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**Guide to the Survey Process**

**for Provisional Accreditation**

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**For Medical Education Programs with**

**Provisional Accreditation Surveys in the 2026-27 Academic Year**

LCME® *Guide to the Survey Process for Provisional Accreditation*

For Medical Education Programs with Provisional Accreditation Surveys in the 2026-27 Academic Year

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# Introduction

This guide is designed for medical education programs preparing for provisional Liaison Committee on Medical Education (LCME) accreditation. The process for provisional accreditation usually takes place when the charter (first entering) class is in the second year of the curriculum. The purpose of this process is to evaluate the delivery of the pre-clerkship phase of the curriculum and the status of planning for and, if relevant, delivery to date of the clinical phase of the curriculum, including the availability of resources needed for clinical training.

## Purpose of Accreditation and Accreditation Standards

Obtaining LCME accreditation ensures that medical education programs are in compliance with defined standards and their associated elements. The accreditation process has two general and related aims: to promote institutional self-assessment and improvement and to determine whether a medical education program meets prescribed standards.

The standards and related elements 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](https://lcme.org/publications/)). Medical education programs with survey visits during the 2026-27 academic year should use the version of *Functions and Structure of a Medical School* effective for that academic year*.* These standards and associated elements have been widely reviewed and endorsed by the medical education community.

For the 2026-27 academic year, the review for provisional accreditation includes 12 overarching standards with 49 selected elements. Medical schools being reviewed for provisional accreditation will be expected to achieve compliance with each of the standards listed in the *Data Collection Instrument for Provisional Accreditation Surveys*. Compliance with a standard is based on satisfactory performance in the element(s) associated with the standard, in the context of the school’s level of development.

# General Steps in the Process for Provisional Accreditation

The major steps in the accreditation process for medical education programs being reviewed for provisional accreditation during the 2026-27 academic year are as follows:

1. Completion of the data collection instrument (DCI) related to the elements the LCME has determined to be relevant to a review for provisional accreditation and completion of the independent student analysis (ISA)
2. Visit by an ad hoc survey team and preparation of the survey team report for review by the LCME
3. Action on accreditation by the LCME

# Management of the Accreditation Process for Provisional Accreditation

## Survey Personnel

The dean must designate a faculty accreditation lead (FAL) and a survey visit coordinator (SVC). It is critical that both positions be staffed by individuals who have a deep understanding of the school’s medical education program and who will be able to work with stakeholders across the medical school, its sponsoring organization, and affiliated hospitals and other health care settings, as well as with the survey team. Designated personnel will need the authority and experience to gather accurate information and garner widespread participation among faculty, staff, and students. Please refer to the full position descriptions below before making these designations. The dean should appoint a FAL and SVC using the [LCME Survey Personnel Designation Form](https://form.jotform.com/lcme/lcme-survey-personnel-form), which is available on the LCME website. The dean will receive a request via email to complete the form.

## Faculty Accreditation Lead (FAL)

The FAL manages the school’s preparation leading to the survey visit to ensure that it proceeds on schedule, supervises the compilation of narrative and quantitative information related to each of the accreditation elements included in the review for provisional accreditation, and reviews the final DCI to be sure that it is complete and internally consistent. The FAL should be a senior faculty member who may also hold an administrative position and who is knowledgeable about 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 identify institutional policies and information sources, and to ensure support from and participation by members of the administration, faculty, and student body.

The school must ensure that the FAL has appropriate administrative support, financial resources, and release time from other duties to accomplish the responsibilities associated with this role. The FAL has the following responsibilities:

* Answer questions during preparation of the school’s Data Collection Instrument (DCI) related to the meaning and intent of accreditation elements and about the specific questions in the DCI
* Assign specific questions/sections of the DCI to individuals with the appropriate institutional knowledge and ensure that each aspect of multi-part DCI questions is fully addressed
* Ensure that there is adequate support for the Independent Student Analysis (ISA) and that the student survey is developed and analyzed on schedule
* Synthesize all narrative DCI responses into a cohesive, factually accurate, and stylistically consistent document that accurately reflects the current status of development of the medical education program
* 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 whose main responsibility is to manage the logistics prior to and during the survey visit. The SVC may assist in formatting the DCI to ensure that it conforms to LCME style and usage guidelines before submitting it and other documents to the LCME Secretariat before the visit. The SVC is not responsible for developing or reviewing the content of the DCI. The SVC will typically make hotel reservations for the team and coordinate ground transportation for onsite visits and schedule the necessary faculty and staff who will participate in meetings with the survey team. Like the FAL, the SVC should have appropriate protected time.

## 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 completing the DCI. School personnel with core responsibilities should attend the monthly [*Connecting with the Secretariat*](https://lcme.org/events/secretariat-webinar/)webinars. The webinars provide information about the intent of accreditation elements. Members of the Secretariat are also available for consultations with individual medical schools.

# Completion of the DCI and Compilation of Supporting Documents

On the LCME website ([lcme.org/publications](https://lcme.org/publications/)), select the *DCI for Provisional Accreditation Surveys* effective for the 2026-27 academic year. There are quantitative and narrative questions in the DCI that are linked to each of the elements. The questions should be answered and the relevant data and documents compiled by the persons most knowledgeable about each of the topics. To answer the questions, use information from the academic year when the charter class was in the first year of the curriculum.

Those completing the DCI should take care to ensure that the data are current and accurate, and the terminology used is consistent across the DCI (e.g., consistent abbreviations, consistent names for committees, and consistent names and titles for administrators). It is critical that the FAL who oversees the LCME accreditation process ensures that the completed DCI undergoes a comprehensive review to identify any inaccuracies; missing data, incomplete question responses, or missing Appendix documents; lack of clarity in responses, or inconsistencies in reported information across sections. 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.

While the DCI is being prepared, medical students should conduct their own survey of student agreement that required things are in place related to the educational program, student services, the learning environment, and other areas of relevance to students. Students should independently collect and analyze the data and reach independent conclusions about areas of strength and areas that require attention. This report is termed the independent student analysis (ISA) and is based on and includes data from the student survey. While members of the school’s administration may provide logistical support, planning for the student survey and the analysis of the results is a student responsibility. Students should use *The Checklist of Requirements for Completing the Independent Student Analysis for Provisional Accreditation*, an LCME publication available on the LCME website ([lcme.org/publications](https://lcme.org/publications/)). Select the version for the 2026-27 academic year. **Students must develop the survey and present the survey data as illustrated in the checklist so that the format allows the data and the students’ analysis of the results to be included in the DCI.**

## 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)

Typically, the DCI for a given year is available from the LCME at least 15 months prior to the survey visit. The *Data Collection Instrument for Provisional Accreditation Surveys* for the 2026-27 academic year contains the 12 accreditation standards and their 49 associated elements. The FAL should distribute sections of the DCI (by standard, element, or questions) to those individuals best able to provide accurate and current information. These individuals should complete and return their sections of the DCI to the FAL within two or three months. The FAL will review the DCI responses to ensure the information is complete and accurate and all questions are answered. The FAL will then use the submissions to complete the DCI.

## Date Range

The DCI should be completed with all requested data for the indicated academic years (as available). The time period for data/information in both tables and the narrative should be clearly indicated.

Because the DCI will likely have initially been prepared well before the survey visit, the school should update information as needed prior to submission of the DCI and associated documents. The FAL is responsible for ensuring that the relevant updates are made. The survey team will want current financial information, student enrollment data (e.g., for the second entering class), changes in the educational program, and any other significant new information. These updates should be made before the DCI is finalized and submitted.

## Submission of the Survey Package

The survey package for a review for provisional accreditation includes the completed DCI, an appendix of supporting documents as specified in the DCI, and the ISA, which includes both data tables and narrative. Schools should feel free to add documents to the appendix that relate to the intent of a given element or elements.

The survey package is due 14 weeks prior to the first day of the scheduled survey visit. If that date falls on a weekend or holiday, submission can be on the next non-holiday business day. Approximately four weeks before the survey package is due, the LCME Secretariat will send the dean and the FAL instructions about submitting the survey package. The FAL should confirm receipt of this information by an email to [lcmesubmissions@aamc.org](mailto:lcmesubmissions@aamc.org).

## Updates after Submission of the Survey Package

After the survey package has been submitted, one bundled update that includes documents/edits not requested by the survey team may be sent to each member of the survey team up to 30 calendar days prior to the start of the survey visit. The timing, format, and process for providing the update to the survey team should be coordinated with the survey team secretary.

It is becoming more common for schools to do one or more follow-up surveys to the ISA. These may cover selected items or be a repeat of the ISA. While some schools provide the results of the follow-up survey(s) in the survey package submitted three months prior to the survey visit, others submit these surveys with the bundled update at the 30-day deadline prior to the visit. The following guidelines for standardizing the expectations for follow-up surveys were approved by the LCME at its June 2024 meeting and will be in effect in academic year 2026-27.

A follow-up survey to the ISA, whether created and administered by the school or the student body, will only be considered by the survey team and the LCME if the follow-up survey:

* Uses the same response options as the ISA
* Targets areas identified in the ISA which raise performance concerns for accreditation elements for the program as a whole, for individual classes, or for regional campuses
* Is designed to determine the effects of specific (described) actions taken by the school to address the areas of concern identified in the ISA
* Includes a 70% or higher response rate for each item in each relevant student cohort, with the percent response rate per item calculated using the total number of students in the cohort as the denominator
* Is submitted with accompanying narrative no later than 30 days prior to the beginning of the survey visit (i.e., the deadline date for the single unsolicited submission to the survey team)

There also may be additional supplemental material requested by the survey team or LCME Secretariat. 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 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@aamcorg). 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

An ad hoc survey team visits the institution, typically over two days. The visit may be lengthened in specific circumstances, for example, for schools with multiple campuses.

Prior to the visit, the survey team members carefully review the materials in the school’s survey package. Based on this review, the survey team secretary and the FAL develop and finalize a survey visit schedule. During the visit, the survey team develops a list of its findings that relate to specific elements. Within a week following the survey visit, the team secretary provides the dean with a written exit report of initial findings. These initial findings are subject to potential revision during the review of the survey report and should be held confidential by the school leadership.

Approximately two to three months after the survey visit, a draft survey report narrative is completed by the survey team using the *Survey Report Template for Provisional Survey Reports* according to the process and format specified in the *Survey Report and Team Findings Guide for Provisional Accreditation Surveys*,available on the LCME website ([lcme.org/publications](https://lcme.org/publications/)). The survey report includes excerpts from school documents, such as information and data tables from the DCI and the ISA, as well as information obtained by the survey team on site. The narrative report is accompanied by an Appendix that contains documents specified in the report template and others identified by the survey team. The survey report narrative is accompanied by a survey team findings document, which includes a summary narrative for elements that the team has identified as satisfactory with a need for monitoring or unsatisfactory performance.The survey report and findings document do not comment on the program’s compliance with standards, the accreditation status of the medical education program, or required follow-up actions to be taken by the school; those decisions are the exclusive responsibility of the LCME.

The draft survey report and survey team findings document are sent to the LCME Secretariat for review. After the team considers and, in some cases, incorporates the Secretariat’s comments, the draft report is sent to the dean for review and comment on errors of fact. It is the dean’s responsibility to ensure that the report narrative and supporting data are carefully reviewed, as the final version 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 recommendations for performance in the cited elements but may touch on errors of fact that would affect the elements’ performance determination. The dean’s recommendations for changes will be considered by the survey team secretary and survey team chair. The dean may also include any concerns about the process of the visit in the communication with the survey team secretary. The dean will be informed by the survey team secretary via email about the recommended changes that were and were not made. The dean’s letter and the team secretary response will be placed on the LCME meeting agenda for consideration when the survey report is reviewed.

# LCME Action on Accreditation

The survey report and survey team findings document, along with the correspondence between the dean and the team secretary, are reviewed by the LCME at a regularly scheduled meeting (in October, February, or June), at which time the LCME makes final decisions about performance in each of 49 the elements included in the regular review for provisional accreditation (and any elements that might have been added by the LCME based on its review of a prior change notification or complaint), compliance with each of the 12 accreditation standards, the program’s accreditation status, and any required follow-up to address elements in which the program’s performance is unsatisfactory or satisfactory with a need for monitoring.

As a condition for granting provisional accreditation, the LCME may:

1. require that the medical education program submit one or more written status reports
2. schedule a follow-up limited survey visit
3. request that certain areas be reviewed carefully at the full survey visit, should provisional accreditation be granted and/or
4. direct the Secretariat to conduct a visit for consultation or fact-finding visit

If major problems have been identified, the LCME may decide to continue preliminary accreditation pending the results of a status report or follow-up visit and may place the program on warning or on probation. The LCME may act to withdraw accreditation if such problems are not corrected within a reasonable period of time, if problems are identified during a visit that indicate that the program is not preparing medical students to enter the next phase of training, or if the program currently is not sustainable for financial or other reasons. Medical education programs must obtain provisional accreditation within five years from the time of preliminary accreditation.

Within 30 days of the LCME meeting, the LCME Secretariat sends a letter to the leadership of the school’s sponsoring organization with the LCME’s action, with a copy to the dean of the medical school. The accreditation status determined by the LCME is considered public information, but the survey report and the LCME’s findings are held confidential by the LCME. The institutional leadership is at liberty to release the survey report and the details of the LCME’s decision as it deems appropriate.