedback on the clarity of the elements.

Additionally, the agency has a policy to accept suggested revisions or additions to standards or elements at any time and from any source (Exhibit 2, p. 40). Although this would at first appear to represent an ongoing review, this would only be true if the agency is receiving ongoing suggestions. It does not appear to be a systematic and comprehensive review of all the standards and the standards as a whole.

The agency provided documentation showing recent revisions that have been made to its elements within its standards (Exhibit 81a). The agency characterizes these revisions as technical amendments made for clarification.

The agency has not demonstrated that it has a policy and practice to conduct a comprehensive systematic program of review of its standards at regular intervals or on an ongoing basis that involves all of the agency's relevant constituencies. The agency must provide further information and documentation to demonstrate compliance with this criterion.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded.

### Analyst Worksheet - Response

**Analyst Review Status:**

Meets the requirements of this section.

**Analyst Remarks to Response**

Due to some technical issues, the agency’s final responsive narrative did not get saved in this section of the petition. However, the agency separately provided the narrative to Department staff which has been uploaded to the petition as a staff exhibit (Exhibit ID #59948). Further, references in the agency narratives regarding revised Rules of Procedure may refer to an incorrect exhibit. The correct documentation has also been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibits found under the “List of Exhibits uploaded by Analyst” section for the agency’s narrative and the revised Rules of Procedure.

The agency has amended its policies and provided further clarification to address concerns stated by staff in the draft analysis. The agency engages in both an ongoing...
review of its accreditation standards and elements but also engages in a full comprehensive review approximately every five years. During this period, the agency reviews 1 to 3 standards per year. The agency solicits participation in the ongoing review from relevant constituencies that are undergoing site visits. The agency solicits wider participation from its relevant constituencies when it conducts its comprehensive review. This process ensures that all of the agency's relevant constituencies are afforded a meaningful opportunity to provide input into the review. The amended policies are codified in the agency's revised Rules of Procedure (Exhibit ID #59822, pp. 35 and 48). A redlined version of the manual is included as a staff exhibit (Exhibit ID #59967).

The agency states its last comprehensive review of all standards was completed in the 2015-2016 academic year and the agency is now beginning the process of its next comprehensive review (Exhibit ID #59948) Documentation of the start of this comprehensive review was provided, including a sample notice to relevant constituencies for the review of standards (Exhibit ID #58798). The agency states the invitation was sent to “155 members of the AAMC Medical Education Senior Leaders (MESL) group, which consists of one dean-appointed individual at each medical school who has a central administrative role in the medical curriculum” and that 79 responses were received (Exhibit ID #59948, p.2). The agency provided sample documentation of the responses (Exhibit ID #58799). It is clear that the agency is including constituents suited to the particular standards under review. For example, the agency states in the upcoming review of standards that are particular to students and admissions, it will be students and program administration members involved in student affairs that are solicited for an opportunity to provide input (Exhibit ID #59948, p. 2).

The agency's further clarifications, amendments to policies and procedures, and additional documentation have addressed the staff concerns. The agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.21(c-d)

Description of Criteria

(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to
make the changes and must complete that action within a reasonable period of time.

(d) Before finalizing any changes to its standards, the agency must--

(1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;

(2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and

(3) Take into account and be responsive to any comments on the proposed changes submitted timely by the relevant constituencies and other interested parties.

Narrative:

c. The LCME Rules of Procedure (Exhibit 2, page 40) state that if the LCME determines that reviews of standards/elements indicate a need to substantively revise one or more standards or elements, the LCME will take action within 12 months, including seeking review and input from the public, prior to initiating the needed change(s). As noted under 602.21(a/b), neither the LCME's own formal review or the requests for changes from external constituencies have resulted in the need for substantive changes to standards/elements. However, as has been described, a number of edits have been made to enhance clarity.

d. The LCME Rules of Procedure (Exhibit 2, page 40) include the process for involvement of constituents in the case that there are substantive changes to accreditation standards/elements. New standards and elements, revisions to existing standards and elements which alter their content or requirements for compliance, and proposals for the deletion of standards/elements are released to the public for comment. Comments are accepted in writing or at a public hearing. Announcements of a public hearing are disseminated through the LCME website and other venues (e.g., announced at monthly webinars). The public hearing may be held in conjunction with scheduled AAMC or AMA meetings or at some other time in virtual format. Designated LCME members (usually the Chair or Chair-elect), supported by the LCME Secretariat, preside at public hearings. Comments made during a public hearing are recorded or transcribed and, together with written documentation submitted prior to or during the hearing, constitute the hearing record. If there is substantial agreement in the public hearing, the proposed changes are considered for final adoption at the next regularly scheduled LCME meeting. If the public commentary reflects substantial disagreement, the LCME will direct the LCME Secretariat to prepare a revised draft for reconsideration by the LCME or will withdraw the proposed changes. If the LCME approves a version appreciably different from that originally considered by the public, the amended version is sent
back for public review and comment. Final decision on the content of any accreditation standard or element is at the sole determination of the LCME.

As noted previously, there have been no substantive changes to LCME accreditation standards/elements since the time of its 2018 review by the U.S. Department of Education.

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Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide further information and documentation to demonstrate it has a systematic program of review and, if during that review, it determined that it needed to make changes to its standards, that it initiated action within 12 months to make the changes in accordance with the requirements of this criterion.

**Analyst Remarks to Narrative:**

The agency's Rules of Procedure specify that if the agency's review of standards results in a need to make a substantive revision, it will initiate action within 12 months (Exhibit 2, p. 40).

The policy further states that it will seek review and comment from the public prior to initiating the revisions. The policy states that proposed substantive changes, additions, or deletions to standards will invite public written comment or comment at a public hearing. Announcement of the hearing is to be made through the agency website and other venues (such as monthly webinars). Comments reflecting broad agreement result in changes being considered at the next meeting of the LCME. Comments reflecting broad disagreement are to result in an amended proposed change or withdrawal of the proposed change. If the LCME approves a substantively different change, it will seek further public feedback. The agency has reserved the final decision on any such changes to the discretion of the LCME (Exhibit 2, p. 40).
The agency states that there have been no substantive changes to its standards during this period of recognition. However, as stated in the prior section, the agency has not provided enough information and documentation to show that it has a systematic program of review of each of its standards and the standards as a whole. The agency must provide further information and documentation to demonstrate it has a systematic program of review and, if during that review, it determined that it needed to make changes to its standards, the agency initiated action within 12 months to make the changes in accordance with the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The 2023 Revised LCME Rules of Procedure (Exhibit 102) contains policy that requires that needed changes to standards are addressed within 12 months and that relevant constituencies have the opportunity for input before changes are finalized. This requirement is codified on pages 28-29 and page 42, where it states that “If the LCME determines that such reviews indicate a need to substantively revise one or more standards or elements, the LCME will take action within 12 months, including seeking review and comment from the public, prior to initiating the needed change(s).”

As described in the response to 602.21 (a-b), the LCME has initiated a comprehensive review of its standards and associated elements, beginning with Standards 6 and 7. Broad-based input on these standards has been collected (as of January 2023) and the results are being analyzed to identify needed changes. Preliminary screening was done to identify two areas: 1) standards/elements where 10% or more of the respondents consider the standard/element to be “not important” (results were a total of four out of 18 elements for Standard 7), and 2) standards/elements where the comments indicate that the element is inappropriately placed within a given standard. This information will be brought to the Subcommittee on Standards for an initial review at its meeting in the summer of 2023 to determine how Standards 6 and 7 and their associated elements should be revised. Substantive changes will be presented for public comment in the fall of 2023 and the results prepared for action at the February 2024 LCME meeting.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Response

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

As discussed in the prior section at 602.21(a-b), the agency engages in an ongoing review of accreditation standards and elements. However, this practice is more for clarifications and tweaks and is supplemental to the agency's practice of conducting a comprehensive systematic program of review of all standards. The agency's policy and narrative states that the comprehensive review of all the accreditation standards (inclusive of the accreditation elements) takes place approximately every five to six years and it has recently started anew (see Staff Exhibit ID #59948 in 602.21(a-b)).

Examples of documentation of the current comprehensive review can be reviewed in section 602.21(a-b). As needed changes are identified during its comprehensive systematic program of review, the agency's policies require it to initiate action to implement the revisions within 12 months and to also seek review and comment from the public prior to finalization (Exhibit ID #59822, pp. 34-35 and 48-49).

The agency's further explanation and documentation addresses the concerns stated by staff in the draft analysis. The agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.23(a)

Description of Criteria

(a) The agency must maintain and make available to the public written materials describing--

(1) Each type of accreditation and preaccreditation it grants;

(2) The procedures that institutions or programs must follow in applying for accreditation, preaccreditation, or substantive changes and the sequencing of those steps relative to any applications or decisions required by States or the Department
relative to the agency's preaccreditation, accreditation, or substantive change decisions;

(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;

(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and

(5) A list of the names, academic and professional qualifications, and relevant employment and organizational affiliations of—

   (i) The members of the agency's policy and decision-making bodies; and

   (ii) The agency's principal administrative staff.

Narrative:

The LCME makes all its informational documents available to the public on its website (www.lcme.org) under “Publications.” Exhibit 22 contains a listing of the documents on the LCME website as of July 1, 2021. The website also includes sections with information for schools, students, and survey teams, as well as for the interested public. The following illustrates where the categories of information/documentation specified in the Secretary’s Criteria are located for public access.

1. Types of accreditation granted:
The LCME does not grant pre-accreditation. The LCME Rules of Procedure (Exhibit 2, pages 1-2), posted on the LCME website, state that programs “judged by the LCME to meet national standards of quality” are designated as “accredited.” Accredited developing programs first hold “preliminary accreditation” and then “provisional accreditation” according to the process and timeline described on pages 13-15 of the Rules of Procedure, which also specifies the types of accreditation actions that the LCME can take (page 18).

2. The procedures that schools must follow applying for accreditation and “substantive” changes:
The LCME website includes information describing the steps a developing medical education program takes leading to full accreditation (www.lcme.org/about/accreditation-process-overview). The steps leading to full accreditation also are described in the Rules of Procedure (Exhibit 2, pages 13-15) and the review process for schools that have already achieved full accreditation is
described on pages 10-12.

While the LCME as a programmatic accreditor is not held to the substantive change requirements, the LCME has its own requirement that medical education programs planning certain categories of changes notify the LCME prior to a change being implemented. This requirement is described in the Rules of Procedure (Exhibit 2, pages 25-26) and the forms that medical education programs must use to report changes are posted on the LCME website (www.lcme.org/publications) under “Forms.”

3. The standards and procedures used to take accreditation actions
The LCME accreditation standards, used for all LCME actions, are contained in Functions and Structure of a Medical School (F&S) (Exhibit 15), which is posted on the LCME website under “Publications.” This document is updated annually regardless of whether there have been substantive changes made (see 602.21), so the document specifies the academic year for which a given version is in effect.

The procedures for various accreditation actions are described in the Rules of Procedure (Exhibit 2), including the eligibility requirements for LCME accreditation (page 7-8, 13), the process for review of developing medical education programs (pages 13-15) leading to accreditation or denial of accreditation, the processes for review of programs with full accreditation (pages 10-12), and the process for terminating accreditation by the program (page 7) or following an appeal (pages 36-39).

4. The list of accredited programs and the year that the next accreditation review will occur
The LCME website includes a list of accredited medical education programs and the year that the program’s next review will occur (Exhibit 3). This information is found on the LCME website (www.lcme.org/directory/accredited-u-s-programs/). There are some programs on the list for which the date of the next full survey is “pending.” As described under 602.19(a), medical schools with an indeterminate term, including a status of “warning” or “probation,” must resolve compliance issues before the date of the next full survey visit is set (Rules of Procedure, Exhibit 2, Accreditation Term/page 7).

5. LCME members and staff
The list of LCME members for 2021-22, along with their professional degrees, organizational affiliations, and membership terms, is included on the LCME website under www.lcme.org/about/meetings-members. The list of the members of the LCME Secretariat and LCME staff, with their titles and organizational affiliations (i.e., AAMC or AMA) is included on the LCME website under www.lcme.org/contact/. The list includes the phone numbers of the LCME offices; clicking on the names of the individual Secretariat and staff members allows an email to be sent directly to the
person. The web page also includes general email addresses along with information about the purpose for which that contact address can be used. For example, lcmesubmissions@aamc.org is used for medical education programs to submit materials or ask questions about submitting materials, while lcme@aamc.org is for asking general questions if the person does not wish to contact an individual members of the Secretariat.

### Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide a policy that implements the requirements of this criterion.

**Analyst Remarks to Narrative:**

The agency did not identify a policy that addresses this criterion.

The agency maintains and makes available to the public all of the written materials described and required by this section on its website with sample documentation provided (Exhibits 2, 3, 15, and 22).

Department staff verified that the information and sample documentation is available on the agency's website at the links provided by the agency.

However, the agency must provide a policy that implements the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

Response:
The LCME has policy that describes the information that is made available to the public.

The 2023 Revised Rules of Procedure (Exhibit 102, page 1) states the following:

“Documents and/or descriptive narrative posted on the LCME website (www.lcme.org), which is available to the public, include the following information:

- Each type of accreditation awarded by the LCME
- The procedures that medical education programs must follow in applying for accreditation or for continued accreditation, including the eligibility requirements for maintaining LCME accreditation related to actions by States and regional accrediting agencies
- The procedures for submitting a proposal for a substantive change, as defined by the LCME
- The accreditation standards and procedures used to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other accreditation action
- The list of medical education programs currently accredited by the LCME, including the year of the next accreditation survey for continued accreditation
- The names and academic qualifications/credentials and employment of LCME members and the LCME principal administrative staff”

The LCME website is maintained by Ms. Elizabeth Westin (LCME senior online and web content specialist). The website is reviewed yearly for certain changes (for example, to update information related to such things as LCME membership), according to a pre-defined schedule (for example, for posting updates to LCME informational documents), and when certain events occur (such as the addition of a new LCME-accredited medical education program).

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.
The agency's Rules of Procedure have been revised to include a policy implementing this section of the criteria (Exhibit ID #59822, p. 7). Staff determined in the draft analysis that the agency was carrying out the requirements of this section but did not have an accompanying written policy. The agency has since adopted a policy and has addressed the staff concerns stated in the draft analysis. The agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.23(b)

Description of Criteria

(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution's or program's qualifications for accreditation or preaccreditation. At the agency's discretion, third-party comment may be received either in writing or at a public hearing, or both.

Narrative:

The Rules of Procedure (Exhibit 2, page 31) describes the opportunity for third-party comment related to a medical education program. The LCME includes on its website the year in which medical education programs will be visited (www.lcme.org/directory/accredited-u-s-programs/), along with the process by which third-party comment may be submitted (www.lcme.org/contact/complaints) and also see Complaints and Third Party Comments (Exhibit 82) which was downloaded from the website. Comments must be focused on potential areas of noncompliance with accreditation standards/unsatisfactory performance in accreditation elements or other related matters that could impact the school’s ability to provide a quality medical education program. Anonymous comments will not be accepted. The Rules of Procedure, Appendix D/Complaints and Third-Party Comments (Exhibit 2, pages 41-42) describes the process for submitting a third-party comment, which is the same as that for complaints about program quality.

Exhibit 83 contains a letter sent to the dean of a medical school in response to a third-party comment from individuals external to the medical education program. The comment raised issues related to performance in LCME accreditation elements 5.1 (adequacy of financial resources) and 5.12 (required notifications to the LCME). The
letter contains the information that the dean is expected to provide in response to the compliant and the due date for the response. As will be described in more detail under 602.23(c)/complaints, the dean’s response to the third-party comment will be reviewed by an ad hoc committee of the LCME and the committee’s recommendations about performance in the elements and compliance with the relevant standard will be discussed by the LCME at a regularly scheduled meeting (Exhibit 2, pages 41-42).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency's policy requires it to provide an opportunity for written third-party comment concerning a program's review for accreditation (Exhibit 2, p. 31 and p. 41). The agency also provided documentation of information that is available on its website that outlines procedures for submitting a third-party comment (Exhibit 82).

Staff verified the exhibit matches what is found on the agency's site at the link address provided in the narrative. The agency also references its website page that lists all the programs it has accredited which includes the date of their next review. A link to that page is listed at the agency's webpage concerning complaints and third-party comments.

The agency is not recognized by the Department for preaccreditation. However, the agency requires programs to go through phases prior to reaching full accreditation. Therefore, the public would have an opportunity to see that a program is being considered for full accreditation before it has actually reached that level of
accreditation and could provide comment prior to it achieving that phase.

The agency's policy states that comments must be related to compliance with standards issues or "other related matters that could impact the school’s ability to provide a quality medical education program" (Exhibit 2, p. 31). The agency provided sample documentation of responding to what it states was a third-party comment from individuals external to the medical program to which it was directed (Exhibit 83). The agency meets the requirements of this criterion.

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**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**Criteria: 602.23(c)**

**Description of Criteria**

(c) The accrediting agency must--

(1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency’s standards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;

(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and

(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

**Narrative:**

The LCME’s process for handling complaints about educational program quality are
summarized in the Rules of Procedure (Exhibit 2, page 30) and described in detail in Appendix D of the Rules of Procedure (pages 41-42). This process also applies to third-party comments and public information from credible and verifiable sources, such as news media.

The LCME only considers complaints which, if substantiated, may constitute noncompliance with one or more accreditation standards/unsatisfactory performance in one or more elements. Complaints may come from any source and must be made in writing. In order to be reviewed, a complaint must be accompanied by a signed consent form in which the complainant and any corroborators authorize the release of the written complaint and corroborating materials to the dean of the medical school, members and staff of the LCME, their respective attorneys, and appropriate outside parties. The LCME Secretariat will make an initial determination of whether the complaint contains issues relating to the program’s compliance with accreditation standards and/or performance in accreditation elements. If the LCME Secretariat determines that the complaint does raise such issues, the Secretariat will provide the dean with the complaint and corroborating information and a letter describing the specific information that the dean should provide in response. The complainant will be notified whether an investigation will be undertaken. An ad hoc Subcommittee on Complaints appointed by the LCME Secretariat will review the complaint together with corroborating materials and the response from the dean. The subcommittee will present a report of its findings and recommendations related to the program’s performance in relevant accreditation elements and compliance with relevant accreditation standards to the LCME for discussion at one of its regularly scheduled meetings. The LCME will make a final determination, including any change in the program’s performance in elements, compliance with standards, and accreditation status and specify the nature and timing of any required follow-up. It will also direct the LCME Secretariat to notify the dean of its decision. The complainant will not be notified of the result of the investigation or the LCME’s action.

The following are examples of complaints received and the resulting outcomes:
1. A complaint was submitted and reviewed by the LCME Secretariat. The materials accompanying the complaint were reviewed by two members of the LCME Secretariat and were not found to address compliance issues related to accreditation standards. The complainant was notified that the complaint was closed and that no further action would be taken (Exhibit 84).
2. A complaint was submitted that, after review by the LCME Secretariat, raised potential issues related to the performance of the medical education program in several accreditation elements. The dean was provided with information related to the complaint and was asked to respond with specific information in time for a review by the LCME. In reviewing the complaint and the dean’s response, the LCME requested a status report with information related to one accreditation element (Exhibit 85). In the review of that report, the LCME determined that follow-up on the specific accreditation element should be the responsibility of the survey team conducting the
next full survey (Exhibit 86). The accreditation history of School L is shared with the survey team (Exhibit 87/information for survey team). At the time of this writing, the report of the survey team had not been reviewed and acted upon by the LCME.

The LCME has policy related to complaints against the LCME, including its standards, policies, procedures and operations (Rules of Procedure, Exhibit 2, page 21). In summary, such complaints must be submitted in writing and would be reviewed by the LCME Executive Committee. If a member of the Secretariat is the subject of the complaint, that individual would not participate in investigation or decision-making about the complaint. The LCME would review the complaint and present its findings and any recommended actions to the LCME. The complainant would be advised of the LCME's response to the complaint. There have been no such complaints since the time of the previous review by the US Department of Education.

Complaints about survey team members, which can be submitted in writing or by a telephone call, are investigated by the LCME Secretariat through interviews with school personnel and with other members of the survey team. The results of the investigation are shared with the LCME Chair and Chair-elect, and the recommended actions are carried out by the Secretariat. There have been no such complaints since the time of the previous review by the US Department of Education.

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<td>Exhibit 84 - Complaint closed without investigation</td>
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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section
Staff Determination:

The agency must provide further information on its current policy to address program complaints to show how the policy ensures they will be reviewed in a timely manner or amend the policies to provide clarification or further specificity.

The agency must provide further information, and any supporting documentation, on its current policy to address complaints against its site visit teams to show how the policy ensures they are reviewed in a timely, fair, equitable, and unbiased manner or amend the policies to ensure that they will be so reviewed.

Analyst Remarks to Narrative:

The agency has policies and procedures for receiving and handling complaints against the programs it accredits (Exhibit 2, pp. 30-31, 41-42). The agency provides complaints alleging noncompliance with the agency's standards to the programs to allow a response. It convenes a subcommittee to review the complaint and the program's response. The subcommittee makes a recommendation and report for the LCME at a regularly scheduled meeting.

However, neither the agency's narrative nor its policy and procedures dictate at which regularly scheduled meeting this will occur. For example, it does not state that it will be at the "next" regularly scheduled meeting, or at a meeting within a defined time period. The agency must provide further information on its policies to address program complaints to show they will be reviewed in a timely manner or amend their policies to provide such specificity.

The LCME decision-making body makes the final determination on complaints found to implicate compliance with standards issues and takes any follow-up actions, including enforcement actions, as needed. The agency provided sample documentation of it carrying out these policies and procedures (Exhibits 84-87).

Staff note that this sample documentation demonstrates that the agency received the complaint in September 2018. The LCME then reviewed and determined needed follow-up actions at its February 2019 meeting. The agency's documentation show that it carried out this review timely. However, again, the policy language does not provide timelines and may lead to untimely review. Staff will utilize further observations and file reviews to confirm what is the consistent practice of the agency. However, the agency must provide further information on its current policy to address program complaints to show how the policy ensures they will be reviewed in a timely manner or amend the policies to provide clarification or further specificity.

The agency also has policies and procedures for receiving and handling complaints
against itself (Exhibit 2, p. 31). It will utilize its Executive Committee for the review of complaints involving agency accreditation standards/elements, policies, procedures, and operations. The committee will report its findings and recommendations to the LCME "at its next regularly scheduled meeting." Thus, a timeline is provided. Further, it will exclude agency members from the review process if they are implicated in the complaint. The agency states that it has not received any complaints against itself during this period of recognition.

Additionally, complaints involving agency site visit teams may be made to the administrative staff of the LCME (the Secretariat) who will: investigate the complaint, present findings to the LCME, and carry out any LCME required actions (Exhibit 2, p. 31). However, there do not appear to be any timelines in the policy and the agency has not explained how its policy ensures this process will be carried out in a timely, fair, equitable, and unbiased manner. The agency must provide further information and documentation.

The agency states that it has not received any complaints against its site visit teams during this period of recognition.

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Complaints About Program Quality

The LCME policy related to review of complaints about program quality specifies that complaints will be reviewed in a timely manner.

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 32) states the following:

“The LCME Secretariat will conduct an initial evaluation of any complaint about program quality to determine whether it represents potential noncompliance with accreditation standards or unsatisfactory performance in accreditation elements. If the LCME Secretariat determines that the information in the complaint potentially presents such evidence, the program’s dean will be sent a copy of or excerpt from the complaint and will be given an opportunity to respond in writing. The due date of the dean’s response will be linked to the timing of an LCME meeting (i.e., April 1st for the June LCME meeting, December 1st for the February meeting, and August 1st for the October meeting), but will ensure that the dean will have at least one month to develop a response. The issue(s) raised in the complaint and the dean’s response will be reviewed by an ad hoc LCME Subcommittee on Complaints appointed by the

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LCME Secretariat. The LCME will take formal action on the investigated complaints during the next regularly scheduled LCME meeting.”

Complaints About Survey Teams or Survey Team Members

The LCME policy related to complaints about survey teams/survey team members specifies the timeline for review and ensures that there is no conflict of interest in the process used to investigate the complaint.

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 33) states the following:

“Complaints about survey teams or survey team members must be submitted in writing or through a call to a member of the LCME Secretariat and may not be anonymous. Within one month of receipt of a complaint, two members of the LCME Secretariat will begin an investigation of the complaint by collecting information relevant to the specific incident, for example, through interviews with school personnel and survey team members. No member of the Secretariat will participate in the review who has a conflict of interest, including being a member of the survey team against which the complaint was made. The Secretariat review team will present the results of the investigation to the Chair and Chair-elect of the LCME within one month of the start of the investigation for appropriate action, which the LCME Secretariat will carry out. The LCME will not notify the complainant of the results of the investigation.”

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies and procedures to clarify that complaints against programs are required to be addressed in a timely manner. The agency's revised Rules of Procedure ensure that complaints are reviewed by the agency's decision making
body at its “next” regularly scheduled meeting. This addresses a concern stated by staff in the draft analysis. The agency has also implemented timelines for responses to complaints from the programs that ensure they are timely received for review and consideration by the agency and yet still afford the program a reasonable period of time to respond (Exhibit ID #59822, p. 38).

The agency has also amended its policies and procedures involving any complaints it may receive against its site teams. The revised policy provides reasonable timelines to ensure any such complaints are handled timely. Additionally, the revised rules include conflict of interest policy to ensure the process is fair and equitable (Exhibit ID #59822, p. 39). These policies are in addition to the other policies discussed in the draft staff analysis involving complaints against the agency itself.

The agency has addressed the staff concerns stated in the draft analysis and it meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.23(d)

Description of Criteria

(d) If an institution or program elects to make a public disclosure of its accreditation or preaccreditation status, the agency must ensure that the institution or program discloses that status accurately, including the specific academic or instructional programs covered by that status and the name and contact information for the agency.

Narrative:

The Rules of Procedure (Exhibit 2, page 24) includes the requirement that a medical education program must disclose its accreditation accurately. For developing medical schools that have not achieved accreditation, accurate statements include, but are not limited to, the current accreditation status of the program and the anticipated timing of review for accreditation by the LCME.

For example, a program placed on probation is required to notify current and prospective students of the action within seven business days (Rules of Procedure, Exhibit 2, page 23). Exhibit 57 is a letter to School A acknowledging the acceptance of the LCME decision to grant probation. It describes the requirement that notification must occur to all enrolled students, those newly accepted for enrollment,
and those seeking enrollment of this accreditation status. Exhibit 88 is a summary of
the notifications from School A that were sent to students and others related to the
probation action.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide further information and documentation that demonstrate that it ensures programs electing to make a public disclosure of accreditation status are doing so accurately, including the specific academic or instructional programs covered by that status and the name and contact information for the agency.

**Analyst Remarks to Narrative:**

The agency's public disclosure of accreditation status policy is clear and requires programs that make disclosures to do so accurately and include the agency's name and contact information for its administrative body (Exhibit 2, p. 24). However, the agency has not stated what accreditation standard or element is associated with its policy. Or, if none, how it is nonetheless an effective policy that can be carried out in a manner that will ensure a program complies.

The agency's accreditation standard 10 contains an element that addresses the "Content of Informational Materials" but it does not strictly address accurate disclosure of accreditation status and require the agency's contact information (See Exhibit 15 in 602.23(a), p. 16). It is not clear if a program is required to report information regarding any public disclosures of accreditation status or how the
agency is monitoring such disclosures to ensure compliance with its rules of procedure.

The agency provided sample documentation involving a required disclosure to students following a program being placed on probation. However, this procedure does not address the requirements of this criterion. This section applies to voluntary elections by programs that disclose their accreditation status as opposed to a required notification following a change in status as a result of agency action. Such required student disclosure notifications are addressed elsewhere in the Secretary's criteria for recognition (see § 602.26(b)).

The agency must provide further information and documentation that demonstrate that it ensures programs electing to make a public disclosure of accreditation status are doing so accurately, including the specific academic or instructional programs covered by that status and the name and contact information for the agency.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Substantially Compliant

Staff Determination:

The agency substantially meets the requirements of this criterion. The agency has practices that need minor modifications to reflect its generally compliant practices. The agency's revised policies will now require the agency to ensure that accredited programs that make public declarations of their accreditation status do so accurately, including the specific academic or instructional programs covered by that status, and include the name and contact information for the agency. However, the agency does not have documentation of the agency carrying out this revised policy at this time despite conducting numerous accreditation reviews during this period of recognition. Department staff recommends the Senior Department Official (SDO) require a monitoring report, within 12 months of an SDO decision, demonstrating the agency is carrying out the revised version of its accreditation element 5.12 that implements the requirements of this criterion.

Analyst Remarks to Response

Due to some technical issues, the agency’s final responsive narrative did not get saved in this section of the petition. However, the agency separately provided the narrative
to Department staff which has been uploaded to the petition as a staff exhibit (Exhibit ID #59941). Further, references in the agency narratives regarding revised Rules of Procedure may refer to an incorrect exhibit. The correct documentation has also been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibits found under the “List of Exhibits uploaded by Analyst” section for the agency’s narrative and the revised Rules of Procedure.

The agency has amended its accreditation standards to add an additional requirement under one of its accreditation elements (Exhibit ID #58803, p. 12). The amended element requires programs that make “a public disclosure of its LCME accreditation status” to “disclose that status accurately.” It also states that the “information provided to the public must include contact information for the LCME so that the information can be verified” (Exhibit ID #58803, p. 12). Additionally, the agency has amended its policy in its revised Rules of Procedure to make clear that such disclosures “must provide that status accurately and include the contact information, such as the web address, for the LCME so that its statement can be verified” (Exhibit ID #59822, p. 28).

The agency’s amendments address the policy concerns stated by staff in the draft analysis and now ensure that site visit teams have an explicit opportunity to evaluate a program’s compliance with an accreditation element that reflects the requirements of this criterion. However, the agency does not currently have documentation showing it has carried out the amended accreditation element during any of the accreditation reviews taking place during this period of recognition. In discussion with the agency, this is due to the amended element not being made part of the program evaluation process until the coming academic year. In maintaining consistency with prior staff recommendations that have impacted other agencies seeking renewal of recognition, if a policy adjustment is made during the period that should have been able to be carried out during the period, the recommendation is to find the agency substantially compliant. This is different than when a policy is amended to come into compliance with the Secretary’s criteria but an occasion did not occur during the period that would have allowed it to be demonstrated. In those instances, the recommendation would have been that the agency has met the requirement. Here, the agency had not demonstrated it had a policy and practice to meet the requirement. It amended the policy which now reflects compliance. However, program accreditation reviews took place during the period and the agency cannot show the revised policy was carried out at this time. Therefore, our recommendation is that the agency is substantially compliant with this criterion and we recommend a monitoring report.

The agency has practices that need minor modifications to reflect its generally compliant practice. The agency's revised policies will now require the agency to ensure that accredited programs that make public declarations of their accreditation status do so accurately, including the specific academic or instructional programs
covered by that status, and include the name and contact information for the agency. However, the agency does not have documentation of the agency carrying out this revised policy at this time despite conducting numerous accreditation reviews during this period of recognition.

Department staff will recommend the agency's recognition be renewed for five years but additionally recommend the Senior Department Official (SDO) require a monitoring report within 12 months of an SDO decision demonstrating the agency is carrying out the revised version of its accreditation element 5.12 that implements the requirements of this criterion.

### List of Document(s) Uploaded by Analyst - Response

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### Criteria: 602.23(e)

**Description of Criteria**

(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about--

1. The accreditation or preaccreditation status of the institution or program;
2. The contents of reports of on-site reviews; and
3. The agency's accrediting or preaccrediting actions with respect to the institution or program.

**Narrative:**

The LCME Rules of Procedure (Exhibit 2, page 24) states that any incorrect or misleading statements made by a program about LCME accreditation actions or the program’s accreditation status must immediately be corrected or clarified by an official notification announcement. For already-accredited programs, failure to make timely correction or clarification may result in reconsideration of the program’s accreditation status. The information to the public also must include contact information for the LCME Secretariat so that the information can be verified. Such contact information could include the URL of the LCME website or the names, email or surface mail addresses, and telephone numbers of the LCME Secretariat staff.

The LCME has policy to protect against a program providing false or misleading
information or failing to provide material information (Exhibit 2, page 27). If the LCME determines that a medical school has knowingly supplied false or misleading information or has failed to supply relevant material information to the LCME or to a survey team (including information provided in annual questionnaires, the Data Collection Instrument that accompanies a survey visit, the Independent Student Analysis, change notification forms, status reports, or correspondence), the LCME will reconsider the medical education program’s accreditation status and term, and determine any appropriate follow-up action, which may include a change in the program’s accreditation status or term. The LCME may take similar action if a medical school knowingly takes actions that result in misleading information being provided to the LCME or to survey teams, makes misleading or incorrect public statements or disclosures regarding its accreditation status, or fails to notify relevant parties of a probation decision or adverse accreditation action. Examples of misleading statements include, but are not limited to, developing schools not yet reviewed by the LCME implying that accreditation has been granted or will be granted at a specified time, and accredited schools that choose to disclose findings from survey visits not disclosing those findings accurately and not including material information related to the findings.

Since the time of the 2018 U.S. Department of Education review of the LCME, there have been no circumstances where the LCME has identified and acted on instances of false or misleading information.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide further information and documentation regarding what procedures it utilizes to ensure programs are not making incorrect or misleading information releases regarding their accreditation status, contents of reports of their on-site reviews, and agency accrediting actions with respect to the programs.

**Analyst Remarks to Narrative:**
The agency has policies and procedures to provide for public correction of information released by a program and can take follow-up actions if corrections are not made (Exhibit 2, p. 24). The agency also has policy to discourage incorrect or misleading releases (Exhibit 2, p. 27). However, the agency has not explained how it is monitoring for incorrect or misleading releases regarding: accreditation status, contents of reports of on-site reviews, and agency accrediting actions.

The agency states that it has not identified and acted on instances of false or misleading information released by programs during this period of recognition. However, it is not clear what method the agency uses to identify such issues. It is not clear if programs are required to verify their compliance with these policies or if site reviewers are screening program releases for compliance.

The agency must provide further information and documentation regarding what procedures it utilizes to ensure programs are not making incorrect or misleading information releases regarding their accreditation status, contents of reports of their on-site reviews, and agency accrediting actions with respect to the programs.

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Due to some technical issues, the agency’s final responsive narrative did not get saved in this section of the petition. However, the agency separately provided the narrative to Department staff which has been uploaded to the petition as a staff exhibit (Exhibit ID #59942) and is found under the “List of Exhibits uploaded by Analyst.”

Although policy information addressing this area of the criteria was reviewed during the draft staff analysis and found satisfactory, concerns were stated to seek further clarification from the agency as to how it was implementing the policies. The agency attests in its narrative response that it employs several mechanisms to monitor programs for compliance with releasing accurate information that is not misleading (Exhibit ID #59942). The methods include: public media monitoring services that can produce alerts to the agency when its name is mentioned, its sponsors publishing information on programs' accreditation statuses, and responding to media inquiries.

The agency provided sample documentation indicating it received a media inquiry
concerning a program that had been placed on probation and the agency attests it verified that the accreditation information was represented accurately (Exhibit ID #58805). The agency also attests that it will respond to questions from the public on program information if the questions implicate assumptions are based on inaccurate information.

The agency has addressed the concerns stated by staff in the draft analysis and it meets the requirements of this criterion.

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Criteria: 602.23(g)

Description of Criteria

(g) The agency may establish any additional operating procedures it deems appropriate. At the agency's discretion, these may include unannounced inspections.

Narrative:

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must specify whether or not it has established additional operating procedures and identify any such policies.

Analyst Remarks to Narrative:

The agency did not provide a response. The agency must specify whether or not it has established additional operating procedures and identify any such policies.

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Response:
The LCME has not established any additional operating procedures.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The agency attests that it does not have any additional operating procedures described in this section. Therefore, this criterion does not apply.

**List of Document(s) Uploaded by Analyst - Response**

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**Criteria: 602.25(a-e)**

**Description of Criteria**

The agency must demonstrate that the procedures it uses throughout the accrediting process satisfy due process. The agency meets this requirement if the agency does the following:

(a) Provides adequate written specification of its requirements, including clear standards, for an institution or program to be accredited or preaccredited.

(b) Uses procedures that afford an institution or program a reasonable period of time to comply with the agency’s requests for information and documents.

(c) Provides written specification of any deficiencies identified at the institution or program examined.

(d) Provides sufficient opportunity for a written response by an institution or program regarding any deficiencies identified by the agency, to be considered by the agency within a time frame determined by the agency, and before any adverse action is taken.

(e) Notifies the institution or program in writing of any adverse accrediting action or an action to place the institution or program on probation or show cause. The notice describes the basis for the action.

**Narrative:**


The following items address the due process requirements specified in 602.25(a-e)

a. The LCME accreditation standards, as contained in Functions and Structure of a Medical School (F&S) (Exhibit 15) are used for reviews of accredited medical education programs and those seeking accreditation. The process for review of existing medical education programs with full accreditation is described in the Rules of Procedure (Exhibit 2) on pages 10-12 and for developing programs on pages 12-15. Both of these documents are freely available on the LCME website (www.lcme.org/publications).

b. Medical education programs with full accreditation status are informed of the date of their next full survey approximately 18 months in advance. The Rules of Procedure (page 10) states that documents for a medical education program to prepare a survey visit, such as the Data Collection Instrument (Exhibit 30) and the Guide to the Self-Study Summary Report (Exhibit 31b) are posted on the LCME website 12-15 months before the relevant academic year when the survey visit would occur. For a limited (follow-up) survey visit, the medical education program is sent a letter with the information to prepare as a briefing book for the survey team no later than six months before the visit (Rules of Procedure, Exhibit 2, page 22). See Exhibit 39 for an example of the briefing book letter that was sent to School A. If after a full or a limited visit there are concerns about compliance with standards/performance in elements, the program is sent a letter with the due date for submission of a follow-up report (see Exhibit 38) and the documentation to include as follow-up.

c. The LCME letter of accreditation following a full or limited survey includes specific findings for elements with performance that is unsatisfactory or satisfactory with a need for monitoring and the compliance status with each of the 12 accreditation standards. Exhibit 37 is the letter of accreditation following the full survey visit for School A. The review of the visit report resulted in the LCME decision to place the medical education program on probation. Exhibit 80 is the letter of accreditation following the limited survey to School J, which was removed from probation based on the results of the survey. In both cases, the findings describe the areas that require follow-up. Exhibit 89 is the letter of accreditation following a status (follow-up) report submitted by School N. The letter of accreditation following the review of a status report summarizes the program’s performance to date in previously-cited elements and the additional follow-up, if any that is needed. In the case of School N, a number of elements remain in unsatisfactory or satisfactory with a need for performance and the program is given one year to correct these issues.

d. The letter of accreditation following the LCME review of a survey report includes the program’s accreditation status and any required follow-up based on the findings of performance in elements and compliance with standards (Rules of Procedure, Exhibit 2, page 12). As noted above and specified in the Rules of Procedure (page 22), the LCME requires a program to submit a status report if there are elements in
satisfactory with a need for monitoring or unsatisfactory performance that do not collectively rise to the need for a follow-up survey visit (page 20). All letters of accreditation include the timing of follow-up status or survey reports. The LCME Rules of Procedure (page 21) states that a medical education program will generally have the opportunity to correct serious problems of noncompliance before the LCME acts to withdraw accreditation. However, the LCME may act to withdraw accreditation whether or not a survey visit or probationary period has preceded the action if there are serious deficiencies that raise concerns about the sustainability of the program or the preparation and competence of graduates to enter the next phase of training.

e. The LCME will send a letter of accreditation to a medical education program in the case where an action has been taken to place the program on probation or to withdraw accreditation. Since its last review by the U.S. Department of Education, the LCME has not taken an action to withdraw accreditation. Exhibit 37 is the letter of accreditation to School A with the action to place the program on probation. The letter includes the compliance status for each of the 12 accreditation standards and the specific findings that led to the element performance that is satisfactory with a need for monitoring and unsatisfactory. The letter also includes the timeline within which the program can request reconsideration of the probation action and an excerpt from the LCME Rules of Procedure, Exhibit 2, Appendix B that described the reconsideration process.

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<td><strong>Exhibit Title</strong></td>
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<td>Exhibit 30 - DCI for 2020-2021</td>
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<td>Exhibit 37 - School A letter of Accreditation</td>
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<td>Exhibit 38 - School B Letter of</td>
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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provides adequate written specification of its requirements, including clear standards, in its Rules of Procedure and Functions and Structure of a Medical School documents for a program to be accredited (Exhibits 2 and 15). The documents are readily accessible to programs at the agency's website, itemized by table of contents, paginated, and clear. The agency solicits feedback from its programs and makes revisions as necessary on the clarity of the standards and the elements contained within them.

The agency's procedures provide adequate timeframes, in accordance with commonly accepted practices, to ensure that programs have sufficient time to respond to the agency requests for information. It provides additional materials to programs to assist in identifying and providing the information that is collected and reviewed for review purposes through completion of its Data Collection Instrument document and self-studies (Exhibits 30 and 31b). Deficiencies are clearly and specifically identified in the agency's letter to a program following its review (Exhibit 37). The letter is used to identify compliance issues with any standards as well as performance issues with any elements within the standards.

The agency's sample documentation provides a written notification to a program that has been recommended for probation with ample explanation of specific compliance and performance issues forming the basis for the agency's considered action (Exhibit 37). The program was permitted an opportunity to respond (within 30 days) in writing and request a reconsideration prior to the action becoming finalized. These actions
were in accordance with the agency's written policies and procedures (Exhibit 2, pp. 12 and 20-22). The agency provided further sample documentation evidencing it carrying out its policies and procedures (Exhibits 38, 39, 80, and 89).

Additionally, it is the agency's policy to provide written specification of deficiencies identified by a site review team and to allow the Dean of the program an opportunity (within 10 business days) to respond in writing to the site team's secretary on any factually contested items (Exhibit 2, p. 11). Although after the visit is concluded, new evidence may not be submitted.

This practice is described in the agency's policy (Exhibit 2, p. 11). Department staff observed a virtual site visit in spring 2022 and noted the site team secretary made this fact known as part of the introductory comments to the various program panels the team met with throughout the visit.

The Department has not received any complaints from programs regarding the agency's due process policies and procedures.

The agency meets the requirements of this criterion.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

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### Criteria: 602.25(f)

**Description of Criteria**

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that--

(i) May not include current members of the agency's decision-making body that took the initial adverse action;

(ii) Is subject to a conflict of interest policy;
(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: To affirm, amend, or remand adverse actions of the original decision-making body; and

(iv) Affirms, amends, or remands the adverse action. A decision to affirm or amend the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency’s option; however, in the event of a decision by the appeals panel to remand the adverse action to the original decision-making body for further consideration, the appeals panel must explain the basis for a decision that differs from that of the original decision-making body and the original decision-making body in a remand must act in a manner consistent with the appeals panel’s decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.

Narrative:

The following describes the process for appeal of an adverse action by the LCME. There have been no appealable actions within the past five years.

The LCME Rules of Procedure (Exhibit 2, pages 36-39) describes the process for appeal of an adverse accreditation action, defined by the LCME as denial or withdrawal of accreditation (definition included on page 21). Upon a finding that a medical education program is not in substantial compliance with the LCME’s published accreditation standards and upon LCME imposition of an action to deny or withdraw accreditation, the LCME Secretariat shall promptly notify the sponsoring institution of the medical education program in writing of the action and of the specific areas of noncompliance that support the imposition of the action. The LCME Secretariat also shall inform the sponsoring institution of the right to appeal. The notification includes that the institution has 30 calendar days from the date of the letter of accreditation to file the appeal. The Rules of Procedure (page 36-37) describe the composition and training of the three-member Appeals Panel, who will be appointed by the LCME Secretariat in consultation with the Chair and Chair-elect of the LCME. Members of an LCME Appeals Panel may be former members of the LCME or individuals who have the experience and qualifications to be LCME members. The Appeals Panel will not include current members of the LCME or past members who have taken part in the decision that led to the adverse action under appeal. No person shall be included on an Appeals Panel for a given program if he or she has participated in a survey visit that triggered the adverse action; reviewed survey findings, status reports, or other LCME findings or conclusions regarding that program on behalf of the LCME within the past
five years; or has a conflict of interest as determined under the LCME Conflict of Interest Guidelines. Appeals Panel members are subject to the same conflict of interest guidelines as LCME and survey team members (see page 28 for conflict of interest guidelines). An Appeals Panel is selected specifically for each appeal. Appeals panel members are oriented to their role by LCME legal counsel. The Appeals Panel shall determine by the affirmative vote of a majority of those members present whether substantial evidence supports the existence of each of the cited areas of noncompliance with accreditation standards/unsatisfactory performance in accreditation elements, and whether the adverse action by the LCME should be affirmed, amended, or remanded.

The chair of the Appeals Panel notifies the institution in writing of the date, time, and place of the appeal hearing. The notice shall be provided at least forty-five (45) calendar days prior to the appeal hearing. The program is notified that representatives from the program attending the appeal hearing may be supported by legal counsel (page 37).

The hearing is conducted according to the process described in the Rules of Procedure (page 37).

The Appeals Panel shall take one of the following actions, (page 38):
- Affirm the adverse action
- Amend the adverse action
- Remand the adverse action back to the LCME for further consideration, identifying specific issues that the LCME must address.

If the Appeals Panel determines that there is no reason to alter the adverse action, it shall affirm the action. If the Appeals Panel determines that the adverse action is not supported by the evidence or was not made in substantial accordance with LCME policies and procedures, it shall amend the adverse action. If the decision is to remand the adverse action, the appeals panel must explain the basis for the decision that differs from that of the LCME and the LCME will then act in a manner consistent with the panel’s decisions or instructions. If the Appeals Panel remands the matter back to the LCME for further consideration, the LCME shall reconsider the matter paying close attention to any specific issues and instructions identified by the Appeals Panel. The decision of the LCME on remand shall be final.
The agency has two forms of adverse actions: denial of accreditation and withdrawal of accreditation. The agency's policies and procedures regarding appeals in its Rules of Procedure manual contain all the elements required by this section, to include: the conflict-free composition, function, and authorized actions (affirm, amend, or remand) of the appeals body. The appeals process allows the program to be represented by legal counsel at a hearing. (Exhibit 2, pp. 36-39).

The agency states it has not awarded any final adverse actions during this period of recognition. Therefore, its appeals policy has not been utilized as it has not been needed. The agency's policies and planned procedures meet the requirements of this criterion.

The Rules of Procedure (Exhibit 2, pages 38-39) states that the Appeals Panel decision, the reasons therefor, and any instructions to the LCME shall be submitted to the LCME in the form of a written report. The Appeals Panel process, including the filing of the report with the LCME, shall be completed within ninety (90) calendar days from the time that the institution files its Notice of Appeal. The prior
Accreditation status of a program shall remain in effect until the action by the LCME or the Appeals Panel, as relevant, becomes final. There have been no adverse actions taken by the LCME in the past five years.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must amend its policies to make clear that it requires written notification to the program of the result of its appeal and the basis for that result.

**Analyst Remarks to Narrative:**

The agency's policy is to provide written notification to a program in the event a decision by the appeals panel is to remand. It states, "the LCME Secretariat shall notify the institution in writing of the Appeals Panel decision, and the action taken by the LCME on remand, including the reasons therefor, in a timely manner" (Exhibit 2, p. 39). This policy meets the requirements of this section as to a remand. However, it is not clear if the policy applies to a decision to affirm or amend.

In the agency's policy addressing those decisions, and as stated in its narrative, "the Appeals Panel decision, the reasons therefor, and any instructions to the LCME shall be submitted to the LCME in the form of a written report" (Exhibit 2, p. 38). The written notification is directed to the agency's accrediting decision-making body instead of also to the program. The criterion requires written notification to the program of the result of its appeal and the basis for that result without limitation as to which outcome is achieved: affirm, amend, or remand.

The agency has not awarded any final adverse actions during this period of recognition and has not had cause to apply its appeals policy. The agency must amend its policies to make clear that it requires written notification to the program of the result of its appeal and the basis for that result whether the result is to affirm, amend,
or remand.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

Due to some technical issues, the agency’s final responsive narrative did not get saved in this section of the petition. However, the agency separately provided the narrative to Department staff which has been uploaded to the petition as a staff exhibit (Exhibit ID #59944). Further, references in the agency narratives regarding revised Rules of Procedure may refer to an incorrect exhibit. The correct documentation has also been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibits found under the “List of Exhibits uploaded by Analyst” section for the agency’s narrative and the revised Rules of Procedure.

The agency’s narrative response affirms that its policy previously required notifications to programs of appeals results regardless of the decision rendered (affirm, amend, or remand). However, the agency amended its policy to make the procedure more clear to address the concern stated by staff in the draft analysis. The amended policy in the revised Rules of Procedure is straightforward (Exhibit ID #59822, p. 47). The agency has not awarded any final adverse actions during this period of recognition and has not had cause to apply its appeals policy. The agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.25(h)

Description of Criteria

(h)

(1) The agency must provide for a process, in accordance with written procedures,
through which an institution or program may, before the agency reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met:

(i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made.

(ii) The financial information is significant and bears materially on the financial deficiencies identified by the agency. The criteria of significance and materiality are determined by the agency.

(iii) The only remaining deficiency cited by the agency in support of a final adverse action decision is the institution's or program's failure to meet an agency standard pertaining to finances.

(2) An institution or program may seek the review of new financial information described in paragraph (h)(1) of this section only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.

Narrative:

The LCME Rules of Procedure (Exhibit 2, page 37) states that in the appeal of an adverse action no new information will be presented to or considered by the Appeals Panel unless the following three conditions are met: (1) the adverse action that is the subject of appeal was based solely upon a failure by the institution to comply with an accreditation standard pertaining to finances, (2) the information was unavailable to the institution prior to the decision by the LCME to take the adverse action, and (3) the information is significant and bears materially on the financial deficiencies identified by the LCME. If those three conditions are met, that information will also be forwarded to and may be considered by the Appeals Panel.

As there have been no adverse actions taken by the LCME in the past five years, this situation has not occurred.

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Analyst Worksheet- Narrative
**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has provided a written process for programs to submit new financial information prior to the agency reaching an adverse decision. This process is part of the appeals policy and is clear and tailored to the requirements of this section (Exhibit 2, p. 37). The agency states it has not awarded a final adverse action during this period of recognition and thus has not had cause to apply these policies and procedures. The agency meets the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**Criteria: 602.26(a)**

**Description of Criteria**

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures:

(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:

   (1) A decision to award initial accreditation or preaccreditation to an institution or program.

   (2) A decision to renew an institution's or program's accreditation or preaccreditation;

**Narrative:**

The Rules of Procedure (Exhibit 2) includes the LCME policies related to notifications for programs that have been granted accreditation or have had their accreditation renewed. On page 23, the Rules of Procedure states that the LCME Secretariat notifies the U.S. Secretary of Education, the relevant state medical licensing board, the relevant regional (institutional accreditation body, and the public of actions affecting accreditation status taken at an LCME meeting within 30 calendar
days of the meeting, including the decision to grant accreditation or renew a program’s accreditation status. It also states on that page that the current accreditation status of all accredited programs is posted on the LCME public website (www.lcme.org under “Accredited Programs”) and will be updated within 30 business days following the conclusion of LCME meetings, except in the case of a reconsideration of a probation decision.

The LCME staff also update the status of medical education programs including the dates of next review through the Department of Education website.

School J was on probation and had a limited survey as a follow-up to that status. The report of the survey was reviewed at the June 15-17, 2021 meeting of the LCME. Following the LCME action to end probation, that information was provided to the medical licensing board (Exhibit 90) and the relevant regional accrediting body (Exhibit 91). The U.S. Secretary of Education was notified of all actions taken during the June LCME 2021 meeting (Exhibit 92). All these notifications were sent on June 30, 2021, within the 30-day period. The LCME website was updated on June 23, 2021 reflecting the changes made at the June 2021 LCME meeting (see Exhibit 3 that includes the date of last update).

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<td>Exhibit 3 - Accredited programs</td>
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<td>Exhibit 91 - June 2021 letter to regional accreditor</td>
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<td>Exhibit 92 - June 2021 letter to Secretary of Education</td>
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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section
The agency's Rules of Procedure manual require the agency to provide written notice to the Secretary, the appropriate State regulatory authority (medical licensing board), the appropriate accrediting agencies (regional institutional accrediting agency over the entity within which the agency accredits a program), and the public no later than 30 days after the positive accreditation decision to award initial accreditation or renew accreditation is made (Exhibit 2, p. 23). The agency provided documentation to demonstrate that the Secretary, appropriate State regulatory authority, and appropriate accrediting agency were notified within 30 days of a positive accreditation decision (end probation, renew accreditation) (Exhibits 90-92).

Department staff verified that the notice to the public, as required by this section, is available on the agency's website in the form of a list of the programs, their year of initial accreditation, next survey date, and current accreditation status. Sample documentation indicates the list available to the public was updated within 30 days of the meeting indicated in the other sample documentation that was provided in this section (Exhibit 3).

Additionally, Department staff verified that the agency is providing appropriate updates to the Department's Database of Accredited Postsecondary Institutions and Programs (DAPIP) system.

This includes the updates for this sample program which reflects the following information: Medicine (MED) - Programs leading to the M.D. degree Accredited since (07/01/1979) Next Review Date (12/31/2027) Action and Date Justification for Action Documentation Probation or Equivalent or a More Severe Status: Probation 06/18/2019 - 06/17/2021 Concerns about issues affecting academic quality Accreditation Reaffirmed: Probation Removed 06/17/2021 Has satisfactorily addressed all compliance concerns from previous actions.

The agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed
Criteria: 602.26(b)

(b) Provides written notice of a final decision of a probation or equivalent status or an initiated adverse action to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision and requires the institution or program to disclose such an action within seven business days of receipt to all current and prospective students;

Narrative:

The Rules of Procedure (Exhibit 2) state that, in the case of the award of probation or an initial decision to award an adverse action (defined as denial or withdrawal of accreditation), the LCME will notify the U.S. Secretary of Education, the relevant state medical licensing board, and the relevant regional (institutional) accrediting body in writing of the action at the same time as the medical education program is notified, but no later than 30 calendar days after the decision is made final (page 23). Such decisions will be conveyed to the public by posting of the accreditation action on the LCME website within 24 hours of the written notification to the institution or program. The LCME requires that the institution disclose the final LCME action to grant probation or to initiate an adverse action to all current and prospective students within seven business days.

School A determined to not seek reconsideration for the probation action and was notified that the action was final on June 30, 2020 (Exhibit 57). On the same day, written notifications were emailed to the U.S. Secretary of Education (Exhibit 93), the state medical licensing board (Exhibit 94), and the relevant regional accreditor (Exhibit 95).

The LCME notice to School A with the final probation action stated that notification would need to occur within 72 hours (which was the LCME policy at that point) to enrolled students, those accepted for enrollment, and those seeking enrollment (Exhibit 57). The school sent a summary of the notifications made, along with the dates they were made (Exhibit 88). Due to the COVID-19 pandemic, some class meetings needed to be virtual, so the three-day deadline was exceeded in a few cases.

The LCME has not initiated an adverse action in the past five years.
The agency's policy is tailored to the requirements of this criterion. It states that an award of probation or initiation of an adverse action (denial or withdrawal in this agency's case), the agency “will notify the U.S. Secretary of Education, the relevant state medical licensing board, and the relevant regional (institutional) accrediting body in writing of the action at the same time as the medical education program is notified, but no later than 30 calendar days after the decision is made final” (Exhibit 2, p. 23). Additionally, the policy requires the program to disclose these actions to all current and prospective students within seven business days (Exhibit 2, p. 23).

The agency provided sample documentation demonstrating the application of its policy for a program that was placed on probation (Exhibits 57 and 93-95). The agency also provided sample documentation evidencing its monitoring of the program in meeting the requirement to timely provide notice to prospective and current students (Exhibit 88).

The agency states that it is has not initiated an adverse action during this recognition period. The agency meets the requirements of this criterion.
Criteria: 602.26(c)

Description of Criteria

(c) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

(1) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program.

(2) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (c)(1) of this section;

Narrative:

The LCME Rules of Procedure (Exhibit 2, page 23) states that the LCME will provide written notice to the U.S. Secretary of Education, the relevant state medical licensing board, and the relevant regional (institutional) accrediting body at the same time as it notifies the medical education program of the final decision to deny or withdraw accreditation no later than 30 calendar days after the decision is made final. The LCME requires that the institution disclose the final action to deny or withdraw accreditation to all current and prospective students within seven business days.

The LCME defines an adverse action as a decision to deny or withdraw accreditation. It does not have any other category of adverse action (Rules of Procedure, Exhibit 2/appealable adverse actions, page 36).

There has been no adverse action in the past five years, so no notification documentation is included.
### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has two forms of negative actions: deny or withdraw accreditation. The agency states that it has not carried out any negative actions during this period of recognition. The agency's policy is tailored to the language in this criterion (Exhibit 2, p.23) and it meets the requirements.

#### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

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### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

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### Criteria: 602.26(d)

**Description of Criteria**

(d) Provides written notice to the public of the decisions listed in paragraphs (b) and (c) of this section within one business day of its notice to the institution or program;

**Narrative:**

The LCME Rules of Procedure (Exhibit 2, page 23) states that “such decisions [i.e., the final action to impose probation, the initial decision to impose an adverse action, and the final decision to impose an adverse action] (see 602.26b and c above) will be conveyed to the public by posting of the accreditation action on the LCME website within 24 hours of the written notification to the institution or program.”

The LCME website is updated after each meeting, so there is no screenshot of the update following the imposition of probation for schools A and J. There has been no adverse action (initial or final) in the past 5 years.
Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation to demonstrate it has timely submitted the required accreditation decisions to the Department via the Database of Accredited Postsecondary Institutions and Programs (DAPIP), and any other supporting documentation, for any programs accredited in a status recognized by the Department or explain that no such decisions were made.

**Analyst Remarks to Narrative:**

The agency has provided its policy on written notice to the public within 24 hours of notice to the program of the types of decisions described in 602.26(b) and (c) (Exhibit 2, p. 23). The policy complies with the requirements of this section. However, the agency states that it is unable to provide written documentation of the notices to the public for the two samples included in the petition as School A and School B. It cites updates to its website as leading it to not have a screenshot of the notices.

The agency must provide documentation to demonstrate it has timely submitted the required accreditation decisions to the Department via the Database of Accredited Postsecondary Institutions and Programs (DAPIP), and any other supporting documentation, for any programs accredited in a status recognized by the Department or explain that no such decisions were made.

The agency previously stated that it has not awarded any decisions described in 602.26(c) during this recognition period. The agency must provide documentation of the public notices required in this section.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded
In the file review, information has been included that the LCME had placed the Meharry Medical College on probation as of December 6, 2022. In part, the December 6, 2022 letter to the program stated the following:

“The LCME is required to notify the U. S. Department of Education, the relevant regional institutional accreditor, and the relevant medical licensing board of its final accreditation determination when it has placed a program on probation. Those notifications related to the Meharry Medical College School of Medicine are occurring simultaneously with this letter.

The LCME is also required by the U.S. Department of Education to make available to the public all final determinations of “accredited, on probation.” The LCME website has been updated as of this date (i.e., December 6, 2022) to reflect this status.”

Exhibit 120 shows a screenshot from DAPIP showing that the status of the Meharry Medical College School of Medicine was updated on December 6, 2022 to a status of “full, on probation” and an excerpt showing that the LCME website had been updated on December 6, 2022 to reflect the accreditation status of the Meharry Medical College School of Medicine as “accredited, on probation.”

Exhibit 121 includes sample reporting of actions for renewal of accreditation from the February 2023 LCME meeting, including a notification letter to the U.S. Secretary of Education, an update to DAPIP for two sample medical education programs (the Hackensack Meridian School of Medicine and the West Virginia University School of Medicine) stating that accreditation had been continued, and an excerpt from the LCME website for those two medical education programs, all dated March 10, 2023.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The agency has provided additional documentation demonstrating it makes the required notifications to the public within the required 24 hour period (Exhibit ID #58807). The documentation referenced by the agency in its responsive narrative was indeed observed by Department staff during the agency's file review and further
demonstrated a timely notification. Additionally, the agency placed another program on probation in March 2023. Staff observed timely notification made by the agency in that circumstance as well. This included timely updating the Department's Database of Accredited Postsecondary Institutions and Programs (DAPIP). The agency has demonstrated it meets the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Response**

No file uploaded

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**Criteria: 602.26(e)**

**Description of Criteria**

(e) For any decision listed in paragraph (c) of this section, requires the institution or program to disclose the decision to current and prospective students within seven business days of receipt and makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment;

**Narrative:**

The LCME Rules of Procedure (Exhibit 2, page 23) states that the LCME requires that the institution disclose the final action to deny or withdraw accreditation to current and prospective students within seven business days. In decisions to deny or withdraw accreditation, the LCME will provide the U.S. Secretary of Education, the relevant state medical licensing board, the relevant regional (institutional) accrediting body, and the public with a summary of the facts of its review no later than 60 calendar days after the decision is made final, along with any comments made by the program or with the statement that the program has been offered the opportunity to make comments and chose not to do so.

There has been no adverse actions by the LCME in the past five years, so no examples of notifications are provided.

**Document(s) for this Section**
The agency's policy requires programs to "disclose the final LCME action to grant probation, to initiate an adverse action, and to deny or withdraw accreditation to all current and prospective students within seven business days" (Exhibit 2, p. 23). The policy also states that a summary of the facts will be provided to the parties requiring notification under this section no later than 60 calendar days after the decision is made final. It will include any comments made by the program or state that an opportunity to make such comments was provided (Exhibit 2, p. 23). The agency states that it has not carried out any adverse actions during this period of recognition. The policies meet the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
Not Reviewed

**Criteria: 602.26(f)**

**Description of Criteria**

(f) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program—

(1) Decides to withdraw voluntarily from accreditation or preaccreditation, within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation; or

(2) Lets its accreditation or preaccreditation lapse, within 10 business days of the date on which accreditation or preaccreditation lapses.

**Narrative:**
The LCME Rules of Procedure (Exhibit 2, page 23) states that if an accredited program withdraws from its accreditation status voluntarily or otherwise allows its accreditation status to lapse, the LCME Secretariat will inform the U.S. Department of Education and the relevant regional accrediting body and state licensing agency within 10 business days of the date of the withdrawal or lapse.

The public will be notified of a program’s withdrawal from or lapse of accreditation through the LCME website. The accreditation information made available to the general public includes the current accreditation status of an accredited program and the academic year of its next accreditation survey, if it has been set. As with other notifications of a final termination of accreditation status (see 602.26d), the website will be updated by 24 hours of the time the program’s accreditation ends.

There has been no voluntary withdrawal from accreditation.

**Document(s) for this Section**

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide further information and documentation to show that its current policy requires it to, upon request, and within 10 business days of the event, notify the public when a program voluntarily withdraws from accreditation or allows its accreditation to lapse. Or, modify its policies to ensure such notifications will be made. The agency must state if there have been any lapses during this period of recognition. If so, it must provide documentation of the notifications described in this section.

**Analyst Remarks to Narrative:**

The agency's policy requires it to make notifications to all the parties described in this section, except for the public, within 10 business days in the event of a voluntary withdrawal or a lapse (Exhibit 2, p. 23). However, the agency has not made clear what policy applies to notifications to the public upon a program's voluntary
withdrawal from accreditation or a lapse thereof. The agency must provide further information and documentation to show that its current policy requires it to, upon request, and within 10 business days of the event, notify the public when a program voluntarily withdraws from accreditation or allows its accreditation to lapse. Or, modify its policies to ensure such notifications will be made.

The agency states that there have been no voluntary withdrawals from accreditation. It did not state if there have been any lapses. The agency must state if there have been any lapses during this period of recognition. If so, it must provide documentation of the notifications described in this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Response:

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 24) states the following related to notification to the public of a program’s voluntary lapse of or withdrawal from accreditation:

“If an accredited program withdraws its accreditation status voluntarily or otherwise allows its accreditation status to lapse, the LCME Secretariat will inform the U.S. Department of Education, the relevant regional accrediting body and state licensing agency, and the public through the LCME website within 10 business days of the date of the withdrawal or lapse. At the same time, the LCME will communicate with the program to confirm the date that the program’s accreditation has ceased.”

There is open access to the LCME website, so information is open to the public at any time.

There have been no examples of the withdrawal or lapse of accreditation since the time of the LCME’s last review by the U.S. Department of Education.

Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit.
(Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies to address staff concerns stated in the draft analysis. The agency's revised Rules of Procedure now specifically include a reference to the public (in addition to the other required parties) being timely notified of a program's voluntary withdrawal or lapse (Exhibit Id #59822, p. 30). The agency attests it has not encountered a voluntary withdrawal nor a lapse during this period of recognition. Therefore, there is no supporting documentation. The agency has demonstrated that it meets the requirements of this criterion.

### List of Document(s) Uploaded by Analyst - Response

No file uploaded

### Criteria: 602.27 (a)(1-4)

#### Description of Criteria

(a) The agency must submit to the Department—

(1) A list, updated annually, of its accredited and preaccredited institutions and programs, which may be provided electronically;

(2) A summary of the agency's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities related to this part;

(3) Any proposed change in the agency's policies, procedures, or accreditation or preaccreditation standards that might alter its—

   (i) Scope of recognition, except as provided in paragraph (a)(4) of this section; or

   (ii) Compliance with the criteria for recognition;

(4) Notification that the agency has expanded its scope of recognition to include distance education or correspondence courses as provided in section 496(a)(4)(B)(i)(I) of the HEA. Such an expansion of scope is effective on the date the Department receives the notification;

#### Narrative:


The Rules of Procedure (Exhibit 2, page 24) states that the LCME will provide an annual report to the U.S. Department of Education that contains the following information: a list of accredited programs, a summary of accreditation actions taken during the most recently completed academic year, and a summary of changes to policies and standards made during that year. The report includes information for an academic year (July 1st to June 30th). The report for the 2019-20 academic year is included as Exhibit 66. Accredited programs as of the date of the report are included in Appendix B (pages 14-33), accreditation actions on surveys are included in Appendix D (pages 35-41), actions on follow-up (status) reports are included in in Appendix F (pages 45-48), and changes to standards and policies are summarized on pages 4-5 and in Appendices G and H.

There have been no changes in the 2019-2020 and 2020-2021 academic years that would alter the LCME’s scope of recognition. The Rules of Procedure (Exhibit 2) were revised for June 2021 to address the new Secretary’s Recognition Criteria for Accrediting Agencies and to reflect the ending of LCME accreditation of Canadian medical schools, which is anticipated to occur on June 30, 2025 (Rules of Procedure, Exhibit 2, page 2).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must revise its policies and procedures to ensure it submits to the Department any proposed change in the agency's policies, procedures, or standards that might alter its scope of recognition (except as provided in paragraph (a)(4) of this section) or compliance with the criteria for recognition.

**Analyst Remarks to Narrative:**
The agency's written policy is to provide an annual report to the Department "which contains the following information: • A list of its accredited programs • A summary of accreditation actions taken during the most recently completed academic year • A summary of changes to policies and standards made during the most recently completed academic year" (Exhibit 2, p. 24). The agency provided a sample report and Department staff confirm that it was provided to the Department (Exhibit 66).

However, the agency's policy does not address proposed changes that might alter its scope of recognition or compliance with the criteria. Instead, it appears to only address changes that have already been carried out. The agency must revise its policy to ensure such proposed changes are also provided as required in this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

Due to some technical issues, the agency’s final responsive narrative did not get saved in this section of the petition. However, the agency separately provided the narrative to Department staff which has been uploaded to the petition as a staff exhibit (Exhibit ID #59945). Further, references in the agency narratives regarding revised Rules of Procedure may refer to an incorrect exhibit. The correct documentation has also been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibits found under the “List of Exhibits uploaded by Analyst” section for the agency’s narrative and the revised Rules of Procedure.

The agency has amended its policies to address the concerns stated by staff in the draft analysis. The revised Rules of Procedure now include a policy to ensure there are prospective notifications made to the Department in advance of any changes described in this section (Exhibit ID #59822, p. 30). The agency has not made any such notifications during this period of recognition and staff have not observed any prospective changes that would have required such notifications. Therefore, the agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Criteria: 602.28 (b)

Description of Criteria

(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--

(1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;

(2) A decision by a recognized agency to deny accreditation or preaccreditation;

(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or

(4) Probation or an equivalent status imposed by a recognized agency.

Narrative:

The LCME Rules of Procedure (Exhibit 2, page 24) states that the LCME will not grant accreditation to or renew the accreditation of programs within institutions for which the following exist: 1) a pending or final action by a state chartering authority to suspend, revoke, or terminate the institution’s legal authority to provide postsecondary education in the state; 2) a decision by a recognized institutional (regional) accrediting body to deny accreditation or pre-accreditation; 3) a pending or final action by a recognized accrediting agency to suspend, revoke, or terminate an institution’s accreditation or pre-accreditation; and 4) an action by a recognized accrediting agency to impose probation on an institution that includes a medical education program.

Since the time of the last review by the U.S. Department of Education, the LCME has not received notification of or otherwise become aware that the circumstances in 1-4 have occurred related to an institution that sponsors a medical education program. Therefore, there has been no opportunity to apply the policy.

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The agency must modify its policy to include the action of withdraw in the list of actions that would require the agency's consideration under this criterion. The agency must modify its policy to include consideration of actions that are an equivalent status to probation. The agency must provide further information as to whom it refers to as state chartering authorities and whether or not it regards decisions made by any other state agencies.

**Analyst Remarks to Narrative:**

The agency's policy is tailored closely to the requirements of this criterion (Exhibit 2, p. 24). However, there are instances in which the exact language used by the agency are problematic.

The agency has used three of the four actions described by this section that would require the agency's consideration: suspend, revoke, or terminate. However, it has left out the action of withdraw. The agency must modify its policy to include the action of withdraw in the list of actions that would require the agency's consideration under this criterion. The agency has not included language in its policy to capture consideration of actions that are of "equivalent status" to probation. The agency must modify its policy to require consideration of such actions.

Additionally, the agency policies reflects regard for the decisions made by state chartering authorities. The agency must provide further information as to these entities and if it regards decisions made by any other state agencies.

The agency states that it has not had cause to carry out this policy during this period of recognition.

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**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded
Due to some technical issues, the agency’s final responsive narrative did not get saved in this section of the petition. However, the agency separately provided the narrative to Department staff which has been uploaded to the petition as a staff exhibit (Exhibit ID #59946). Further, references in the agency narratives regarding revised Rules of Procedure may refer to an incorrect exhibit. The correct documentation has also been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibits found under the “List of Exhibits uploaded by Analyst” section for the agency’s narrative and the revised Rules of Procedure.

The agency has amended its policies to address the concerns stated by staff in the draft analysis. The revised policy now ensures the agency will not grant initial accreditation or renew accreditation for a program known to the agency to be the subject of any of the actions (including a withdrawal) in this criterion unless an exception is met under 602.28(c) (Exhibit ID #59822, pp. 31-32).

The agency has also provided further clarification in its revised Rules of Procedure that clarify that a state chartering authority is the “state agency approving the institution’s ability to operate and grant a medical degree” (Exhibit ID #59822, p. 31). The agency has addressed the clarification sought by staff in the draft analysis.

The agency previously attested it has not had cause to carry out these policies during this period of recognition. The agency meets the requirements of this criterion.
The LCME Rules of Procedure (Exhibit 2, page 25) states that if the LCME decides to grant accreditation to or continue the accreditation of a medical education program that is within an institution with a pending or final adverse or probation action by a state chartering authority or institutional (regional) accrediting agency, it will, within 30 days, provide to the U.S. Secretary of Education a thorough and reasonable explanation of its action, consistent with its standards and associated accreditation elements, of why the actions of the other agency do not preclude granting or continuing of LCME accreditation.

Since the time of the last review by the U.S. Department of Education, the LCME has had no opportunity to apply the policy.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency's policy is tailored to the requirements of this criterion (Exhibit 2, pp. 24-25). If the agency accredits or continues accreditation of a program subject to the actions or decisions described in 602.28(b), the agency will timely provide the required explanation to the Department. The agency states that it has not carried out such an event during this period of recognition. The agency meets the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
Criteria: 602.28 (d)

Description of Criteria

(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

Narrative:

The Rules of Procedure (Exhibit 2, pages 24-25) states if the LCME becomes aware of any of the following: 1) a pending or final action by a state chartering authority to suspend, revoke, or terminate the institution’s legal authority to provide postsecondary education in the state; 2) a decision by a recognized institutional (regional) accrediting body to deny accreditation or pre-accreditation; 3) a pending or final action by a recognized accrediting agency to suspend, revoke, or terminate an institution’s accreditation or pre-accreditation; and 4) an action by a recognized accrediting agency to impose probation on an institution that includes a medical education program, it will promptly review its accreditation of the impacted program in the context of its eligibility requirements and standards for accreditation. In such instances, the LCME will determine whether to grant or continue accreditation of the medical education program based on a review to determine if the areas cited by the regional accreditation agency or state chartering authority as the reasons for the adverse or probation action represent noncompliance with one or more LCME accreditation standards.

Since the time of the last review by the U.S. Department of Education, the LCME has had no opportunity to apply the policy.

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Analyst Worksheet- Narrative

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**

The agency must modify its policies to address all actions of other recognized agencies that are referenced in this section that would require it to conduct its own accreditation review. These actions include: denial, withdrawal, suspension, revocation, or termination of accreditation, or any comparable accrediting action, and probation or an equivalent status.

**Analyst Remarks to Narrative:**

The agency's policy does not address all actions described in this criterion. The actions the agency cites that will lead to it applying the requirements of this section are: 1) a pending or final action by a state chartering authority to suspend, revoke, or terminate the institution’s legal authority to provide postsecondary education in the state; 2) a decision by a recognized institutional (regional) accrediting body to deny accreditation or pre-accreditation; 3) a pending or final action by a recognized accrediting agency to suspend, revoke, or terminate an institution’s accreditation or pre-accreditation; and 4) an action by a recognized accrediting agency to impose probation on an institution that includes a medical education program (Exhibit 2, p. 24).

However, the actions described in this section are: adverse action, or probation or an equivalent status. An adverse action is defined in 34 C.F.R. §602.3 as denial, withdrawal, suspension, revocation, or termination of accreditation, or any comparable accrediting action. The agency's policy addresses some but not all actions that are adverse actions as described in the regulation. Additionally, although the agency's policy does include consideration of probation, it does not extend to consideration of action of equivalent status.

The agency states it has not had to apply this policy during this recognition period. The agency must modify its policies to address all actions described in this section that require it to conduct its own accreditation review.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

The LCME has policy that specifies that it would conduct an independent review if a medical education program exists within an institution that is subject to an adverse action by another recognized accrediting body or has been placed on probation or
equivalent status by another recognized accrediting agency.

The 2023 Revised LCME Rules of Procedure (Exhibit 102, page 26) state the following:

“If the LCME is made aware that an institution that offers an LCME-accredited medical education program is subject to an adverse action (defined as denial, suspension, revocation, termination, or withdrawal of accreditation or a comparable action) by a recognized accreditation agency or has been placed on probation or an equivalent accreditation status, as defined by the agency, it will promptly review its accreditation of the impacted program in the context of its eligibility requirements and standards for accreditation. In such instances, the LCME will determine whether to grant or continue accreditation of the medical education program based on a review to determine if the areas cited by the regional accreditation agency or state chartering authority as the reasons for the adverse or probation action represent noncompliance with one or more LCME accreditation standards.”

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

Due to some technical issues, the agency’s revised Rules of Procedure exhibits referred to in the agency’s final responsive narrative may refer to an incorrect exhibit. The correct documentation has been uploaded to the petition as a staff exhibit (Exhibit ID #59822). Please review the staff exhibit found under the “List of Exhibits uploaded by Analyst” section for the agency’s revised Rules of Procedure.

The agency has amended its policies in response to the concerns stated by staff in the draft analysis. The agency’s revised Rules of Procedure now include the adverse actions described in the Secretary's regulations as well as any comparable actions that would necessitate a review under this criterion (Exhibit Id #59822, p. 32). The agency has addressed the staff concerns and it meets the requirements of this criterion.

**List of Document(s) Uploaded by Analyst - Response**

No file uploaded
(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.

Narrative:

The LCME Rules of Procedure (Exhibit 2, page 25) states that upon request, the LCME shares information with recognized state approval agencies and approved accrediting agencies on the accreditation status of medical education programs and any adverse actions it has taken.

There have been no requests for the information specified in 602.27(e) from state approval agencies and approved accrediting bodies and there have been no adverse actions taken by the LCME in more than five years. According to its policy, the LCME provides approved regional accrediting bodies with information about the accreditation status, including the award of probation or a decision to deny or withdraw accreditation, of medical education programs (Rules of Procedure, page 23).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency's policy is tailored to meet the requirements of this criterion stating that "upon request, the LCME shares information with recognized state approval agencies and approved accrediting agencies on the accreditation status of medical education programs, including any adverse actions it has taken" (Exhibit 2, p. 25). The agency
states that it has not received any such requests during this recognition period. The agency meets the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

3rd Party Written Comments

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Staff Analysis of 3rd Party Written Comments

The third party comment raises concerns largely related to the agency's preaccreditation of a singular program hosted at a for profit institution. The comment also briefly mentions the agency's full accreditation of another program that is also hosted at a for profit institution. The Department's recognition review process assesses whether or not an accrediting agency meets the Secretary's Criteria for Recognition (Criteria). Department staff use information and documentation related to individual programs to ensure that an accrediting agency acts in accordance with both its own policies and procedures and with the Criteria. However, the recognition review process is not intended to review individual institutions/programs that are accredited by the agency. Additionally, the agency's preaccreditation of the particular program for which the bulk of the comment centers on is outside the agency's current scope of recognition. The agency is not recognized for preaccreditation and it has declined to seek such recognition. The other program mentioned in the comment is in full accreditation by the agency and has been accredited reportedly since 1977. The agency's ability to meet the requirements of the Criteria is addressed by Department staff throughout the analysis of the petition.

Response to 3rd Party Comments

No response to 3rd Party Written Comments

Staff Analysis of Agency Response to 3rd Party Comments

The agency has responded to the third party comment questioning the agency's ability to comply with the Criteria in its accreditation of programs hosted at for profit institutions. The agency strongly disagrees with the commenter's assertions. The agency's ability to meet the requirements of the Criteria is addressed by Department staff in the analysis of the petition.

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**3rd Party Request for Oral Presentation**

There are no oral comments uploaded for this Agency.