

LCME Call for Public Comment | October 7, 2025 – January 7, 2026

The structure of new Standard 7 was approved in principle by the LCME in February 2025. It has been revised based on the inclusion of Element 7.3, which was added to address the explicit requirement for content related to “nutrition.” The revision that includes new Element 7.3 was initially approved by the LCME in September 2025 and now is open for public comment. The table below shows the proposed standard and element language and a crosswalk indicating which topics included in the 2025-26 *Functions and Structure of a Medical School* are placed within a proposed new element and which topics are new. The LCME will consider your comments in its review of the proposed new Standard 7 at its February 2026 meeting. If finally approved, the revised standard and elements, with their associated DCI questions, would be effective in academic year 2027-28.

CURRENT Standard Language (AY 2025-26)	PROPOSED Standard Language (AY 2027-28)
Standard 7 (curricular content) The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.	Standard 7 (curricular content) The medical education curriculum provides content and experiences of sufficient breadth and depth to prepare medical students for entry into any graduate medical education program, for the subsequent practice of contemporary medicine, and for applying self-directed learning and critical thinking across the educational program competencies.

PROPOSED Element Language (AY 2027-28)	Topics Included in 2025-26 Element that are Maintained	Topics Not Explicitly Included in 2025-26 Element (New Topic)
Element 7.1 (foundational medical knowledge) The medical education curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of the knowledge and concepts of contemporary medical science and includes instruction in the scientific principles of basic biomedical, clinical, and translational research and how such research is conducted, evaluated, and applied to patient care.	7.1 (content related to biomedical, behavioral, social sciences) 7.3 (scientific method/clinical/translational research)	
Element 7.2 (patient care) The medical education curriculum includes content and clinical experiences related to the diagnosis and treatment of disease. This content and these clinical experiences include education and experiential learning in the areas of acute and chronic care, end-of-life care, continuity of care, and rehabilitative care; in the appropriate use of artificial intelligence and other emerging technologies in diagnosis and patient management; and in the development and effective application of the skills of evidence-based critical judgment to solving clinical problems.	7.2 (components touching on levels of care [e.g., acute, rehabilitative], end-of life; diagnosis and management of disease) 7.4 (critical judgment based on evidence and experience)	Artificial intelligence in diagnosis and patient management

Element 7.3 (health promotion and health maintenance) The medical education curriculum includes content focused on factors that affect the ability to promote and maintain health across the life cycle. This content includes the role of nutrition in preventing and managing chronic disease, and other challenges to wellness associated with common societal problems.	7.2 (chronic care, preventive care) 7.5 (societal problems)	Role of nutrition in prevention and management of chronic disease
Element 7.4 (communication and interprofessional collaborative skills) The medical education curriculum includes specific instruction in the skills of communication with patients and their families, colleagues, and other health professionals, and provides medical students with experiences that prepare them to function collaboratively on interdisciplinary health care teams that provide coordinated patient care.	7.8 (communication skills) 7.9 (interprofessional collaborative skills)	
Element 7.5 (professionalism) The medical education curriculum provides instruction and experiential learning in professionalism, human values, and medical ethics both prior to and during medical students' participation in patient care activities. The curriculum requires medical students to exhibit professionalism and ethical behavior in caring for patients from a variety of backgrounds and in relating to patients' families and others involved in patient care.	3.5 (learning environment): aspects touching on development of explicit professional behaviors 7.7 (medical ethics) 7.6 aspects touching on cultural competence in caring for a diverse patient population	
Element 7.6 (practice-based learning and improvement) The medical education curriculum ensures that medical students learn, practice, and receive feedback on their progressive acquisition of the skills of self-directed learning, including the ability to self-identify critical gaps in knowledge or understanding and to find, analyze, synthesize, and appraise the credibility of relevant information to fill those gaps. The medical education curriculum also promotes medical students' development of the ability to recognize the strengths, deficiencies, and limitations of their knowledge, skills, behaviors, and attitudes, to track their progress in achieving personal professional learning and improvement goals, and to incorporate continuous quality assurance and improvement in their approach to both patient care and their own professional development.	6.3 (self-directed learning)	New attention to personal professional development (touched on but not explicit in Element 7.7/medical ethics) Explicit attention to CQI related to patient care
Element 7.7 (systems-based practice) The medical education curriculum includes instruction and experiential learning in the social and structural determinants of health, the structure and functioning of healthcare delivery systems, and the resources within and beyond the health care system needed to optimize patient, community, and population health outcomes.	Some aspects of 7.6 (health care disparities and inequities)	New attention to health care delivery system functioning and health care quality improvement