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**Guide to the**

**Institutional Self-study**

**Summary Report for Full Accreditation**

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**For Medical Education Programs with**

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

LCME® *Guide to the Institutional Self-study Summary Report for Full Accreditation*

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

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# Introduction

This document contains information for developing the summary report of the institutional self-study prior to a full accreditation survey. It should be made available to individuals participating in the self-study process. For a comprehensive overview of the accreditation process, refer to the *Guidelines for the Planning and Conduct of LCME Accreditation Survey Visits*, available on the LCME website ([lcme.org/publications](https://lcme.org/publications/)).

## Purpose of Accreditation and Self-study

Obtaining Liaison Committee on Medical Education (LCME) accreditation ensures that medical education programs are in compliance with accreditation standards and in satisfactory performance with their associated elements. The accreditation process has two general and related aims: to promote institutional self-assessment by members of the program’s medical education community as a guide for program improvement and to determine whether a medical education program meets accreditation standards.

In conducting its self-study, a medical education program brings together representatives of the administration, faculty, student body, and other constituencies to: (1) collect and review data and other information about the medical education program, (2) identify both institutional strengths and challenges that require attention in areas related to accreditation standards and their associated elements, and (3) develop strategies to ensure that the strengths are maintained, and any problems are addressed effectively and in a timely manner.

The usefulness of the self-study summary report as a guide for planning and change is enhanced when participation in its development and review is broad and representative, when the participants have engaged in a thoughtful process of data-based institutional self-analysis and reflection, when concrete plans have been created to address identified problems, and when the results and conclusions are widely disseminated within the medical education program for review, consideration, and action.

## Accreditation Standards

The self-study is directly linked to the LCME accreditation elements. 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](https://lcme.org/publications/)). Medical education programs with full survey visits during the 2026-27 academic year should use the version of the *Functions and Structure of a Medical School* in effect for that academic year. These standards and related elements have been reviewed and endorsed by the medical education community.

There are 12 overarching standards with 92 elements (90 elements for schools without regional campuses). Medical schools are expected to demonstrate compliance with each of the 12 standards and satisfactory performance in each element. Compliance with a standard, as determined by the LCME, will be based on performance in the elements associated with the standard.

# Faculty Accreditation Lead (FAL)

Deans must designate a faculty accreditation lead (FAL) to manage the self-study process. 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 intent of the LCME accreditation elements. This individual may previously have served as an LCME faculty fellow, which is a role that allows the individual to participate in a survey visit to be introduced to the LCME survey process, or have served as a regular member of a survey team.

The FAL should be able to identify institutional policies and information sources needed to demonstrate the school’s performance in accreditation elements, and to engage members of the administration, faculty, and student body in the self-study process. The school must ensure that the FAL has appropriate administrative support, financial resources, and release time from other duties in order to accomplish the responsibilities associated with this role. The responsibilities related to the self-study and survey visit processes include ensuing accurate, complete, and timely preparation of the DCI; coordinating the activities of the self-study task force; completing the self-study summary report on schedule; and serving as the primary point of contact between the educational program and the survey team secretary. For more information about the role of the FAL refer to the *Guidelines for the Planning and Conduct of LCME Accreditation Survey Visits*, available on the LCME website ([lcme.org/publications](https://lcme.org/publications/)).

# General Steps in the Self-Study Process

The accreditation process consists of institutional self-assessment followed by peer review. Information provided by the medical school is considered by both the institution and survey team in making a judgment of performance for the elements associated with each accreditation standard. The self-study process requires the participation of administrators, faculty members, students, and others associated with the medical education program, its clinical affiliates, and, if relevant, its sponsoring organization.

The general steps in the self-study process are as follows:

1. Completion of the data collection instrument (DCI) and the independent student analysis (ISA), and compilation of supporting documents

2. Analysis of the DCI and other information sources, including the ISA, by an institutional self-study task force which is grounded in an understanding of the intent of and expectations for LCME accreditation elements

3. Creation of a self-study summary report that identifies institutional strengths, challenges related to performance in accreditation elements, and strategies to address these challenges

## Completion of the DCI, ISA, and Compilation of Supporting Documents

**Complete the DCI version for full accreditation surveys that occur during the 2026-27 academic year, available on the LCME website (**[**lcme.org/publications**](https://lcme.org/publications/)**)**.

There are questions in the DCI and requests for data and documents (e.g., school of medicine policies and reports) that are linked to each specific element or standard. The questions should be answered clearly and completely, and the relevant data and documents compiled by the persons most knowledgeable about each of the topics. In completing the DCI, the school should take care to ensure that the data and descriptive information/documentation are current and accurate, and that the terminology is consistent across the DCI (e.g., consistent abbreviations, consistent names and abbreviations for committees, consistent titles for administrators). It is critical that the FAL ensure that the completed DCI undergoes a comprehensive review to identify any inaccuracies, missing data or question responses, or inconsistencies in reported information. The **LCME Glossary**, available on the LCME website: [lcme.org/glossary](https://lcme.org/glossary),provides the LCME’s definitions of terms used in the DCI.

While the DCI is being completed, medical students will conduct the independent survey of student agreement that required activities and resources related to the educational program, student services, the learning environment, and other areas of relevance to students are present at the school. Students will independently collect and analyze the data from the survey of students in all classes and reach independent conclusions about areas of strength and areas that require attention. While the administration may provide logistical support, the ISA, which is the collection of data and the interpretation of the ISA survey results, is the responsibility of the students. The FAL or program leadership should direct students to the *Checklist of Requirements for Completing the Independent Student Analysis (ISA) for Full Accreditation*, available on the LCME website ([lcme.org/publications](https://lcme.org/publications/)). Select the version for the 2026-27 academic year.

The FAL will assemble additional relevant documentation and materials for review by the self-study task force and later by the survey team. These materials include: the ISA, the responses to the most recent AAMC Medical School Graduation Questionnaire (AAMC GQ) Individual School Report, and any other information sources to be utilized in the development of the self-study summary report.

## Self-study Analysis and Summary Report Development

The self-study task force is responsible for conducting the self-study, supported by the FAL. Using their knowledge of the intent of the LCME accreditation elements, the task force members should review the DCI, the ISA report, and other information sources to create the final set of strengths, challenges/concerns about performance related to elements, and strategies to address the identified concerns. The self-study summary report is submitted along with other documents for review by the survey team and the LCME.

# 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 FAL should distribute sections of the DCI (by standard, element, or specific questions) to those individuals best able to complete a given section and provide accurate and current information. The FAL will review the responses to ensure the information is complete and accurate and all questions are answered and then use the submissions to complete a draft DCI. The FAL should use the “Style Guide for DCI Preparation” found at the end of the DCI template to ensure that the draft DCI adheres to the style guidelines.

Much of the quantitative data requested in the DCI are available from information previously provided by the school in the form of LCME or AAMC annual questionnaires [i.e., the LCME Part I-A Annual Financial Questionnaire and web-based companion survey, the Overview of Organization and Financial Characteristics, the AAMC Medical School Graduation Questionnaire (AAMC GQ), the LCME Part I-B Student Financial Aid Questionnaire, and the LCME Part II Annual Medical School Questionnaire]. Copies of the school’s responses to these questionnaires should be kept for use in DCI preparation. Also, tables with much of the trend data to be included in the DCI are sent by the AAMC to the dean of each LCME-accredited medical school annually (the document entitled, *LCME Data Tables: Information for Potential Use in the LCME Data Collection Instrument*).

## Date Range

Provide data for all of the academic years requested in the DCI tables (as available). While the self-study process should consistently focus on data from a specific academic year (usually the most recently completed academic year), the DCI should be completed with all requested historical data to identify relevant trends in performance. The time period covered by the data and information, both in tables and the narrative, should be clearly indicated and should follow the years specified in the table templates.

# Conducting the Self-study

## The Self-study Task Force

The ultimate responsibility for developing and approving the final self-study summary report rests with the self-study task force, coordinated by the FAL.

The LCME expects that the self-study task force is broadly representative of the constituencies of the medical school and its medical education program. It should include some combination of individuals from the following categories:

* Medical school administrators (academic, fiscal, managerial)
* Department chairs and heads of sections
* Junior and senior faculty members
* Medical students
* Medical school graduates in residency programs at the institution
* Faculty members and/or administrators of the sponsoring organization (if relevant)
* Representatives of clinical affiliates
* Trustees (regents) of the medical school/university

Additionally, the task force could include graduate students in the basic biomedical sciences, other residents involved in medical student education, and community physicians. The self-study task force might be chaired by the dean or by a vice dean, senior associate dean, department chair, or senior faculty member. The FAL should manage the self-study process to facilitate the timely completion of task force work.

## Preparation of the Self-study Summary Report

It is the responsibility of the task force to review the documentation (e.g., DCI, ISA) to make evidence-based determinations about performance in accreditation elements. This analysis is the basis of the self-study summary report, which contains a summary description of institutional strengths, challenges related to performance in elements, and strategies to address the specific identified challenges.

Members of the self-study task force may find it helpful to refer to the *Survey Report Template for Full Survey Visit Reports,* which is used by survey team members to compile the survey report, to determine the specific areas of team focus for each element. The document is available on the publications page of the LCME website ([lcme.org/publications](https://lcme.org/publications/)).

# Structure of the Self-study Summary Report

The report should begin with a brief introduction describing how the self-study process was conducted and include the membership categories of self-study task force members (with a reference to the complete list of task force members in the Appendix). It also should include a brief history of recent major changes that have relevance to performance in accreditation elements.

The remainder of the self-study summary report should be organized into sections of institutional strengths, challenges/areas of concern related to performance in accreditation elements including any information about the root causes of problem areas, and specific activities undertaken or planned to address each of the challenges/areas of concern. Note that the self-study summary report should be evidence-based and grounded in the intent of elements. The concerns may reference a single element or group of related elements (e.g., elements related to curriculum management).

If the self-study summary report was written by a subset of the task force, the full task force should review it and must affirm that they agree with its conclusions.

**The final self-study summary report should be written in Times New Roman, black, size 11 font, and should be no longer than 12 single-spaced narrative pages, excluding the list of task force members contained in the report Appendix.** **The report should be submitted as a Word document.**

# Appendix

In the Appendix, list the self-study task force members and their institutional titles/positions (e.g., medical student in year X of the curriculum, chair of the Department of X, associate dean for X).

# Assistance from the LCME Secretariat

The FAL is encouraged to contact the LCME Secretariat ([lcme@aamc.org](mailto:lcme@aamc.org)) with questions about the self-study process and/or about completing the DCI. Note that an accurate and up-to-date DCI is a requirement for a valid self-study. School personnel with core responsibilities should attend the LCME preparation sessions available to schools with upcoming visits. These include the monthly [*Connecting with the Secretariat*](http://lcme.org/events/secretariat-webinar/)webinars and the [Survey Prep Workshop](http://lcme.org/events/workshop/). The webinars provide information about the intent of accreditation elements, documentation needed to demonstrate satisfactory performance in elements, and the and ISA and give participants an opportunity to discuss specific issues with members of the Secretariat. The Survey Prep Workshop is held annually by the LCME Secretariat to provide schools with information about DCI completion, self-study preparation, survey visit logistics, the ISA, and LCME standards and elements. The LCME Secretariat also is available to meet with members of the ISA student committee and/or task force members related to the meaning and intent of LCME elements as the task force is preparing for or conducting its analysis of the DCI and related information.