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**Guide to the**

**Planning Self-study for**

**Preliminary Accreditation**

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**For Medical Education Programs Seeking**

**Preliminary Accreditation in the 2022-23 Academic Year**

LCME® *Guide to the Planning Self-study*

For Medical Education Programs Seeking Preliminary Accreditation in the 2022-23 Academic Year

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# Introduction

This guide is designed for schools preparing for preliminary accreditation. The information should be used to conduct the planning self-study as part of the application for candidate status and also to prepare for the survey for preliminary accreditation. For more information about the process for developing medical schools to attain preliminary accreditation, review the LCME *Rules of Procedure* on the LCME website ([lcme.org/publications](http://lcme.org/publications/)).

# General Steps in the Accreditation Process

The self-study process involves an institutional self-analysis of information in relation to accreditation elements. For new and developing medical schools, the process involves a step-wise review of the development of the school of medicine at three distinct time points: (1) prior to the admission of a charter class of medical students, leading to preliminary accreditation; (2) during implementation of the pre-clerkship phase of the educational program, leading to provisional accreditation; and (3) near the conclusion of clinical training but prior to graduation of the charter class, leading to full accreditation. In preparation for each of these reviews, the school will provide data and information to illustrate its progress in achieving satisfactory performance in each of the relevant accreditation elements. Each phase of the stepwise review includes the preparation of information by the medical school, a survey visit, and a report to the LCME.

## Purpose of Accreditation and the Planning Self-study Process

Obtaining Liaison Committee on Medical Education (LCME) accreditation ensures that medical education programs are in compliance with defined standards and in satisfactory performance with their associated elements. The accreditation process has two general and related aims: to promote institutional self-evaluation and improvement and to determine whether a medical education program meets established standards. For a developing medical school, the LCME planning self-study provides insight into how the program is preparing to meet these aims.

In conducting its planning self-study, a medical school brings together representatives of the administration, faculty, and other constituencies to: (1) create and articulate plans and strategies for the development of the medical school and its educational program; (2) identify both strengths and challenges that might impact the medical school’s ability implement its plans; and (3) define strategies to ensure that challenges are addressed as the medical school develops.

The planning self-study summary report emerging from a planning self-study should define the vision and goals of the medical school and its anticipated educational program, describe the plans and timetables for development of the medical school and for achievement of compliance with accreditation standards and related elements, and identify the benchmarks that the school intends to use as the basis for judging future success. The planning self-study summary report resulting from the planning self-study process provides an evaluation of the current status of development of the medical education program and the adequacy of current and anticipated resources to support its future development.

The usefulness of the self-study as a guide for planning and change is enhanced when participation is broad and representative, when planning and strategy development are evidence-based and realistic, and when the results and conclusions are widely disseminated.

## Accreditation Standards

The questions in this document are directly linked to the standards and elements used in the accreditation process. The LCME standards and elements used for accreditation of U.S. medical education programs are contained in the annual LCME publication, *Functions and Structure of a Medical School* available on the LCME website ([lcme.org/publications](http://lcme.org/publications/)). Medical education programs being reviewed for preliminary accreditation during the 2022-23 academic year should use the version of the *Functions and Structure of a Medical School* effective for that academic year. These standards and their associated elements have been widely reviewed and endorsed by the medical education community.

For developing medical education programs seeking preliminary accreditation, compliance with a standard is based on performance in relevant elements at a level that is appropriate for this stage of programmatic development. See the *Data Collection Instrument (DCI) for Preliminary Accreditation Surveys*, effective in the 2022-23 academic year, available on the LCME website [(lcme.org/publications](file:///C:\Users\creicks\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\STNUVVGD\(lcme.org\publications)), for the elements that are associated with each standard.

# General Steps in the Process for Preliminary Accreditation

The general steps in the process for schools seeking preliminary accreditation are as follows:

1. Completion of the DCI (data collection instrument) and compilation of supporting documents
2. Analysis of the DCI and other information sources by a planning self-study task force and its subcommittees, development of planning self-study reports in each area, and synthesis of the individual reports into a planning self-study summary report
3. The DCI for Preliminary Accreditation and the Planning Self-study of the applicant program are reviewed by the LCME to determine if a survey visit for preliminary accreditation should be conducted
4. If the survey visit is awarded, the medical school could update the DCI and planning self-study with new information
5. Visit by an ad hoc survey team and preparation of the survey report for review by the LCME
6. Action on preliminary accreditation by the LCME

## Completion of the Questions in the DCI and Compilation of Supporting Documents

On the LCME website, select the *DCI for Preliminary Accreditation Surveys* for the 2022-23 academic year. There are questions in the DCI that are directly linked to each of the required elements. The questions should be answered, and the relevant documents compiled by the persons most knowledgeable about each of the topics. Use the most current information to answer the DCI questions. If a survey visit for preliminary accreditation is approved, the medical school will likely update the DCI with more current information before it is finally submitted.

In completing the DCI, the school should take care to ensure that the data and terminology are current, accurate, and consistent across the DCI (e.g., consistent abbreviations, consistent names of committees and titles of administrators). It is critical that the faculty accreditation lead ([FAL](#_Faculty_Accreditation_Lead)), who oversees the school’s accreditation process ensure that the completed DCI undergoes a comprehensive review to identify any inaccuracies, missing items, or inconsistencies in reported information. See the *Glossary of Terms for LCME Accreditation Standards and Elements* (at the end of the DCI) for the LCME’s definitions of terms used in the DCI.

## Planning Self-study Analysis and Summary Report Development

The planning self-study task force is responsible for conducting the planning self-study process. The process as a whole should be guided by the FAL and include review of the expectations for the relevant accreditation elements to understand their intent, and analysis of information from the DCI, and other relevant sources. The task force, working through subcommittees if it so chooses, should evaluate the status of planning for and development of the institution and its educational program, using the questions in this document related to each element as a guide. The task force then should synthesize its analyses into a final planning self-study summary report that clearly evaluates the status of planning for and development of the medical school, including the creation of institutional goals and educational program objectives, the feasibility of the timetable for development of the institution and its educational program, and the adequacy of the current and anticipated resources needed to achieve its plans to ensure programmatic quality.

## Typical Timeline for Submission

The survey package, consisting of the DCI, DCI Appendix, and the Planning Self-study Summary Report, must be submitted within 18 months of a school’s formal request to be considered for preliminary accreditation (i.e., the award of “[Applicant](https://lcme.org/glossary/#applicant)” status). Documents must be submitted by December 1st for the February LCME meeting, April 1st for the June meeting, or August 1st for the October meeting. If the 1st falls on a weekend or holiday, the materials can be submitted the next non-holiday business day. electronically. The dean or designated FAL should request upload instructions for submitting the survey package by emailing [lcmesubmissions@aamc.org](mailto:lcmesubmissions@aamc.org) at least one week prior to the anticipated submission date. LCME staff will respond with instructions for uploading files.

## Review to Determine Whether to Conduct a Survey Visit for Preliminary Accreditation

If, after review of the survey package, the LCME determines that the program does *not* exhibit sufficient progress in planning for the developing program, Candidate status will be denied. The developing medical education program may have a total of three reviews to achieve Candidate status. If approval for a survey visit is not granted after the third review, the Applicant status lapses and the program must re-apply for Applicant status and submit a $10,000 fee. For additional details, see the LCME *Rules of Procedure*, “Fees for Accreditation Reviews” section, available on the LCME website [(lcme.org/publications](file:///C:\Users\creicks\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\STNUVVGD\(lcme.org\publications)).

If the LCME determines that sufficient progress has been made in planning for the developing program, it will grant Candidate status and authorize a survey visit for preliminary accreditation. The program is then listed as having “[Candidate](https://lcme.org/glossary/#candidate)” status on the LCME website ([lcme.org/directory/candidate-applicant-programs](http://lcme.org/directory/candidate-applicant-programs/)). The LCME Secretariat sets a date for the preliminary survey visit and selects a survey team. This visit typically takes place within approximately six months of the LCME action to grant candidate status.

Once a school has been awarded Candidate status, it has the opportunity to revise its originally submitted survey package before the documents are shared with the survey team. These materials are due typically 12 weeks prior to the first day of the scheduled survey visit. If that date falls on a weekend or holiday, the survey package can be submitted the next non-holiday business day. The dean and designated FAL will receive an e-mail from LCME staff approximately four weeks before the survey package (i.e., the DCI, DCI Appendix, and Planning Self-study Summary Report) is due with instructions for uploading files. **The survey package must be resubmitted regardless of whether or not it has been updated from the time of previous submission.** This ensures that LCME staff can send the survey team the correct and most recent versions of documents for their review.

## Updates after Submission of the Survey Package

Updates or corrections made to the DCI after the survey package has been submitted should be bundled and sent to the survey team secretary. One bundled update may be sent to the survey team prior to the survey visit up to 30 calendar days before the first day of the visit. The timing, format, and process for providing updates to the survey team should be coordinated with the survey team secretary. There also may be additional supplemental material requested by the survey team. Note that updates that are not requested by the survey team (“unsolicited updates”) may not be provided later than 30 calendar days before the start of the survey visit or during the survey visit. Information requested by the survey team may be provided until the close of the visit.

Schools are also required to submit one end-of-visit update to the LCME Secretariat. That update should consist of all updates and other information provided to the survey team from the time of the initial survey package submission until the conclusion of the survey visit. The updates can be submitted to the LCME Secretariat via email to [lcmesubmissions@aamc.org](mailto:lcmesubmissions@aamc.org). If the updates are too large to be emailed, use the upload instructions provided for the original submission.

## The Survey Visit and Preparation of the Survey Report for Preliminary Accreditation

The review for preliminary accreditation involves an on-site visit by an ad hoc survey team. The school receives the list of survey team members as soon as the Secretariat selects the survey team. The dean should notify the LCME Secretariat immediately if he/she believes that there is a conflict of interest related to any team member.

The LCME staff provides the survey package to the survey team members. At that time, the team secretary contacts the FAL to begin discussions about the survey visit schedule and other survey visit logistics. Prior to the visit, the survey team carefully reviews the materials submitted by the school. During the survey visit, the survey team develops a list of findings that relate to specific elements, using the *Survey Team Findings Template for Full, Provisional, and Preliminary Survey Visit Reports*. For a survey visit for preliminary accreditation, findings are the areas that are judged by the team to be unsatisfactory (i.e., represent unsatisfactory progress in meeting the intent of the element). The findings do not include any recommendations about compliance with accreditation standards or about the accreditation status of the medical education program or desired follow-up actions to be taken by the school; those decisions are the exclusive prerogative of the LCME. Within a week after conclusion of the survey visit, the team secretary provides the dean with a written exit report. The initial survey team findings are subject to potential revision during the review of the survey report and should be held confidential by the school leadership.

Approximately two months after the survey visit, the survey team completes a draft survey report using the *Survey Report Template for Preliminary Survey Visit Reports*, following the process and format specified in the *Survey Report and Team Findings Guide for Preliminary Accreditation Surveys*. Both documents are available on the LCME website [(lcme.org/publications](http://lcme.org/publications/#Survey-Team-Documents)). The draft survey report includes information from the DCI, the planning self-study summary report, and information obtained by the survey team on site.

The draft survey report and survey team findings document are sent to the LCME Secretariat for review. After the team considers and addresses the Secretariat’s comments, the draft report is sent to the dean for review and comment. It is the dean’s responsibility to ensure that the survey report narrative and the supporting data are carefully reviewed, as the final version of the report will constitute the formal record of the visit. The dean’s response to the survey team secretary on the draft survey report may only refer to information that was contained in the DCI/ISA or provided to the survey team on site. The dean may not comment on the team’s findings directly but may touch on errors of fact that would affect the findings. The dean’s recommendations for changes will be considered by the survey team secretary and survey team chair. The dean will be informed by the survey team secretary via email about the recommended changes that were and were not made.

If the dean has remaining concerns about the process of the visit, he/she may submit a letter to the LCME Secretariat via email to [lcmesubmissions@aamc.org](file:///C:\Users\User\Documents\LCME\Publications\2019-20\lcmesubmissions@aamc.org) within 10 business days of receipt of the team secretary’s email. No information related to report content or findings and no documentation will be accepted. The dean’s letter will be placed on the LCME meeting agenda, and the committee will review the letter along with the survey report and survey team findings.

## Action on Preliminary Accreditation

The survey report and survey team findings document are reviewed by the LCME at a regularly scheduled meeting (October, February, or June) at which time the LCME decides whether to grant or deny preliminary accreditation status to the program. Programs granted preliminary accreditation status are listed on the LCME website as such ([lcme.org/directory/accredited-u-s-programs](http://lcme.org/directory/accredited-u-s-programs/)) and may begin accepting applications for enrollment. Programs denied preliminary accreditation may appeal the decision. If the appeal does not reverse the LCME action or the program chooses not to appeal, the program may reapply (with an additional $10,000 fee) after a year has elapsed from the time the decision to deny preliminary accreditation was finalized and communicated to the program in writing. If a program that has been notified of an LCME final decision to deny preliminary accreditation goes forward with the admission of a charter class of students, it will not be eligible for LCME consideration until at least one class has graduated from the program.

A medical education program granted preliminary accreditation during or after calendar year 2021 must achieve provisional LCME accreditation within five years from the date that the LCME granted preliminary accreditation. If this does not occur, the LCME will withdraw the current accreditation status achieved by the medical education program and require the program to wait one year to submit a new application for accreditation, along with a new application fee, as described under “Fees for Accreditation Reviews.” Withdrawal of accreditation is subject to appeal. For additional details, see the LCME *Rules of Procedure*, available on the LCME website [(lcme.org/publications](file:///C:\Users\creicks\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\STNUVVGD\(lcme.org\publications)).

# Management of the Planning Self-study Process

The planning self-study process requires the time and effort of administrators, faculty members, and others associated with the medical education program, its clinical affiliates, and, if relevant, its parent institution.

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| --- |
| **PLEASE NOTE:** The dean should appoint an FAL and SVC (see descriptions below) using the [LCME Survey Personnel Designation Form](https://www.jotform.com/lcme/lcme-survey-personnel-form). The dean will receive a request via email to complete the form. |

## Faculty Accreditation Lead (FAL)

The FAL should be an experienced medical educator, who may also hold a faculty or administrative position at the medical school’s sponsoring organization and who is knowledgeable about the plans for the medical school and its educational program and familiar with the meaning and interpretation of the LCME accreditation elements. This individual should be able to ensure participation by individuals who have a role in the creation of the new school (e.g., members of the administration and faculty). Ideally, the FAL will be familiar with the LCME survey visit process.

The FAL must have appropriate administrative support, financial resources, and release time from other duties in order to accomplish the responsibilities associated with this role. The FAL will be required to:

* Answer questions during DCI preparation
* Assign specific questions/sections of the DCI to individuals with the appropriate institutional knowledge
* Ensure that each aspect of multi-part DCI questions is fully addressed
* Synthesize all narrative DCI responses into a cohesive, factually, and stylistically consistent document that accurately reflects the institution
* Ensure factual accuracy, consistency among the sections, and typographical/grammatical clarity in the DCI
* Coordinate and staff the activities of planning self-study task force
* Ensure that the planning self-study executive summary is complete and answers all questions
* Develop the survey visit agenda in collaboration with the survey team secretary
* Serve as the school’s primary point of contact for the LCME Secretariat and survey team secretary

## Survey Visit Coordinator (SVC)

The SVC should be an experienced senior staff member who will manage the logistics prior to and during the survey visit and perform other administrative functions such as formatting and submitting the survey package. The SVC is not responsible for developing or reviewing the content of the DCI. The SVC will typically make hotel reservations for the team, coordinate ground transportation for the visit, and schedule the necessary faculty and staff identified for sessions during the survey visit.

## Assistance from the LCME Secretariat

The FAL is encouraged to contact the LCME Secretariat via email ([lcme@aamc.org](mailto:lcme@aamc.org)) with questions about the planning self-study and/or completing the DCI. The members of the Secretariat are also available to conduct consultation visits to the developing school.

# Completing the *Data Collection Instrument* (DCI)

The DCI is organized according to the 12 LCME accreditation standards:

Standard 1 (mission, planning, organization, and integrity)

Standard 2 (leadership and administration)

Standard 3 (academic and learning environments)

Standard 4 (faculty preparation, productivity, participation, and policies)

Standard 5 (educational resources and infrastructure)

Standard 6 (competencies, curricular objectives, and curricular design)

Standard 7 (curricular content)

Standard 8 (curricular management, evaluation, and enhancement)

Standard 9 (teaching, supervision, assessment, and student and patient safety)

Standard 10 (medical student selection, assignment, and progress)

Standard 11 (medical student academic support, career advising, and educational records)

Standard 12 (medical student health services, personal counseling, and financial aid services)

The FAL should distribute sections of the DCI (by standard, element, or question) to those individuals best able to provide accurate and current data and information. Individuals should complete and return their sections of the DCI to the FAL within two or three months. The FAL reviews the DCI responses to ensure that the information is complete and accurate and that all questions are answered, and then compiles the submissions to complete the DCI.

# Conducting the Planning Self-study Process

## Focus of the Planning Self-study Process

The planning self-study focuses on a self-assessment of the readiness to admit a class, on the status of preparation for the pre-clerkship phase of the curriculum, of planning for the clerkship phase, and on general educational program planning and resource development. The DCI will include information about the school’s current status and its ongoing planning for each relevant accreditation element. The planning self-study will allow school representatives to evaluate their accomplishments in light of the information related to these elements.

## The Planning Self-study Task Force

The ultimate responsibility for conducting the planning self-study and preparing the final planning self-study summary report rests with the planning self-study task force, as supported by the FAL. This group determines the objectives and process of the planning self-study, sets the timetable for the completion of all related activities, and finalizes the summary planning self-study report.

The planning self-study task force should be broadly representative of the constituencies of the medical education program. It should include some combination of the following: medical school administrators (academic, fiscal, managerial), department chairs and heads of sections, faculty members, and administrators of the general university or sponsoring institution (as relevant) who have a role in program development, and representatives of clinical affiliates. Although the general guidelines about the composition of the task force should be followed, each school must make its own decisions about membership based on its specific environment and circumstances. The planning self-study task force might be chaired by the individual who has the role of the dean/planning dean or by another individual with a leading administrative role at the institution. The FAL should provide staff assistance to facilitate the timely completion of its work.

## Subcommittees of the Planning Self-study Task Force

The task force could appoint a series of subcommittees or could itself divide up to fill the subcommittee function. Each standard should be assigned to a subcommittee; however, one subcommittee may be given responsibility for multiple standards. For example, there could be a subcommittee that has responsibility for the standards related to medical students (standards 10, 11, and 12).

Each subcommittee should have appropriate membership, including administrators and faculty members. If there are subcommittees separate from the planning self-study task force, one or more members of the task force serve on each subcommittee in order to provide continuity and to facilitate communication. Each subcommittee should review the relevant portions of the DCI and respond to the questions included later in this guide. Subcommittees may need to identify other data germane to their area(s) of responsibility (e.g., strategic planning documents) beyond that included in the DCI.

The subcommittees should take two or three months to complete their data gathering, analyses, and report development. The subcommittee reports should be forwarded to the task force chair or the FAL. The reports should be organized around the questions contained in the [Components of the Planning Self-study Summary Report](#_COMPONENTS_OF_THE) section of this guide, as well as the relevant elements from the *Functions and Structure of a Medical School.* In addition, subcommittee reports may address other relevant topics that reflect circumstances specific to the medical school. The subcommittee reports should be thoughtful, evidence-based analyses of each area, based on the combined perceptions and expertise of the subcommittee members in the context of the accreditation elements. They should not just repeat sections of the DCI. The analyses should lead to conclusions about anticipated programmatic strengths and challenges (including potential or suspected areas where performance in elements might be unsatisfactory based on insufficient progress in the area) and to recommendations for actions to resolve any identified problems.

## Preparation of the Final Planning Self-study Summary Report

It is the responsibility of the task force to synthesize and summarize the work of its subcommittees and to prepare the final planning self-study summary report. This requires looking across the subcommittee reports to determine how individual components will contribute to the ability of the program as a whole to achieve its aims and educate its students. For example, a number of subcommittee reports will address the issues of the anticipated adequacy of resources to support the delivery and management of the medical education program. The summary should combine these into a comprehensive evaluation that both addresses the questions included in this guide and presents the institution’s perspective on noteworthy accomplishments and challenges that have emerged from the planning self-study process. As with the individual subcommittee reports, the planning self-study summary must be analytical, not simply descriptive.

Areas of strength and weakness identified in the subcommittee reports should be considered by the task force. For any problem areas and challenges, the task force should suggest solutions and strategies for improvement. The report should conclude with a list of institutional strengths, issues of potential unsatisfactory progress in addressing the elements or challenges that require attention, and recommendations for addressing problems. Any steps already taken to address a problem area should be described. It also should include a plan and timetable indicating how institutional strengths will be maintained.

**The final planning self-study summary report should be written in a Times New Roman, black, and size 11 font, and should not exceed 35 pages of single-spaced narrative, excluding the list of subcommittee and task force members.**

# Components of the Planning Self-study Summary Report

## Introduction

As an introduction to the report, provide a brief history of the development of the program. The introduction should provide an assessment of the extent to which the school has progressed in its planning process and discuss the timeline for ongoing planning. The introduction also should describe how the planning self-study was conducted, including the level of participation by the various stakeholder groups and the methods used to disseminate the findings and summary report of the task force. Include a list of participants with their names and titles/roles as an appendix.

## Writing the Planning Self-study Summary Report

The items below are related to specific LCME accreditation standards and elements as contained in *Functions and Structure of a Medical School.* **Elements 5.6, 5.10, 5.12, 10.7, 10.8, 11.3, and 11.4 are not included in the DCI for preliminary accreditation.** The relevant element(s) for each item is/are included in parentheses. In order to address the items below, refer to the DCI responses for each element. Note also that relevant information for some elements is included in the Supporting Documentation section of the relevant standard in the DCI.

The planning self-study summary report should be written in narrative form and organized as an answer to each specific item below. In constructing the response, use the language of the element as a guide. Provide relevant explanations and evidence. If the school plans to operate one or more regional campus, include an analysis of the circumstances at these sites in the response.

The school should not make an internal assessment of the program’s compliance with the 12 standards. This will be done by the LCME.

### Standard 1: Mission, Planning, Organization, and Integrity

1. Evaluate the status of medical school planning efforts to date and summarize how planning is contributing to the likelihood that the school will accomplish its missions and achieve defined measurable outcomes. Do the school’s plans for monitoring its performance in accreditation elements appear appropriate and workable? (1.1)
2. Have appropriate structures, policies, and other safeguards been created to prevent or identify and address conflicts of interest at the level of the governing board, the medical school administration, and the medical school faculty? (1.2)
3. Evaluate the effectiveness, to date, of plans to create mechanisms for direct faculty involvement in decision-making related to the medical education program, including the selection methods for faculty participation in relevant committees. Will the final committee structure and membership and the mechanisms for faculty selection to committees allow sufficient opportunities for broad-based faculty participation and input? Will there be sufficient opportunities outside committees for faculty to learn about and comment on medical school policies and procedures? (1.3)
4. Does the medical school have or is the school appropriately progressing toward having affiliation agreements with the clinical partners that will be used regularly for required inpatient clinical experiences? Evaluate whether agreements drafted or completed to date contain the language specified in the element and serve to ensure that the educational program for medical students remains under the control of the medical school’s faculty. Has the medical school planned for agreements to ensure the primacy of the medical education program at other types of clinical settings (e.g., ambulatory clinics) that will be used for required clinical experiences? (1.4)
5. Are bylaws or other formal policies related to the roles and responsibilities of committees and the responsibilities and privileges of the administration and faculty being developed or have bylaws/policies been approved for the medical school? Will the bylaws/policies be readily available to faculty? (1.5)
6. Evaluate whether the medical school is progressing toward meeting the eligibility requirements for accreditation, including taking steps toward the receipt of degree-granting authority and institutional accreditation by the appropriate regional accrediting body. (1.6)

### Standard 2: Leadership and Administration

1. How is the authority of the governing board for the appointment of medical school administrators and faculty being exercised? Has appropriate authority for appointments been delegated by the board to the university or sponsoring institution (if relevant) leadership and medical school administration? (2.1)
2. Comment on the qualifications of the dean/planning dean to provide leadership in the missions of the medical school for which he/she has responsibility. Evaluate whether the dean has or will have appropriate access to university (if relevant), health system, and other officials, so as to support his or her ability to carry out these defined responsibilities. (2.2, 2.3)
3. Comment on the degree to which the staffing of the medical school’s central administration is in place and on its sufficiency for planning and program development. Evaluate whether administrative structure (in place or planned) is appropriate for the structure and missions of the medical school. Is there a reasonable plan to fill any vacancies in the medical school administration? Note any current leadership gaps that are affecting the medical school’s ability to plan for and carry out its missions. (2.4)
4. *For schools with one or more regional campus(es).* Evaluate the effectiveness of the governance model that will be used to ensure that the medical school’s dean will be administratively responsible for the conduct and quality of the medical education program and the adequacy of faculty at each regional campus. Is or will the principal academic officer at each campus be administratively responsible to the dean? (2.5)
5. *For schools with one or more regional campus(es).* Evaluate the planning to support the functional integration of the faculty within departments and across the medical school. (2.6)

### Standard 3: Academic and Learning Environments

1. Will each medical student have the opportunity to complete at least one required clinical experience in a setting where the student interacts with residents prior to residency application? (3.1)
2. Evaluate whether there are plans in place or in development to ensure that the medical school will provide a scholarly environment for faculty and students. Is the school developing appropriate resources, support, and encouragement for medical students to participate in research, and are there plans to ensure that sufficient mentors will be available for student research activities? (3.2)
3. Evaluate the medical school’s plans to promote diversity, including the creation of clear diversity categories and policies, the linkage of planned recruitment and retention efforts to the school’s defined diversity categories, and the sufficiency of resources to support diversity efforts. Are there appropriate plans for pipeline programs for medical students so as to contribute to the diversity of the medical school and to the national applicant pool? Has an anti-discrimination policy as defined by the LCME been created? (3.3, 3.4)
4. Evaluate whether the medical education program will sufficiently and appropriately include education and assessment related to the professional behaviors that its students are expected to acquire. Has there been sufficient planning for processes to evaluate the learning environment and will the school’s clinical affiliates share the responsibility for this evaluation and for the remediation of any identified problems? (3.5)
5. Evaluate the status of creating policies and procedures and of planning educational activities to prevent and respond to incidents of student mistreatment. (3.6)

### Standard 4: Faculty Preparation, Productivity, Participation, and Policies

1. Comment on the current and anticipated adequacy of faculty numbers, discipline mix, qualifications, and availability to support the development and implementation of the medical education program and the other missions of the medical school. Has there been planning for recruitments to meet the need for additional faculty? (4.1)
2. Have expectations for faculty scholarly activity and productivity been defined in the context of the medical school’s research mission and goals? (4.2)
3. Have clear policies and procedures for faulty appointment, promotion, granting of tenure (if applicable), and dismissal been developed and approved? Is there evidence that these policies are understood by the current faculty? Are there processes in place to ensure that all faculty will get regular and sufficient information related to their responsibilities, benefits, and remuneration? (4.3)
4. Comment on the status of development and the adequacy of policies and procedures for provision of feedback to faculty about their academic performance and progress toward promotion and tenure (if relevant). Is there a requirement to provide regular feedback to faculty, and has this requirement been codified in institutional policy? (4.4)
5. Evaluate the adequacy of current and planned opportunities for professional development to enhance the teaching, assessment, evaluation, and research skills of the faculty and their knowledge of their disciplines. Will faculty development be readily accessible to faculty at all sites, and will the institution support faculty participation in faculty development activities? (4.5)
6. Comment on whether the dean and a committee of the faculty will determine governance and policymaking processes. (4.6)

### Standard 5: Educational Resources and Infrastructure

1. Evaluate the current adequacy and ongoing sustainability of and the balance among the current and anticipated sources of financial support for the medical school. Is there evidence that funding is and will remain sufficient for the missions of the medical school, including the conduct of a quality medical education program? Identify any constraints on the institution and its medical education program due to the current and anticipated amount of available funding or the balance among funding sources. (5.1)
2. Evaluate whether the dean, or the individual functioning as chief academic officer, has and will continue to have sufficient financial and personnel resources, and appropriate budgetary and other authority for planning, implementing, and evaluating the medical education program as it develops. Note any compromises in these areas that have been made to date and that can be attributed to insufficient resources. (5.2)
3. Comment on whether pressures to generate revenue from tuition, patient care, and/or research are likely to negatively affect the ability of the faculty to effectively conduct the medical education program. Note if decisions about class size increases will take into account the full spectrum of faculty responsibilities. (5.3)
4. Evaluate the adequacy and timeliness of the facilities being planned to support the teaching and research missions of the medical school. Will the availability or quality of educational space negatively impact the ability to implement the medical education program as desired? Does planning for class size increases include consideration of the need for expansion of educational program and other facilities? (5.4)
5. Evaluate whether, to date, there has been adequate planning to ensure sufficient resources for the clinical instruction of medical students, including patient numbers, case mix, and inpatient and ambulatory teaching sites. (5.5)
6. Comment on the status of planning to ensure the adequacy of security systems on campus and at any regional campus(es), and on institutional policies and procedures to ensure student safety. Has the institution engaged in appropriate and comprehensive emergency and disaster planning? (5.7)
7. Evaluate the status and adequacy of planning for library and information technology resources and staff support. In what ways do these units contribute to the current and future development of the medical education program? If these units serve other schools and colleges, will medical students and faculty have sufficient access? (5.8, 5.9)
8. Evaluate the current adequacy and quality of and planning for student study space, lounge and relaxation areas, and secure storage space at all locations. (5.11)

### Standard 6: Competencies, Curricular Objectives, and Curricular Design

1. Have educational program objectives that are stated in outcome-based terms been developed? Evaluate the status of linking these objectives to the competencies expected of a physician and whether the objectives are able to be used for creation of the system of student assessment. (6.1)
2. Evaluate the status of defining the patient types/clinical conditions that all students will be expected to encounter and the procedures/clinical skills that all students will be expected to perform. Have these experiences been assigned to relevant clerkships? Has each type of patient encounter and procedure/clinical skill been associated with a clinical setting and single level of medical student responsibility? Will there be adequate inpatient and outpatient experiences to allow students to meet the required clinical experiences? (6.2, 6.4)
3. Evaluate the sufficiency of self-directed learning experiences in the pre-clerkship curriculum that will allow students to acquire and demonstrate lifelong learning skills. Will there be enough time available for students to prepare for these experiences within and outside of formal class hours? (6.3)
4. Evaluate whether there will be sufficient availability of and opportunities for electives that supplement required learning experiences. (6.5)
5. Evaluate plans for creating or identifying service-learning and/or community service activities. Will the medical school support service-learning/community service and provide information to medical students about these opportunities? (6.6)
6. Does the medical school exist in an environment that will support the informal interaction of medical students with other learners, including other health professions students, graduate students, and physicians engaging in continuing medical education? (6.7)
7. Does the medical education program curriculum consist of at least 130 scheduled weeks? (6.8)

### Standard 7: Curricular Content

1. Evaluate whether there will be sufficient representation in the curriculum of topics from the biomedical, behavioral, and social sciences. (7.1, Standard 6 Supporting Data)
2. Comment on whether the curriculum is being planned to adequately cover each of the levels of care. (7.2, Standard 6 Supporting Documentation)
3. Evaluate the adequacy of experiences to introduce students to the scientific method and to ensure that they become familiar with the basic principles and ethics of clinical and translational research. (7.3)
4. Evaluate whether the curriculum will include sufficient experiences to ensure that students develop skills in medical problem-solving and evidence-based clinical judgment. (7.4)
5. Evaluate whether the curriculum will adequately prepare students to recognize and appropriately address the medical consequences of common societal problems. (7.5)
6. Evaluate how well medical students will be prepared to communicate appropriately with patients and others. Will the curriculum prepare students to understand and work effectively with and identify their own biases related to patients from a variety of backgrounds? (7.6, 7.8)
7. Evaluate the adequacy of plans for inclusion of medical ethics in the curriculum and to assess medical student’s ethical behavior. Is there planning for mechanisms to identify and remediate ethical breaches in patient care? (7.7)
8. Evaluate whether the curriculum will adequately prepare medical students to function collaboratively in health care teams. (7.9)

### Standard 8: Curricular Management, Evaluation, and Enhancement

1. Will the central committee responsible for the curriculum have appropriate responsibility and authority for overseeing and approving the design, management, and evaluation of the curriculum so that it is coherent, coordinated, and integrated horizontally and vertically? Is this authority codified in institutional bylaws and/or policy? (8.1)
2. Evaluate whether the educational program objectives are being and will continue to be used to guide curriculum planning, select and apportion curriculum content among instructional units, review and revise the curriculum, and evaluate curricular outcomes. Are course learning objectives being developed and linked to the educational program objectives? (8.2)
3. Will the segments of the curriculum (i.e., years or phases) and the curriculum as a whole be reviewed according to a predetermined process and schedule? Are there tools, such as a curriculum database, available or planned to support these reviews and to allow a determination of the adequacy and placement of curriculum content? Will the results of these evaluations be used to inform needed change? (8.3)
4. Evaluate the adequacy of the planned system of program evaluation for making a judgment of whether educational program objectives are being met and desired program outcomes are being achieved. Will appropriate data be collected from students and graduates to allow such judgments to be made and are there plans to identify and act on outcome measures where results do not meet school standards? (8.4)
5. Evaluate the adequacy of the plans to collect and use student feedback on courses and clerkships and on faculty, residents, and others who teach, supervise, and assess medical students. (8.5)
6. Evaluate the adequacy of the planned processes for monitoring medical student clinical encounters at the department level and centrally. Will the processes used for monitoring ensure that required clinical experiences or identified alternatives are completed? (8.6)
7. Have processes been designed and the criteria been identified that will be used to evaluate comparability of education and assessment across sites used for individual courses and clerkships? (8.7)
8. Does the medical school have policies for the time that medical students will spend in required activities during the pre-clerkship phase of the curriculum and the clinical clerkships (i.e., a duty hours policy)? Are there appropriate policies in place or planned related to monitoring student workload and for students to report violations of the policies? (8.8)

### Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

1. Evaluate whether there will be appropriate methods to provide residents and other non-faculty instructors with the objectives of the courses in which they will participate and to prepare them for their specific teaching and assessment roles. Is there appropriate planning for activities to ensure that all residents who participate in clerkships will be prepared for their roles in teaching and assessment? (9.1)
2. Has an effective system been designed to ensure that medical student learning experiences in clinical clerkships will be provided by faculty members and that there will be appropriate supervision and delegation of responsibility when medical students are engaged in patient care activities? (9.2, 9.3)
3. Evaluate the adequacy of the methods that will be used to assess student attainment of the knowledge, cognitive and clinical skills, attitudes, and behaviors specified in the educational program objectives. Are any limitations anticipated in the school’s ability to ensure that the core clinical skills of all students will be appropriately assessed? (9.4, Standard 9 Supporting Documentation)
4. Evaluate the processes and systems planned, to date, to ensure that students receive timely formative and summative assessment in the pre-clerkship and clerkship phases of the curriculum. Will narrative assessment be included as a component of courses where teacher-student interaction permits? (9.5, 9.7, 9.8, Standard 9 Supporting Documentation)
5. Are standards of achievement for courses and clerkships and for the curriculum as a whole being set by faculty members who have appropriate knowledge and expertise? (9.6)
6. Comment on the adequacy of policies and processes to ensure that a single set of core standards for advancement, promotion and graduation will be applied across all instructional sites. Evaluate whether due process protections have been created in the case of an adverse action that may affect the status of a student. (9.9)

### Standard 10: Medical Student Selection, Assignment, and Progress

1. Critically review the medical school’s criteria for admission and the anticipated processes for the recruitment and screening of applicants and the selection of students. How will the selection criteria be reviewed and validated in the context of the medical school’s mission and other mandates? Have appropriate policies for medical student assessment, advancement, and graduation of been developed and plans for dissemination of those plans been created? Will the criteria for admission, including technical standards, be available to potential applicants and their advisors? (10.1, 10.3, 10.5)
2. Evaluate whether admission policies and practices will ensure that admission is the responsibility of a formally constituted faculty committee and that there will be no conflict of interest in the admission process. (10.2)
3. Comment on whether the school has identified the personal attributes of applicants which will be considered during the admission process. Have processes been created or planned to prepare reviewers, including members of the admission committee and interviewers, to assess these attributes? (10.4)
4. Evaluate whether information about the medical school and educational program contained in draft informational, advertising, and recruitment materials is accurate and current. How will this information be made readily available to potential and actual applicants and to their advisors? (10.6)
5. Evaluate whether the processes for assignment of students to instructional sites and/or parallel curricula (tracks), as relevant, are fair and whether there are policies that will allow students to request an alternate assignment. (10.9)

### Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

1. Evaluate the status of planning for a system for early and ongoing identification of students in academic difficulty. Have plans for accessible counseling and remediation for all students been created and appropriate resources identified? (11.1, Standard 11 Supporting Documentation)
2. Comment on the plans for creating effective systems for career advising, residency preparation, and electives counseling. Note the extent to which sufficient and appropriate required and optional experiences have been planned to assist students in selecting a specialty and a residency. (11.2, Standard 11 Supporting Documentation)
3. Comment on the adequacy of policies and processes to protect the confidentiality of student records and to provide students with timely access to their records. Are there fair and effective mechanisms for students to challenge information in their records? (11.5, 11.6)

### Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

1. Evaluate the plans and activities, to date, to minimize student debt, including raising funds for scholarships and providing accessible financial aid and debt management counseling. Note if there is a clear policy for the refund of tuition and allowable payments. (12.1, 12.2, Standard 12 Supporting Data)
2. Evaluate the anticipated adequacy, availability, and, as relevant, confidentiality of and resources for student support in the following areas:
3. Personal counseling and programs to facilitate student well-being and adjustment to medical school (12.3)
4. Preventive and therapeutic health care services (12.4)
5. Health and disability insurance (12.6)
6. Immunizations as specified in school of medicine policies (12.7)

Also consult Standard 12 Supporting Data.

1. Evaluate whether policies and processes have been created to ensure that a health professional providing health services or psychiatric/psychological counseling to a medical student will have no role in that student’s assessment or promotion, and that the confidentiality of student health records will be maintained. (12.5)
2. Evaluate the policies and plans for educational programs to address medical student exposure to infectious and environmental hazards. Are there plans to ensure that students are appropriately educated about methods of prevention and about the steps to take in the case of exposure? Are there policies that address all required components? (12.8)

# Planning Self-study Summary Report

Summarize the medical education program's strengths and challenges, including areas of potential unsatisfactory performance in one or more elements related to insufficient progress at this stage of the program’s development. Also note changing circumstances likely to present new challenges related to any of the accreditation elements in the near future.

Based on the above review, list major recommendations for future action. Describe how the program’s strengths can be maintained as the program develops and the most pressing problems that need to be addressed. Be brief, but specific, in describing actions that will need to be (or already have been) taken and resources available or needed to prepare the school to accept a charter class.

# Appendix

List members (with institutional titles/positions) of the planning self-study task force and its subcommittees.