



# Identifying and Addressing Headwinds in the Decade Ahead: The LCME Strategic Visioning Process for Its Standards and Your Role in It



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

**WHY**

**WHAT**

**WHO**

**WHERE**

**WHEN**



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# LCME STRATEGIC VISIONING FOR STANDARDS

**Why?**

# LCME STRATEGIC VISIONING FOR STANDARDS:

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## WHY?

- Last major revision of standards/elements implemented in AY 2015-16
- Increasing scope/magnitude of macro-environmental/micro-environmental challenges
  - Health system consolidations and competitive business models
  - Continued increase in regional campuses
  - Continued increase in MD-granting, DO-granting, and other health professional programs
  - Collective impact of intra-institutional, governmental, market, and technological forces on medical education and its necessary resources
- Challenges create pressures in ensuring quality, consistency, and sustainability of our medical education programs



LCME STRATEGIC  
VISIONING FOR STANDARDS  
**What?**

# LCME STRATEGIC VISIONING FOR STANDARDS: WHAT?

## Phase 1

LCME June Mini-Retreat

- **WHAT DO YOU THINK ARE THE BIGGEST CHALLENGES ACADEMIC MEDICINE/MEDICAL EDUCATION PROGRAMS WILL FACE OVER THE NEXT DECADE?**
  - Of these, which are within the LCME's purview?
  - Prioritize these challenges.
  - Link them to an existing element or identify an elemental gap.

## Phase 2

Review all elements for:

- Their continued relevance/necessity
- Their location in the standards framework

# LCME STRATEGIC VISIONING FOR STANDARDS: WHAT?

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## Phase 3

Congruence analysis (i. .e., alignment of element language with intent and of required [DCI] information with element language and intent)

## Phase 4

Congruence/remaining gap analysis II (i.e., “zoom out” to evaluate the strength, completeness, and clarity of the relationship between each standard and its revised composite elements)


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# LCME JUNE MINI-RETREAT OUTCOMES:

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## THE TOP FIVE CHALLENGES


1. Financing medical schools/Health care and organizational models of medical education/Interaction of health systems and medical education programs
  2. Impact of technology (AI) on medical education, assessment, and healthcare delivery
  3. Competition for clinical clerkship sites and residency positions
  4. Emerging curriculum content expectations (e.g., systems-based practice) and curriculum management
  5. UME/GME continuum of medical education/competency-based education
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# LCME JUNE MINI-RETREAT OUTCOMES:

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## THE NEXT FIVE CHALLENGES

6. Political interference with accreditation and the practice of medicine
  7. Building resiliency/addressing system barriers to combat depression, anxiety, and burnout in students, faculty, and staff
  8. Meeting national workforce needs/diversity/cultural competence
  9. Faculty wellbeing/healthcare mergers/time for teaching and scholarship/changes in expectations/attitudes/value of clinician teachers
  10. Implications of dispersed education and unionization
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# LCME STRATEGIC VISIONING FOR STANDARDS

## **Who?**

# LCME STRATEGIC VISIONING FOR STANDARDS:

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## WHO?

- It begins and ends with input from you
  - Concerns raised by medical school leadership/faculty during Secretariat consultations and summer 2023 visits
  - Need for public hearing before LCME adoption/implementation of any changes that establish additional requirements for medical education programs
- LCME via its Planning Subcommittee, Policy Subcommittee, and Standards Subcommittee
- Input and comment from relevant constituent groups along the way



LCME STRATEGIC  
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**Where?**

# LCME STRATEGIC VISIONING FOR STANDARDS: WHERE?

## Secretariat

- What aspects of the challenge are relevant to/under the purview of the LCME?
- Do these relevant aspects of the challenge “fit” with the existing elements, or is there a gap?
- What purpose would be served/intent met by adding something new?
- Drafted initial discussion documents in response to these questions for the first five challenges (July-August 2024)

## Planning Subcommittee

- Began review of the document for challenge #1 (September 2024) and presented a report of its initial work to the LCME Executive Committee and the LCME in October 2024

# LCME STRATEGIC VISIONING FOR STANDARDS: WHERE?

## Where (and how) will you be involved?

- Today, through your comment and input on the set of LCME-identified challenges
- Throughout the process, through relevant constituent meetings and/or surveys for specific elements or clusters of elements related to each challenge




LCME STRATEGIC  
VISIONING FOR STANDARDS  
**When?**

# LCME STRATEGIC VISIONING FOR STANDARDS:

## WHEN?

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**Now that the process has begun, when will it end?**

- Joint effort of the LCME, its Executive Committee, its subcommittees, the Secretariat, and all “interested parties” in the academic medicine/medical education community
  - The visioning process and standard renewal process will require at least two full years to complete since the entire product, including resulting changes to the DCI, rather than piecemeal implementation of changes year-over-year, is the endpoint. With a very aggressive timeline, changes could be in effect for AY 2027-28 (but not before).
  - During this period, discrete changes to elements may continue to be made (e.g., as they have for Element 3.3) to address more immediate needs or to clarify LCME expectations.
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THANK YOU-  
NOW LET'S GET STARTED!

# DO YOU THINK THE LCME LEFT SOMETHING OUT? LET US KNOW!

You saw what the LCME thinks are the next decade's biggest challenges for academic medicine/medical education programs which are within the LCME's purview.



**Please use the QR code or one of the handouts on the tables to let us know if you think the LCME left something out.**