



LIAISON COMMITTEE ON
MEDICAL EDUCATION

October 8, 2024

Response to the October 3, 2024 *Wall Street Journal* opinion piece on the LCME accreditation process

The purpose of this document is to correct some of the many inaccuracies and address some of the many misperceptions about the Liaison Committee on Medical Education (LCME) accreditation process that are contained in a recent opinion piece in the *Wall Street Journal*. This response focuses on the article's assertion that the LCME process is outdated, expensive, capricious, and misguided.

Outdated: The LCME follows the requirements of both the United States Department of Education and the World Federation for Medical Education. Both have recognized the LCME as meeting the standards for good accreditation practice. The criteria used by the Department of Education to recognize accrediting agencies are based in the Higher Education Act. Congress, therefore, already has spoken about what is expected of accreditors and continues to do so as the Act is updated periodically.

It is difficult to comprehend how the LCME can simultaneously be outdated, as the title of the piece indicates, and have “ever-changing standards.” When changes in accreditation standards are made, they, in fact, are made in recognition of the rapidly evolving academic and clinical learning environments of the 21st century. Similarly, it is difficult to comprehend how the LCME is outdated when it is currently engaged in a multi-year strategic visioning process for its standards. That process began with Secretariat visits and conversations with the deans and senior leadership of more than a quarter of LCME-accredited programs in the summer of 2023, will engage with and obtain input from constituent groups throughout the process, and will not result in new LCME expectations for medical schools without a period for formal public comment. These facts about the LCME do not describe an accreditation system that “has failed to keep pace.”

Expensive: The authors complain that an accreditation review can be an 18-month process that requires significant attention from involved faculty and resources from the program. There can be no question that Congress and the Department of Education intend for the formal accreditation review process to be thorough and comprehensive, although each program undergoes formal accreditation review only once every eight years. It is the school's decision whether to engage consultants to assist in preparation for the review. With the LCME requirement for ongoing monitoring of performance in accreditation elements and the regular support provided by the Secretariat, there should be no need to engage costly external consultants or to spend multiple hours playing catch-up in data collection or review as the time of the survey visit draws near.

The LCME Secretariat supports the work of the LCME and, in turn, is available to provide support to schools undergoing review. Because the Secretariat has no role in making accreditation decisions, it can and does offer schools opportunities and resources for receiving guidance on the meaning and interpretation of accreditation standards and the accreditation process. Most of these can be accessed without charge. These include:

- nine webinars each year during which the intent of the elements that make up accreditation standards are deconstructed; suggestions for success are provided and common pitfalls are discussed; “myths” about accreditation expectations are debunked; and ample time is allocated for questions answered in real time by the Secretariat

- annual survey preparation workshops for schools with survey visits within the next 18 to 24 months
- availability of the LCME Secretariat for virtual participation in LCME self-study “kick-off” events, which can include large group orientation sessions on the purpose of accreditation and the roles and responsibilities of the school, the survey team, and the LCME in the self-reflection/peer review process; a session with the students charged with the independent student survey and analysis, and small group sessions in which questions, concerns, and approaches to challenging areas can be discussed in a confidential manner
- opportunity for the leader of the school’s accreditation effort and others identified by the dean to train and participate as a survey team member prior to the school’s own accreditation visit
- ready access to the Secretariat for videoconference-based consultations throughout the year
- an extensive set of guidance and informational documents, including the templates used by survey teams for their survey reports, which are freely available on the LCME website.

Capricious: The LCME has multiple mechanisms in place to ensure that decisions are made fairly and with consistency. Survey team members, who are peers of the authors of the opinion piece, receive training before, during, and after (in their survey report preparation) the visit from the team secretary, who is an experienced survey team member and participates in an annual training workshop. After survey reports are drafted, they are reviewed by two members of the Secretariat and returned to the team secretary to ensure that the reports are complete and clear and that findings are based in the intent of the cited elements and supported by evidence contained in the survey report. The dean has the opportunity to review the survey report for factual errors and to comment on the conduct of the visit. The dean’s letter and the team secretary’s response to that letter are reviewed by the full LCME at the same time as the survey report and team findings document are reviewed, discussed, and voted upon. During each of its three annual meetings, the LCME receives feedback from the Secretariat before decisions are made, if its interpretation of survey report information from a school is inconsistent with prior interpretations. In the spirit of continuous quality assurance and improvement, the LCME also receives and acts upon aggregated reports specifically focused on internal consistency across meetings and time.

The LCME has conflict of interest policies and attestation procedures for both survey team members and LCME members. In direct opposition to what is stated in the opinion piece, these policies *expressly prohibit* current LCME members from providing consultations to any schools. In addition, LCME members do not vote on actions where there is or could be a perceived conflict of interest.

Misguided: Critics of the LCME process often assert that accreditation should focus on outcomes rather than process. What this blanket statement fails to acknowledge is that becoming a physician involves developing a set of competencies that go far beyond what can be demonstrated by passing written examinations. While the LCME monitors student achievement in such things as USMLE performance and Match rates, it recognizes that sustained quality and student success in achieving the breadth of desired knowledge, skills, and behavioral outcomes require a clear and sturdy process infrastructure that must be available prospectively. Waiting for students to fail through lack of support or through inattention to the learning environment is unacceptable.

The WSJ opinion piece claims that the academic literature clearly shows that there is no evidence that accreditation improves education or patient outcomes. However, the single article cited to support this sweeping statement draws no such conclusion—instead, it is a meta-analysis of 18 articles that

collectively include qualitative data provided by 1,017 individuals from 10 countries. In contrast, what is irrefutable is that in the United States graduation from an LCME-accredited medical education program is required for MD program students/graduates to enter graduate medical education, access the USMLE licensure pathway, and obtain a license to practice medicine. In the most concrete way possible, this indicates that the gatekeepers to practice value the benefits that accreditation provides in terms of ensuring educational program quality and earning the public's trust.