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**LCME Publications Change Log**

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# Introduction

In response to feedback and requests for more specificity about what changed in new versions of LCME publications, the LCME Secretariat staff have been developing the LCME Publications Change Log.

This document lists substantive changes made to LCME publications currently on the LCME website. The Change Log will be routinely updated in the weeks following publications being made available on the LCME website. The current expectation is that the Change Log will be updated again in late May 2025, and then again in late July 2025 to detail any substantive changes to upcoming publications. This timeline may be adjusted depending on staff workload.

# About the Change Log

* It does not list all changes to publications, but instead lists substantive changes that alter the meaning or scope of the standard, element, or question that supports the elements.
* It does not include minor changes such as those made to grammar.
* It is divided into sections by publication name.
* It lists changes to LCME accreditation elements and standards only in the sections for the *Functions and Structure of a Medical School* document and for each of the DCI documents, not in the sections for every document in which the changed items appear.

Questions or issues with the Change Log can be emailed to [lcme@aamc.org](mailto:lcme@aamc.org).

# Navigating the Change Log

Click on a section name in the Table of Contents to jump to the desired section. Depending on your settings, you may need to hold down the CTRL key when clicking on a section name.

**Functions and Structure of a Medical School**

**Overall Document**

**2025-04-09 Changes to 2026-27 Functions and Structure of a Medical School document**

Changed text to note that the “Glossary of Terms for LCME Accreditation Standards and Elements” was incorporated into the LCME Glossary, located on the LCME website: [lcme.org/glossary](https://aamc1-my.sharepoint.com/personal/mmigdal_aamc_org/Documents/G-Drive/RESEARCH/Change%20Log%204%20LCME%20publications/Change%20Log%20drafts/lcme.org/glossary).

**Standards**

No substantive changes have been made.

**Elements**

**2025-03-06 Changes to 2026-27 Functions and Structure of a Medical School document**

Page 7: Element 5.11

* + In short description replaced “Lounge” with “Relaxation”. Revised short description reads “Element 5.11. Study/Lounge/Storage Space/Call Rooms”.
  + Changed text to remove to remove “and affiliated clinical site”, to replace “lounge areas” with “relaxation space, and”, to replace “facilities” with “space. A medical school also ensures that medical students have at each clinical site adequate study space, personal lockers or other secure storage space” and to change “call” to “on-call”.

Page 16: Element 10.5

* + Changed text to append “A medical school requires regular student attestation to meeting the technical standards with or without reasonable accommodations as they progress through the years or phases of the curriculum.”.

# Glossary

**2025-03-07 Changes to Glossary**

* Adequate numbers and types of patients
* Changed title to remove “(e.g., acuity, case mix, age, gender)”.
* Changed text to add “and demographic characteristics”, to remove “of specific courses, modules, and”, and to add “and specified clinical experiences of” and “and other required clinical experiences”.
* Benefits of diversity
* Changed title to replace “diversity” with “a diverse learning environment”.
* Changed text to remove “the facts that”, “socioeconomic”, “racial”, and “ethnic groups, and other”.
* Eligibility requirements [for initial and continuing accreditation]
* Changed text to replace “regional” with “institutional”.
* Fair and timely summative assessment
* Changed text to add, “The assessment methods used and how they will contribute to the final performance indicator (i.e., the grade) should be made clear to students. The LCME requires that final grades be available within six weeks.”.
* Healthcare disparities
* Changed text to replace “race, ethnicity” with “socioeconomic status, demographic characteristics” and removed, “sex, sexual orientation, gender identity, age, socioeconomic status”.
* Mission-appropriate diversity
* Changed title to add the word “categories”.
* Changed text to remove, “racial, ethnic, economic, and/or social” and “to enhance the educational environment for all medical students”.
* National norms of accomplishment
* Changed “85” to “83”, “95” to “93”, “89” to “88”, and “99” to “98”.

# Rules of Procedure

**2025-03-07 Changes to 2024-11-04 document**

* Page 1
  + Information About the LCME and LCME Policies/Procedures that is Available to the Public
  + Second bullet point: Changed text to replace “regional” with “institutional”.
* Page 8
  + B. Entities Eligible for LCME Accreditation: Paragraph 1: Changed text to replace “universities or medical schools” to “organizations”.
  + 2. Accreditation by a Regional Accrediting Body: Changed subheading to replace “a Regional” with “an Institutional”.
    - Paragraph 1: Changed text to replace “regional” with “institutional”, “the relevant regional” with “an institutional”, and “body” with “agency”, to remove, “regional”, to add “from an institutional accrediting agency”, to remove, “the relevant regional accrediting body. Once a regional accrediting body has granted full accreditation, an”, to add “that entity. An institutionally-”, to replace, to replace “regional” with “institutional”, and to add “including meeting relevant standards for institutional accreditation such as the presence of a teach-out plan”.
* Page 9
  + C. Teach-out Plan
  + Paragraph 1: Replaced “formal agreement with another” with “an agreement with another sponsoring organization. All accredited and developing medical education programs are expected to have a teach-out contingency plan either through the medical school or its sponsoring organization in the case where the medical school is facing an adverse action (e.g., loss of accreditation) either through an LCME action or an action against its”.
  + Bullet Point 2: Replaced “Signed copies of agreements with the host institution, other medical education programs, or other institutions which” with “A description of processes which would”.
* Page 13
  + Initiation of Review for U.S. Medical Education Programs
  + Bullet Point 3: replaced “regional” with “the institutional” and “parent institution” with “sponsoring organization”.
  + Bullet Point 4: Removed “Candidate programs seeking preliminary LCME accreditation must submit a teach-out plan (as described previously) for students enrolled in or accepted to the program if the program fails to make adequate progress toward achieving full LCME accreditation. The teach-out plan must be submitted in time for it to be reviewed and approved by the LCME at meeting when the program’s preliminary survey report is reviewed.”.
* Page 14
  + Step 1: Consideration for preliminary accreditation
  + Paragraph 3: Added “with applicant status”.
* Page 17
  + Survey Team Size and Composition
  + Subsection “For full accreditation surveys”, Paragraph 2: Removed “race, ethnicity,”.
* Page 21
  + First paragraph: Removed “, unless the period is extended for good cause shown” and “The LCME may extend the time for an element to move to satisfactory or satisfactory with a need for monitoring performance for good cause shown, as defined in the section above on Prompt Correction of Deficiencies.”.
* Page 46
  + Subsection “Investigating Complaints or Comments”, Paragraph 2: Added “At the discretion of the Secretariat, based on the timing of the complaint relative to a program’s accreditation survey and the substance of the complaint, a survey team may be asked to address the complaint with program leadership at the time of the survey visit. This may occur with or without requesting a separate written response from program leadership. The LCME will then review the complaint (see below) and the school’s response (if it had been requested) at the time that the survey team’s report is reviewed by the LCME.”.
* Page 47
  + Subsection “Review of Complaints or Comments”, Paragraph 1: Replaced “An ad hoc Subcommittee on Complaints” with “An LCME reviewer” and added “If the complaint is being considered at the same time as the report of a survey team, the survey report reviewer also will consider the information related to the complaint.”.

# Guidelines for the Planning and Conduct of Accreditation Survey Visits

No substantive changes have been made.

# Full Accreditation Surveys

## Guide to the Institutional Self-study Summary Report for Full Accreditation

2025-04-11 Changes:

* Overall Document
  + Changed text to note that the “Glossary of Terms for LCME Accreditation Standards and Elements” was incorporated into the LCME Glossary, located on the LCME website: [lcme.org/glossary](https://aamc1-my.sharepoint.com/personal/mmigdal_aamc_org/Documents/G-Drive/RESEARCH/Change%20Log%204%20LCME%20publications/Change%20Log%20drafts/lcme.org/glossary).
* Page 1
  + Paragraph 3: Changed “standards” to “standards and their associated elements”, changed “define strategies” to “develop strategies”, and changed “effectively” to “effectively and in a timely manner.”.
* Page 2
  + Last paragraph: Added “collection of data, and the interpretation of the ISA survey results”.
* Page 3
  + Data Range: Added “and should follow the years specified in the table templates”.
* Page 4
  + Structure of the Self-study Summary Report
  + Paragraph 1: Changed “major changes” to “recent major changes” and changed “have occurred since the time of the last full survey” to “have relevance to performance in accreditation elements.”.
* Page 5
  + Paragraph 2: Added “The report should be submitted as a Word document.”.
  + Appendix: Removed “and their email addresses”.
  + Assistance from the LCME Secretariat: Changed “task force members” to “members of the ISA student committee and/or task force members”.

## Checklist of Requirements for Completing the Independent Student Analysis for Full Accreditation

**2025-05-06 Change to 2025-04-11 document**

* Page 3
  + Removed Item 9, which read, “The procedures to report student mistreatment are clear.”.
  + Renumbered subsequent items.

**2025-04-11 Changes from 2025-26 document to 2026-27 document**

* Page 1
  + Checkbox 4: Changed from “aim for at least a 70-80% response rate for each class year” to “a response rate of 70% for the survey overall and of 70% for each item and each class year/cohort within the item is required.”.
* Page 3
  + Items 7 and 9: Combined “I have been introduced to and know how to find the medical school’s student mistreatment policy” and “I am aware there is a process for reporting student mistreatment or know where to find it.” to be “I know the procedures for reporting student mistreatment or know where to find them.”.
  + Item 8: Renumbered to be 7.
  + The combined Items 7 and 9 described above were renumbered to be #8.
  + Renumbered subsequent Items.
  + Items 13 and 14: Changed “safe and secure” to “physically safe”.
  + Item 16: Changed “suitable” to “suitable in quality”.
  + Items 17 and 18: Combined “The educational/teaching spaces at hospitals are suitable for the sessions that are held in them.\*” and “Spaces for team rounding at hospitals are suitable for the sessions that are held in them.\*” into “Spaces for formal educational sessions at hospitals are suitable for the sessions that are held in them.\*”.
  + Renumbered subsequent items.
* Page 5
  + Item 48: Changed “I am aware of the school’s medical education program objectives” to “The medical education program objectives are useful to support my learning.”.
  + Items 50 and 62: Changed “progressing” to “meeting the expectations”.

## DCI for Full Accreditation Surveys

**2025-04-28 Changes to 2025-04-11 document**

* Page 11
  + Supporting Documentation: Added Item 3, which reads, “For individual physicians who have a significant role in required clinical clerkships/experiences, provide a copy of the template letter of agreement or of faculty appointment by which the medical school ensures the primacy of the medical education program in the areas included in the element.”.
* Page 106
  + Table 9.1-2: Changed “available to residents to prepare” to “available to all residents , whether from the school’s own program or other programs, to prepare”.

**2025-04-11 Changes from 2025-26 document to 2026-27 document**

* Overall Document
  + Changed text to note that the “Glossary of Terms for LCME Accreditation Standards and Elements” was incorporated into the LCME Glossary, located on the LCME website: [lcme.org/glossary](https://aamc1-my.sharepoint.com/personal/mmigdal_aamc_org/Documents/G-Drive/RESEARCH/Change%20Log%204%20LCME%20publications/Change%20Log%20drafts/lcme.org/glossary).
* Page v
  + Added “A resource that may be helpful in the completion of the DCI is the LCME Glossary available on the LCME website: lcme.org/glossary. Consult the glossary for relevant definitions, especially for Standard 6 and Elements 2.5, 2.6, 5.2, 6.6, 7.3, 7.6, 8.4, and 11.1.”.
* Page 6
  + Supporting Documentation Item 2: Added “governance” and changed “new” to “new/renovated”.
* Page 7
  + Narrative Response a: Removed “a. Provide the mission statement of the medical school and note when it was last approved”.
  + Adjusted lettering of subsequent narrative response items so that item b became a, c became b, etc.
* Page 8
  + Narrative Response b: Added the sentence, “If there is a separate/subsidiary board for the medical school, describe its areas of authority/responsibility”.
* Page 9
  + Table 1.3-1 | Standing Committees: Changed “List all major” to “List the”.
* Page 15
  + Table 2.1-1 | Administrative Officer and Faculty Appointments: Changed text from “…solely appointed by the Board of Trustees or “D” if the Board of Trustees has delegated the appointment to another appointing authority (e.g., the president, provost, or dean). If the Board of Trustees has no role in the appointment of individuals in that category…” to “…solely appointed by the governing board of the sponsoring organization (e.g., Board of Trustees) or “D” if the governing board has delegated the appointment to another appointing authority (e.g., the president, provost, or dean). If “D,” indicate to whom the board has delegated the appointing authority. If the governing board has no role in the appointment of individuals in that category (i.e., does not directly appoint or delegate to another authority)”.
* Page 25
  + Narrative Response b: Changed “how” to “how and by whom”.
* Page 28
  + Item e: Changed “diversity programs” to “programs” and changed “diverse national pool” to “diverse pool”.
* Page 30
  + Supporting Documentation 1: Changed “Examples of the types of instruments used to evaluate the learning environment.” to “Examples of questions related to the learning environment from course/clerkship evaluations and other evaluation instruments.”.
* Page 33
  + Table 3.6-2b: Changed table title from “I am aware there is a process for reporting student mistreatment and know where to find it” to “I know the procedures for reporting student mistreatment or know where to find them.”.
* Page 34
  + Renumbered Table 3.6-2d (“The medical school’s activities to prevent student mistreatment are effective.” to Table 3.6-2e.
  + Added “The medical school investigates reports of student mistreatment.” as Table 3.6-2d.
  + Narrative Response item c: Added “and/or the tools (such as an online system) that can be used for reporting.”.
  + Narrative Response item d: Changed “data on the frequency” to “data on the locations/sources of mistreatment and the frequency”.
* Page 39
  + Narrative Response item b: Changed “teaching, research, and” to “teaching research, administrative duties, and”.
* Page 49
  + Table 5.4-3: Changed “suitable” to “suitable in quality”.
* Page 46
  + Supporting Documentation item 1: Changed “consisting of the items below.” to “Please submit a single PDF document consisting only of the items below. Do not include the AFQ informational pages.”
* Page 47
  + Narrative Response item e and accompanying table both removed. Removed text was, “Provide the names and titles of the staff leadership (e.g., director of assessment, director of institutional computing) of groups/units responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum, and for student assessment. DO NOT include the academic leadership of the medical education program (e.g., associate dean for medical education) under “staff leadership”. Include the percentage of time contributed by each individual to this effort. Add rows as needed.”.
* Page 53
  + Table 5.6-1: Changed table title from “Hospital clerkship resources” to “Inpatient facilities education and infrastructure resources”.
* Page 54
  + Narrative response item a: Added “by campus” and “team conferences”.
* Page 55
  + Tables 5.7-1a and 5.7-1b: Changed table title from “I feel safe and secure” to “I feel physically safe”.
* Page 58
  + Narrative response item a: Added “Describe the location of the main medical school library.”.
* Page 62
  + Updated Element 5.11 with 2025-26 language: In short description replaced “Lounge” with “Relaxation”. Revised short description reads “Element 5.11. Study/Lounge/Storage Space/Call Rooms”.
  + Changed text to remove “,” after “have”, to remove “and affiliated clinical site”, to replace “lounge areas” with “relaxation space, and”, to replace “facilities” with “space. A medical school also ensures that medical students have at each clinical site adequate study space, personal lockers or other secure storage space” to change “call” to “on-call”.
* Page 68
  + Table 6.1-2: Changed table title from “I am Aware of the School’s Medical Educational Program Objectives.” to “The medical education program objectives are useful to support my learning.”.
* Page 69
  + Narrative Response d: Changed “awareness” to “agreement with the utility”.
* Page 70
  + Narrative Response a: Added “In Table 6.2-1, be sure to provide the one minimal level of responsibility.”.
* Page 71
  + Added Narrative Response b: “Describe what individual(s)/group(s) determine that sufficient practice in the skills of self-directed learning is included in the pre-clerkship curriculum and how the decision about sufficiency is made.”.
* Page 79
  + Narrative Response b: Changed “gaps” to “content gaps” and changed “satisfaction in any of the content areas listed above” to “disagreement that any of the content areas or the pre-clerkship phase as a whole prepared them for the clerkship phase.”.
* Page 83
  + Narrative Response a1: Changed “evidence and experience” to “evidence”.
* Page 86
  + Added Narrative Response a: “From the tables above, note any gaps in content coverage, including related to student preparation to care for patients from different backgrounds.”.
* Page 87
  + Table 7.7-2: Removed “Professionalism” from row 3.
* Page 95
  + Narrative Response a: Changed “curriculum” to “curriculum to determine if the phases are meeting their intended outcomes.”.
  + Narrative Response a3: Changed “role” to “actions”, changed “in reviewing and acting on” to “after reviewing”, and removed, “to determine if each phase is meeting its intended outcomes.”.
  + Narrative Response b: Changed “Summarize significant changes” to “Summarize significant actions taken and changes”.
  + Narrative Response d: Changed “Provide examples” to “Provide two examples” and changed “indicate which individuals” to “describe which individuals”.
* Page 96
  + Supporting Documentation 2: Changed ““immunotherapy” and “patient safety”” to ““nutrition” and “informed consent.””.
* Page 98
  + Added section on “National norms of accomplishment” following Supporting Documentation 1.
* Page 99
  + Narrative Response d: Changed “students’ satisfaction with the school’s responsiveness to student”” to “respondents’ agreement that the school is responsive to their”.
* Page 101
  + Narrative Response b: Removed “clerkship specific” from “clerkship specific required clinical encounters” and changed “level of the clerkship/required clinical experience (e.g., LIC discipline).” to “level of the block clerkship or, for LICs, the required clinical discipline.”.
* Page 104
  + Supporting Documentation 1: Changed “schedule” to “schedule(s)” and changed “curriculum” to “curriculum illustrating the amount of unscheduled time in the week(s).”.
* Page 110
  + Narrative Response a: Changed “the clinical skills assessed and the locations” to “and the locations”.
* Page 114
  + Table 9.7-3a: Changed “progressing” to “meeting the expectations”.
* Page 115
  + Table 9.7-3c: Changed “progressing” to “meeting the expectations”.
* Page 116
  + Supporting Documentation 1: Changed “Any institutional guidance (i.e., curriculum governance policy or guideline)” to “Any curriculum committee-approved policy or guideline”.
* Page 118
  + Narrative response a: Changed “Note if there is a specific and formal institutional expectation that students will” to “Briefly describe the policy or guideline that requires students to”.
  + Narrative response d: Changed “fairness” to “fairness and consistency”, changed “course/clerkship” to “pre-clerkship course” and changed “objectives” to “objectives and the grading was/was not consistent within a given clinical discipline).”.
* Page 120
  + Supporting Documentation 2: Changed “due process” to “due process and the charge to or the terms of reference for the medical student promotions committee(s).” (moved from 10.3 Supporting Documentation 2 on Page 126).
* Page 123
  + Narrative Response a: Changed “If so, how” to “If so, list them and describe how”.
* Page 126
  + Supporting Documentation: Removed “2. The charge to or the terms of reference for the medical student promotions committee(s).” (Moved to 9.9 Supporting Documentation 2 on Page 120).
* Page 128
  + Element 10.5 (Technical Standards): Added “A medical school requires student attestation to meeting the technical standards with or without reasonable accommodation as they progress through the years or phases of the curriculum.”.
* Page 129
  + Removed Narrative Response c: “Note the conclusion of the survey team as to whether the informational and recruitment materials meet the expectations of the Element.”.
  + Removed Supporting Documentation 1: “Any recruitment materials related to the medical school.”.
  + Renumbered Supporting Documentation 2 to Supporting Documentation 1 and changed “informational” to “recruitment and informational”.
* Page 130
  + Narrative Response: Changed “GPA,” to “GPA, location of prior education,”.
* Page 140
  + Narrative Response b: Changed “trained” to “selected and trained”.
* Page 150
  + Table 12.3-1: Changed “has one or more” to “offers the pre-clerkship curriculum at one or more”.
* Page 151
  + Table 12.3-4: Changed “has one or more” to “offers the pre-clerkship curriculum at one or more”.
* Page 153
  + Table 12.4-1: Changed “has one or more” to “offers the pre-clerkship curriculum at one or more”.
* Page 154
  + Narrative Response a: Changed “finding health services” to “finding and accessing health services”.
* Page 160
  + Style Guide for DCI Preparation: Added “17. Do not include a % sign in the body of tables that have “percentage” in the header.”

# Preliminary Accreditation Surveys

## Guide to the Planning Self-Study for Preliminary Accreditation

**2025-04-11 Changes from 2025-26 document to 2026-27 document**

* Overall Document
  + Changed text to note that the “Glossary of Terms for LCME Accreditation Standards and Elements” was incorporated into the LCME Glossary, located on the LCME website: [lcme.org/glossary](https://aamc1-my.sharepoint.com/personal/mmigdal_aamc_org/Documents/G-Drive/RESEARCH/Change%20Log%204%20LCME%20publications/Change%20Log%20drafts/lcme.org/glossary).
* Page 5
  + Focus of the Planning Self-study Process: Changed “educational program” to “educational program and student services” and changed “the medical education program’s current status and its ongoing planning” to “ongoing planning”.
  + Paragraph 2 of The Planning Self-study Task Force: Changed “circumstances” to “circumstances and include the individuals who are integrally involved in planning for the developing medical education program.”.
* Page 6
  + Components of the Planning Self-study Report, Introduction subsection: Changed “program” to “program to date, including significant developmental accomplishments;”.
* Page 7
  + Paragraph 2: Added as last line, “The report should be submitted as a Word document.”.
  + Standard 1
    - Item 1: Added “and will they be sufficiently resourced?”.
    - Item 2: Changed “governing board” to “sponsoring organization governing board”.
    - Item 4: Changed “agreements” to “agreements and/or documentation (faculty appointment agreements)”.
    - Item 5: Changed “roles and responsibilities” to “roles”.
* Page 8
  + Standard 2
    - Item 1: Changed “Describe the role of the governing board for the appointment of medical school administrators and faculty. Has appropriate authority for appointments been delegated by the board to the sponsoring organization (if relevant) leadership and/or to medical school administration?” to “Note if the decision has been made which appointments are retained by the sponsoring organization board and which are delegated to another appointing authority.”.
    - Item 3: Added “Is the current administrative staffing sufficient to meet the current planning and implementation needs? Note any current leadership vacancies?”, added “to fill leadership gaps”, and removed “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 create and implement plans for its development.”.
  + Standard 3
    - “the value of diversity”, changed “and developed plans to recruit applicants who possess the background and experiences consistent with the school’s mission-aligned diversity categories” to “in the academic learning environment (e.g., in its mission statement or strategic plan). Have categories of mission-aligned diversity been developed for students?”.
* Page 9
  + Standard 4
    - Item 1: Changed “recruitments” to “timely recruitments”.
    - Item 5: Added “Will knowledgeable individuals be available to provide such programming?”.
    - Item 6: Replaced “structure and process by which the dean and a committee of the faculty” with “a formal committee of the dean and relevant medical school administrators and faculty”. Added “of the medical school. If this committee or its precursor has been in operation, note its activities in supporting appropriate policy development and medical school processes.”.
* Page 10
  + Standard 5
    - Item 2 Removed “Note any adjustments in these areas that have been made to date or are anticipated which can be attributed to resource availability.”.
    - Item 4: Added “or the need to share this space with other programs”.
    - Item 5: Added “for both the pre-clerkship and clinical/clerkship phases of the curriculum.”.
    - Item 6: Added “during the pre-clerkship phase of the curriculum”.
    - Item 8: Added “for students during the pre-clerkship phase of the curriculum. Note planning for call rooms (as needed), study space, and secure storage space for students at clinical site”.
  + Standard 6
    - Item 2: Removed “Have these experiences been assigned to relevant clerkships or discipline-based clinical experiences?” and added “Have actions been taken to ensure that the required patient encounters align with and support the educational program objectives?”.
* Page 11
  + Standard 6
    - Item 3: Removed “self-directed learning” and “lifelong” and added “the LCME-defined self-directed”.
* Standard 7
  + Changed Item 8 to be Item 7 and vice versa.
* Page 12
  + Standard 8
    - Item 1: Changed “policy” to “formally approved policy”.
    - Item 3” Changed “Will” to By what individual(s)/group(s) will”.
    - Item 4: Changed “determining” to “collecting outcome data to determine”, changed “whether” to “whether students in aggregate are achieving each”, and removed, “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 and processes to identify and act on outcome measures where results do not meet school expectations?”.
    - Item 5: Removed “Will there be appropriate processes to inform students about the changes made in courses or clerkships based on their input?”.
    - Item 8: Removed “Will there be enough time available for students to prepare for self-directed learning experiences and other assignments within and outside of formal class hours?”.
  + Standard 9
  + Item 1: Added “will be policies/formal guidelines specifying that non-faculty instructors are to be oriented to their teaching/assessment roles.”.
* Page 13
  + Standard 9
    - Item 3: Changed, “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. Have appropriate processes been created to assess students’ clinical skills in the pre-clerkship phase of the curriculum.” to “Evaluate the status of planning for the school’s clinical assessment system to be used during the pre-clerkship phase of the curriculum. Are there plans for appropriate categories of clinical assessments and for formative and summative assessments to occur at defined times during the pre-clerkship phase?”.
    - Item 5: Changed “courses and clerkships” to “courses”.
* Standard 10
  + - Item 1: Changed “characteristics” to “qualifications and characteristics”.
    - Item 2: Added “whose authority is codified in bylaws/formal policy”.
* Page 14
  + Standard 11
    - Item 3: Added “formal policies/guidelines and”.
  + Standard 12
    - Item 1: Added “identifying personnel and other resources for”.
    - Item 2: Moved “Health and disability insurance (12.6)” and “Immunizations as specified in school of medicine policies (12.7)” to newly created Item 3.
    - Created new Item 3: “Evaluate whether policies have been created related to the following: a. Access to health and disability insurance b. Requirements for immunizations as specified in school of medicine policies.
    - Renumbered original Item 3 to be Item 4.
    - Renumbered original Item 4 to be Item 5.
    - Item 5: Added “the impact of infectious and environmental disease on medical student learning activities”.
* Page 15
  + Paragraph 1: Added “development to date, including” and added “or any concerns about the feasibility of strategies”.

## DCI for Preliminary Accreditation Surveys

No substantive changes have been made.

# Provisional Accreditation Surveys

## Guide to the Survey Process for Provisional Accreditation

**2025-04-11 Changes:**

* Overall Document
  + Changed text to note that the “Glossary of Terms for LCME Accreditation Standards and Elements” was incorporated into the LCME Glossary, located on the LCME website: [lcme.org/glossary](https://aamc1-my.sharepoint.com/personal/mmigdal_aamc_org/Documents/G-Drive/RESEARCH/Change%20Log%204%20LCME%20publications/Change%20Log%20drafts/lcme.org/glossary).
* Page 6
  + The Survey Visit and Preparation of the Survey Report
  + Paragraph 4: Changed “findings directly” to “recommendations for performance in the cited elements”, changed “findings” to “elements’ performance determination.”, and changed “process of the visit” to “process of the visit in the communication with the survey team secretary”.
* Page 7
  + LCME Action on Accreditation
  + Paragraph 1: Added “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),”.

## Checklist of Requirements for Completing the Independent Student Analysis for Provisional Accreditation

**2025-05-06 Changes from 2025-26 document to 2026-27 document**

* Page 1
  + Checkbox 4: Changed “Encourage participation in the survey; aim for at least a 70-80% response rate for each class year to which the survey is sent.” to “Encourage participation in the survey; a response rate of 70% for the survey overall and of 70% for each item and each class year/cohort within the item is required.”.
* Page 4
  + Removed Item 7, which had read, “I have been introduced to and know how to find the medical school’s student mistreatment policy.”
  + Renumbered subsequent items.
  + Removed Item 10, which had read, “The procedures to report student mistreatment are clear.”.
  + Renumbered subsequent items.
    - Item 11: Changed “safe and secure” to “physically safe”.
    - Item 13: Changed “suitable” to “suitable in quality”.
* Page 5
  + Item 26: Changed “Financial aid services at my medical school include debt management counseling by knowledgeable and accessible personnel.” To “Knowledgeable personnel at my medical school provide debt management counseling.”
  + Item 32: Changed “I am aware of the school’s medical education program objectives.” to “The medical education program objectives are useful to support my learning.”.
  + Item 34: Changed “progressing” to “meeting the expectations”.

## DCI for Provisional Accreditation Surveys

## Survey Team Documents

## Survey Report Template for Full Survey Visit Reports

No substantive changes have been made.

## Survey Report Template for Preliminary Survey Visit Reports

No substantive changes have been made.

## Survey Report Template for Limited Survey Visit Reports

No substantive changes have been made.

## Survey Report Template for Provisional Survey Visit Reports

## Exit Report Template for Full, Provisional, and Preliminary Accreditation Surveys

No substantive changes have been made.

## Exit Report Template for Limited Accreditation Surveys

No substantive changes have been made.

## Survey Report and Team Findings Guide

No substantive changes have been made.

## Survey Team Findings Template for Full, Provisional, and Preliminary Survey Visit Reports

No substantive changes have been made.

## Survey Team Findings Template for Limited Survey Visit Reports

No substantive changes have been made.

## Survey Team Writing Assignments Template for a Full Survey

No substantive changes have been made.

## Survey Team Writing Assignments Template for a Provisional Survey

No substantive changes have been made.

## Visit Schedule Template for a Full Survey

No substantive changes have been made.

## Visit Schedule Template for a Preliminary Survey

No substantive changes have been made.

## Visit Schedule Template for a Provisional Survey

No substantive changes have been made.

# White Papers

## Principles for Parallel Curricula

No substantive changes have been made.

## Principles for LCME-Accredited Medical Schools Sharing Faculty at an Instructional Site

No substantive changes have been made.

## LCME Principles for Education to Develop Interprofessional Collaborative Skills (Element 7.9)

No substantive changes have been made.

## LCME Consensus Statement on Satisfactory Performance in Element 10.2: Acceptance from the Waitlist/Alternate List

No substantive changes have been made.

## Implementing a System for Monitoring Performance in LCME Accreditation Standards

No substantive changes have been made.

## Accreditation Issues Related to Spatial and Temporal Distance Learning

No substantive changes have been made.

## AAMC Uniform Clinical Training Affiliation Agreement (LCME approved)

No substantive changes have been made.