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**LCME Publications Change Log**

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# Introduction

In response to feedback and requests for more specificity about what has changed in new versions of LCME publications, the LCME Secretariat staff have developed 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 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.

Email any questions about the Change Log to 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**

**2025-05-21 Changes to 2026-27 Functions and Structure of a Medical School document**

* Standard 3: Removed “recognizes the benefits of diversity” from standard language.

**2025-05-21 Changes to 2025-26 Functions and Structure of a Medical School document**

* Standard 3: Removed “recognizes the benefits of diversity” from standard language.

**Elements**

**2025-05-21 Changes to 2026-27 Functions and Structure of a Medical School document**

* Element 3.3: Removed Element 3.3.

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

* Element 5.11 short description: replaced “Lounge” with “Relaxation”.
* Element 5.11: 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”.
* 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 (applies only to 2025-26 Functions and Structure document)**

**2025-05-21 Changes to 2025-26 Functions and Structure of a Medical School document**

* Removed “Benefits of a diverse learning environment” entry.
* Removed “3.3” from “Effective” and “Evaluation” entries.
* Removed “Mission-appropriate diversity categories” entry.
* Removed “Programs aimed at developing a diverse pool of medical school applicants” entry.

# Glossary located on LCME website

**2025-05-21 Changes to Glossary**

* Removed “Benefits of a diverse learning environment” entry.
* Added “Consultation” entry.
* Removed “3.3” from “Effective” and “Evaluation” entries.
* Added “Immediate Family” entry.
* Added “LCME discretion” entry.
* Removed “Mission-appropriate diversity categories” entry.
* Removed “Programs aimed at developing a diverse pool of medical school applicants” entry.

**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”, and 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 and 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

**2025-07-15 Changes to 2025-03-07 document**

* Accreditation of Medical Education Programs Outside of the United States: Removed section on collaboration with the accreditor of undergraduate medical education programs in Canada and changed “are chartered outside of the United States and Canada,” to “are chartered outside of the United States,”
* V. Other Policies and Procedures, Paragraph 2: Added “The LCME Executive Committee will review proposals and determine if the proposal merits further review by the LCME. If the LCME votes to adopt the changes,”, changed “deletion of standards/elements” to “deletion of standards”,
* V. Other Policies and Procedures, Paragraph 3 added “or revision of element language that does not impose additional performance requirements”
* V. Other Policies and Procedures, Paragraph 4: changed “Reviews of one to three standards will occur yearly and will focus on reviewers’ assessment of the importance of individual standards for the quality of the medical education program and the importance of associated elements in judging compliance with the standard. Through this process, all standards and associated elements will be reviewed every five to six years. Elements also will continue to be reviewed for their clarity by representatives from programs having recently completed an accreditation review.” To “Reviews of elements associated with at least one to three standard(s) will occur yearly and will focus on reviewers’ assessment of the importance of the elements in judging compliance with the standard and whether the elements in aggregate address the intent of the standard. Through this process, elements associated with all standards and the standards themselves will have been reviewed every five to six years”
* D. Student Complaints to Programs, Complaints to the LCME, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality, Section Titled “Complaints and Information from Credible and Verifiable Public Sources”: Rewrote section to update complaint policy and remove repetitive language.
* Appendix B. Reconsideration and Appeal Procedures for Actions Affecting Accreditation, Section Titled “LCME Reconsideration Hearing”: Added “School representatives will participate in the hearing virtually.”.
* Appendix D. Procedures for Complaints to the LCME, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality, Section titled “Submitting Complaints or Comments”, Paragraph 1: Added “If, at any time through credible and verifiable public sources (e.g., print or online newspaper articles), the LCME is informed of circumstances at a medical education program that might indicate noncompliance with accreditation standards/unsatisfactory performance in accreditation elements, the information will be treated as a complaint about program quality.”
* Appendix D. Procedures for Complaints to the LCME, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality, Section titled “Submitting Complaints or Comments”, Paragraph 2: Added “All information related to the complaint must be submitted at the same time as the consent form. Follow-up information will not be accepted.”
* Appendix D. Procedures for Complaints to the LCME, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality, Section titled “Investigating Complaints or Comments”, Paragraph 2: Added “The timing of the dean’s response will be linked to due dates for items to be considered at the next regularly scheduled LCME meeting (i.e., April 1st for the June LCME meeting, December 1st for the February meeting, and August 1st for the October meeting), but will ensure that the dean will have adequate time to develop a response.”
* Appendix D. Procedures for Complaints to the LCME, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality, Section titled “Review of Complaints or Comments”, Paragraph 1: Changed “The subcommittee will present…” to “The reviewer will present…”
* Appendix D. Procedures for Complaints to the LCME, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality, Section titled “Response to Complainants”: Added “The LCME does not disclose further information regarding reviews of complaints and does not accept requests for reconsideration.”

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

* Information About the LCME and LCME Policies/Procedures…”: Second bullet point: Changed text to replace “regional” with “institutional”.
* 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”.
* 2. Accreditation by a Regional Accrediting Body, Paragraph 1: Replaced “regional” with “institutional” and changed “candidate status by the relevant regional accrediting body. In this latter case, the program must receive full regional accreditation within the time specified by the relevant regional accrediting body. Once a regional accrediting body has granted full accreditation, an accredited medical education program or its sponsoring organization must maintain full regional accreditation to be eligible to retain its LCME accreditation.” to “candidate status by an institutional accrediting agency. In this latter case, the program must receive full l accreditation from an institutional accrediting agency within the time specified by that entity. An institutionally-accredited medical school or its sponsoring organization must maintain full institutional accreditation to be eligible to retain its LCME accreditation, including meeting relevant standards for institutional accreditation such as the presence of a teach-out plan.”.
* 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”.
* C. Teach-Out Plan, 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”.
* Initiation of Review for U.S. Medical Education Programs, Bullet Point 3: replaced “regional” with “the institutional” and “parent institution” with “sponsoring organization”.
* Initiation of Review for U.S. Medical Education Programs: Removed last bullet point which had read, “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.”
* Step 1: Consideration for preliminary accreditation, Paragraph 3: Added “with applicant status”.
* Step 1: Consideration for preliminary accreditation, Paragraph 4: Added “Candidate programs 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.”.
* Survey Team Size and Composition, Subsection “For full accreditation surveys”, Paragraph 2: Removed “race, ethnicity,”.
* Timing for a Program to Achieve Satisfactory Performance in Elements, Paragraph 1: 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.”.
* Appendix D 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.”.
* Appendix D 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).
* Purpose of Accreditation and Self-Study: Paragraph 2: Changed “standards” to “standards and their associated elements”, changed “define strategies” to “develop strategies”, and changed “effectively” to “effectively and in a timely manner.”.
* General Steps in the Self-Study Process, Completion of the DCI, ISA, and Compilation of Supporting Documents subsection, Paragraph 2: Added “collection of data, and the interpretation of the ISA survey results”.
* Completing the Data Collection Instrument (DCI), Date Range subsection: Added “and should follow the years specified in the table templates”.
* 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.”.
* Structure of the Self-study Summary Report, Paragraph 4: 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**

* Required Student Opinion Survey Items: Removed Item 9, which read, “The procedures to report student mistreatment are clear.”, and renumbered subsequent items.

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

* 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.”.
* Required Student Opinion Survey Items: 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.”
* Renumbered Item 8 to be Item 7. The combined Items 7 and 9 described above were renumbered to be #8. Renumbered subsequent Items.
* Changed “safe and secure” to “physically safe” in Items 13 and 14
* Changed “suitable” to “suitable in quality” in Item 16.
* 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.
* 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

### 2026-27 Full Survey DCI

**2025-08-19 Changes to 2025-05-21 document**

* Table 12.1-2 Median Medical School Educational Debt: Changed instructions from “medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness equal to or more than $200,000.” to “medical school educational indebtedness of all medical student graduates with medical school debt and on the percentage of those graduates with medical school educational indebtedness equal to or more than $200,000.” and changed row heading from “Median medical school debt” to “Median medical school debt of all graduates with medical school debt” and from “Percentage of graduates with medical school debt” to “Percentage of graduates with medical school debt whose level of indebtedness is equal to or more than $200,000”.

**2025-05-21 Changes to 2025-04-28 document**

* Standard 3: Removed “recognizes the benefits of diversity” from Standard 3 language.
* Element 3.3: Removed, Tables 3.3-1, 3.3-2, and 3.3-3, and Narrative Response and Supporting Documentation sections.

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

* Element 1.4 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.”.
* 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).
* After Table of Contents, 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.”.
* Standard 1 Supporting Documentation Item 2: Added “governance” and changed “new” to “new/renovated”.
* Element 1.1 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.
* Element 1.2 Narrative Response b: Added the sentence, “If there is a separate/subsidiary board for the medical school, describe its areas of authority/responsibility”.
* Table 1.3-1 | Standing Committees: Changed “List all major” to “List the”.
* 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)”.
* Element 3.2 Narrative Response b: Changed “how” to “how and by whom”.
* Element 3.3 Item e: Changed “diversity programs” to “programs” and changed “diverse national pool” to “diverse pool”.
* Element 3.5: 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.”.
* 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.”.
* 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.
* Element 3.6 Narrative Response item c: Added “and/or the tools (such as an online system) that can be used for reporting.”.
* Element 3.6 Narrative Response item d: Changed “data on the frequency” to “data on the locations/sources of mistreatment and the frequency”.
* Element 4.2 Narrative Response item b: Changed “teaching, research, and” to “teaching research, administrative duties, and”.
* Element 5.1 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.”
* Element 5.2 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.”.
* Table 5.4-3: Changed “suitable” to “suitable in quality”.
* Table 5.6-1: Changed table title from “Hospital clerkship resources” to “Inpatient facilities education and infrastructure resources”.
* Element 5.6 Narrative response item a: Added “by campus” and “team conferences”.
* Tables 5.7-1a and 5.7-1b: Changed table title from “I feel safe and secure” to “I feel physically safe”.
* Element 5.8 Narrative response item a: Added “Describe the location of the main medical school library.”.
* Element 5.11 updated with 2025-26 language: In short description replaced “Lounge” with “Relaxation”. Revised short description reads “Element 5.11. Study/Relaxation/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”.
* 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.”.
* Element 6.1: Narrative Response d: Changed “awareness” to “agreement with the utility”.
* Element 6.2 Narrative Response a: Added “In Table 6.2-1, be sure to provide the one minimal level of responsibility.”.
* Element 6.3: 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.”.
* Element 7.1 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.”.
* Element 7.4: Narrative Response a1: Changed “evidence and experience” to “evidence”.
* Element 7.6: 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.”.
* Table 7.7-2: Removed “Professionalism” from row 3.
* Element 8.3 Narrative Response a: Changed “curriculum” to “curriculum to determine if the phases are meeting their intended outcomes.”.
* Element 8.3 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.”.
* Element 8.3 Narrative Response b: Changed “Summarize significant changes” to “Summarize significant actions taken and changes”.
* Element 8.3 Narrative Response d: Changed “Provide examples” to “Provide two examples”.
* Element 8.3 Supporting Documentation 2: Changed ““immunotherapy” and “patient safety”” to ““nutrition” and “informed consent.””.
* Element 8.4: Added section on “National norms of accomplishment” following Supporting Documentation 1.
* Element 8.5 Narrative Response d: Changed “students’ satisfaction with the school’s responsiveness to student”” to “respondents’ agreement that the school is responsive to their”.
* Element 8.6: 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.”.
* Element 8.8 Supporting Documentation 1: Changed “schedule” to “schedule(s)” and changed “curriculum” to “curriculum illustrating the amount of unscheduled time in the week(s).”.
* Element 9.4 Narrative Response a: Changed “the clinical skills assessed and the locations” to “and the locations”.
* Table 9.7-3a: Changed “progressing” to “meeting the expectations”.
* Table 9.7-3c: Changed “progressing” to “meeting the expectations”.
* Element 9.7 Supporting Documentation 1: Changed “Any institutional guidance (i.e., curriculum governance policy or guideline)” to “Any curriculum committee-approved policy or guideline”.
* Element 9.8 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”.
* Element 9.8 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).”.
* Element 9.9 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).
* Element 10.1 Narrative Response a: Changed “If so, how” to “If so, list them and describe how”.
* Element 10.3 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).
* 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.”.
* Element 10.6: 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.”.
* Element 10.6: Removed Supporting Documentation 1: “Any recruitment materials related to the medical school.”.
* Element 10.6: Renumbered Supporting Documentation 2 to Supporting Documentation 1 and changed “informational” to “recruitment and informational”.
* Element 10.7 Narrative Response: Changed “GPA,” to “GPA, location of prior education,”.
* Element 11.2 Narrative Response b: Changed “trained” to “selected and trained”.
* Element 12.4 Narrative Response a: Changed “finding health services” to “finding and accessing health services”.
* Style Guide for DCI Preparation: Added “17. Do not include a % sign in the body of tables that have “percentage” in the header.”

### 2025-26 Full Survey DCI

**2025-08-19 Changes to 2025-05-21 document**

* Table 12.1-2 Median Medical School Educational Debt: Changed instructions from “medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness equal to or more than $200,000.” to “medical school educational indebtedness of all medical student graduates with medical school debt and on the percentage of those graduates with medical school educational indebtedness equal to or more than $200,000.” and changed row heading from “Median medical school debt” to “Median medical school debt of all graduates with medical school debt” and from “Percentage of graduates with medical school debt” to “Percentage of graduates with medical school debt whose level of indebtedness is equal to or more than $200,000”.

**2025-05-21 Changes to 2025-04-30 document**

* Standard 3: Removed “recognizes the benefits of diversity” from Standard 3 language.
* Element 3.3: Removed Tables 3.3-1, 3.3-2, and 3.3-3, and Narrative Response, and Supporting Documentation sections.
* Glossary: Removed “Benefits of a diverse learning environment” entry.
* Glossary: Removed “3.3” from “Effective” and “Evaluation” entries.
* Glossary: Removed “Mission-appropriate diversity categories” entry.
* Glossary: Removed “Programs aimed at developing a diverse pool of medical school applicants” entry.

# Preliminary Accreditation Surveys

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

**2025-05-21 Changes to 2025-04-11 document**

* Standard 3 Item 3: Removed “Evaluate whether the medical school is developing/has developed a method to formally express its commitment to the value of diversity in the academic learning environment (e.g., in its mission statement or strategic plan). Have categories of mission-aligned diversity been developed for students? Has the school developed plans to ensure that its faculty and senior administrative staff are prepared to support the diverse student body? Are there appropriate plans for programs focused on contributing to the diversity of the medical school and to the national applicant pool?”

**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).
* Conducting the Planning Self-study Process, Focus of the Planning Self-study Process subsection: 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”.
* Conducting the Planning Self-study Process, The Planning Self-study Task Force subsection, Paragraph 2: Changed “circumstances” to “circumstances and include the individuals who are integrally involved in planning for the developing medical education program.”.
* Components of the Planning Self-study Report, Introduction subsection: Changed “program” to “program to date, including significant developmental accomplishments;”.
* Components of the Planning Self-study Report, Writing the Planning Self-study Summary Report subsection, Paragraph 3: Added as last line, “The report should be submitted as a Word document.”.
* Standard 1, Item 1: Added “and will they be sufficiently resourced?”.
* Standard 1, Item 2: Changed “governing board” to “sponsoring organization governing board”.
* Standard 1, Item 4: Changed “agreements” to “agreements and/or documentation (faculty appointment agreements)”.
* Standard 1, Item 5: Changed “roles and responsibilities” to “responsibilities”.
* 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.”.
* Standard 2, 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, Item 3: Changed “Evaluate whether the medical school has developed or is planning to develop documentation expressing its commitment to diversity and developed plans to recruit applicants who possess the background and experiences consistent with the school’s mission-aligned diversity categories.” to “Evaluate whether the medical school is developing/has developed a method to formally express its commitment to the value of diversity in the academic learning environment (e.g., in its mission statement or strategic plan). Have categories of mission-aligned diversity been developed for students?”.
* Standard 4, Item 1: Changed “recruitments” to “timely recruitments”.
* Standard 4, Item 5: Added “Will knowledgeable individuals be available to provide such programming?”.
* Standard 4, 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.”.
* 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.”.
* Standard 5, Item 4: Added “or the need to share this space with other programs”.
* Standard 5, Item 5: Added “for both the pre-clerkship and clinical/clerkship phases of the curriculum.”.
* Standard 5, Item 6: Added “during the pre-clerkship phase of the curriculum”.
* Standard 5, 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?”.
* 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 Item 7 to be Item 8.
* Standard 8, Item 1: Changed “policy” to “formally approved policy”.
* Standard 8, Item 3: Changed “Will” to By what individual(s)/group(s) will”.
* Standard 8, 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?”.
* Standard 8, Item 5: Removed “Will there be appropriate processes to inform students about the changes made in courses or clerkships based on their input?”.
* Standard 8, 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.”.
* 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?”.
* Standard 9, Item 5: Changed “courses and clerkships” to “courses”.
* Standard 10, Item 1: Changed “characteristics” to “qualifications and characteristics”.
* Standard 10, Item 2: Added “whose authority is codified in bylaws/formal policy”.
* Standard 11, Item 3: Added “formal policies/guidelines and”.
* Standard 12, Item 1: Added “identifying personnel and other resources for”.
* Standard 12, 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.
* Standard 12: 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.
* Standard 12: Renumbered original Item 3 to be Item 4.
* Standard 12: Renumbered original Item 4 to be Item 5.
* Standard 12: Item 5: Added “the impact of infectious and environmental disease on medical student learning activities”.
* Planning Self-study Outcomes, Paragraph 1: Added “development to date, including” and added “or any concerns about the feasibility of strategies”.

## DCI for Preliminary Accreditation Surveys

### 2026-27 DCI

**2025-06-02 Changes to 2025-05-21 document**

* Element 1.1: Removed Narrative Response a, which had read, “Provide the mission of the medical school, if available. Describe when, how, and by whom the mission statement was or is being developed. If a mission statement for the school has not yet been formalized, describe when this process is likely to be completed.”.
* Re-lettered Element 1.1 Narrative Response b to a, c, to b, and d to c.
* Element 1.1 Narrative Response a (formerly b): changed “establish” to “develop” and “development” to “creation”.
* Element 1.1 Supporting Documentation: Changed “An executive summary of the medical school strategic plan…” to “The medical school strategic plan”.
* Element 1.2 Narrative Response b: added “or board committee specific” and “If there is a separate/subsidiary board for the medical school, describe its areas of authority/responsibility.".
* Element 1.4 Supporting Documentation 2: added “/experiences by which the medical school will ensure the primacy of the medical education program in the areas included in the element.”.
* Element 1.5 Supporting Documentation 1: replaced “and approved, as available” with “/drafted and contain the information listed in item “a”.”
* Element 1.6 Narrative Response a: added “process and”.
* Element 1.6 Narrative Response c: added “timeline for completion of the process”.
* Table 2.1-1: changed “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…” to “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…”.
* Element 2.4 Narrative Response b: changed “departments” to “planned departments” and added “If all departments have not been created, provide a timeline for creating these departments.”.
* Element 3.2 Narrative Response c: Added “Note how the school will ensure the sufficiency of mentors who are available to support student research/scholarship.”
* Element 3.5 Added Narrative Response c “Describe the status of developing the procedures that will be used by medical students, faculty, or residents to report observed incidents of unprofessional behavior or concerns with the learning environment and how the school will ensure that allegations of unprofessional behavior or concerns with the learning environment can be made and investigated without fear of retaliation.”, and re-lettered existing Narrative Response c to be d, d to be e, and e to be f.
* Element 2.6 Narrative Response b: added “. in the learning environment. Note the individuals to whom reports will be directed and the tools (such as an online system) that will be used for reporting.” and changed “follow-up” to “investigating”.
* Element 4.2 Narrative Response b: added “administrative duties”.
* Element 5.2 Narrative Response e: Removed “Provide the names and titles of the senior staff (e.g., director of assessment, director of evaluation, director of information technology) of groups/units currently responsible for providing staff…”, changed “evaluation of the curriculum and for student assessment” to “evaluation”, removed “DO NOT include the academic leadership of the medical education program (e.g., assistant dean for curriculum) under “staff.” Include the percentage of time contributed by each individual to supporting the medical education program”.
* Element 5.2 Narrative Response f: Removed “Describe plans and timelines for the recruitment of additional individuals to provide support for curriculum planning, implementation, or evaluation, and provide”, and changed “recruitment of faculty” to “recruitment of dean’s office academic staff (i.e., those with decanal titles) or faculty”, and merged Narrative Response e with Narrative Response f.
* Element 5.3: added “as additional classes are added?”.
* Table 6.0-1: Changed “when the charter class will be in the first year of the curriculum, list each pre-clerkship course” to “when the charter class enters, list each pre-clerkship course that will be offered during the first and second years (as relevant)”
* Element 6.2 Narrative Response item b: added “In Table 6.2-1, provide the one minimal level of responsibility for each required patient type/clinical condition and procedure/skill.”
* Element 6.3: added Narrative Response item b: “Describe which individual(s)/group(s) determine/will determine that there is sufficient practice in the skills of self-directed learning in the pre-clerkship phase of the curriculum and how the decision about sufficiency is/will be made.”
* Table 6.4-1 Added “\* Complete a separate table for each parallel curriculum.”.
* Table 6.5-1 Added “\* Complete a separate table for each parallel curriculum.”.
* 6.7 Narrative Response Item a: changed “ACGME-accredited” to “accredited”
* 6.7 Narrative Response Item b: added “(i.e., co-curricular activities that are not a required part of the medical education program)”
* Element 7.1 Narrative Response a: Changed “Describe the availability and expertise of the individuals who are/will be involved in…” to “Describe how the medical school will ensure that faculty planning the curriculum will include knowledgeable individuals who are/will be involved…”.
* Element 7.2 Narrative Response a: Changed “Describe the availability of the individuals involved in…” to “Describe how the medical school will ensure that knowledgeable faculty are/will be involved in…”
* Table 7.5-1 Common Societal Problems that will be Taught and Assessed in the Curriculum: Removed this table.
* Element 7.5 Narrative Response a: added “and note if a set of societal problems has been identified and approved.”
* Table 7.7-1: Removed “Professionalism” row.
* Element 8.2 Narrative Response a: removed “The evaluation of curriculum outcomes”
* Element 8.2 Narrative Response b: changed “the status of developing course learning objectives and planning for clerkship learning objectives and linking them to medical education program objectives” to “the status of linking course and clerkship learning objectives (see Element 6.1) to medical education program objectives.”
* Element 8.4 Narrative Response a: added “and to develop an evaluation process”.
* Element 9.5 Narrative Response a: changed “any school policy/guidelines” to “any current or anticipated school policy/guideline”
* Element 9.7 Supporting Documentation 1: Changed “Any institutional guidance (i.e., curriculum governance policy or guideline)” to “Any curriculum committee-approved policy or guideline)”.
* Element 9.9 Supporting Documentation: Added “3. The charge to the medical student promotions committee.”
* Element 10.3 Supporting Documentation: Removed “2. The formal charge to or the terms of reference for the medical student promotions committee(s).”
* 10.4 Narrative Response b: Added “and how they will be used in the admission decision”.
* Element 10.5 Supporting Documentation: Removed “1. The medical school’s technical standards for the admission, retention, and graduation of applicants and students.”
* Element 11.1 Narrative Response c: Changed “How will students be directed to” to “Who will direct students to”
* Table 11.2-1: Changed Career Advising” to “Career and Elective Advising”.
* Element 11.2 Narrative Response a: changed “career advising” to “career and elective advising”. And added “Schools with regional campuses should provide the information by campus.”
* Table 12.1-1 Added “If the medical school has one or more regional campus, list which of the required and optional activities will be available at each campus.”
* Table 12.4-1 Added “If the medical school has one or more regional campus, list which of the required and optional activities will be available at each campus.”
* Element 12.4 Narrative Response a: Changed “finding health services” to “finding and accessing health services”.
* Element 12.6: Changed “Indicate whether and when” to “Indicate how and when”.
* Style Guide for DCI Preparation: Added “17. Do not include a % sign in the body of tables that have “percentage” in the header.”, and renumbered subsequent items.

**2025-05-21 Changes to 2025-03-07 document**

* Standard 3: Removed “recognizes the benefits of diversity” from Standard 3 language.
* Element 3.3: Removed Narrative Response and Supporting Documentation sections.
* Glossary: Removed “Benefits of a diverse learning environment” entry.
* Glossary: Removed “3.3” from “Effective” and “Evaluation” entries.
* Glossary: Removed “Mission-appropriate diversity categories” entry.
* Glossary: Removed “Programs aimed at developing a diverse pool of medical school applicants” entry.

# 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).
* 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”.
* 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**

* 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.”.
* Required Student Opinion Survey Items: Removed Item 7, which had read, “I have been introduced to and know how to find the medical school’s student mistreatment policy.” nd renumbered subsequent items.
* Required Student Opinion Survey Items: Removed Item 10, which had read, “The procedures to report student mistreatment are clear.” and renumbered subsequent items.
* Required Student Opinion Survey Item 11: Changed “safe and secure” to “physically safe”,
* Required Student Opinion Survey Item 13: Changed “suitable” to “suitable in quality”.
* Required Student Opinion Survey 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.”
* Required Student Opinion Survey 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.”.
* Required Student Opinion Survey Item 34: Changed “progressing” to “meeting the expectations”.

## DCI for Provisional Accreditation Surveys

### 2026-27 Provisional Survey DCI

**2025-10-02 Changes to 2025-05-21 document**

* Element 6.1: Narrative Response e: Changed “Describe how learning objectives for courses in the pre-clerkship phase of the curriculum…” to “Describe how learning objectives for courses and clerkships…”.

**2025-05-21 Changes to 2025-05-06 document**

* Standard 3: Removed “recognizes the benefits of diversity” from Standard 3 language.
* Element 3.3: Removed Element 3.3, Tables 3.3-1, 3.3-2, and 3.3-3, and Narrative Response, and Supporting Documentation sections.

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

* Overall Document: The “Glossary of Terms for LCME Accreditation Standards and Elements” was incorporated into the LCME Glossary, located on the LCME website: lcme.org/glossary.
* Element 1.1: Removed Narrative Response a, which read, “Provide the mission statement of the medical school and note when it was approved.”.
* Element 1.4 Narrative Response b: replaced, “For ambulatory sites (e.g., clinics, group practices) and for individual community physicians with a significant role in required clinical clerkships/experiences, how (e.g., through memoranda/letters of understanding or other formal agreements with ambulatory clinics or group practices or through letters of appointment or agreement with individual physicians) will the medical school ensure the primacy of the medical education program in the areas included in the element? Describe the status of completing these agreements.” with “Summarize how the school will ensure the primacy of the educational program for ambulatory sites that have a significant role in required clinical experiences.”.
* Element 1.4 Supporting Documentation 2: Added “by which the medical school ensures/will ensure the primacy of the medical education program in the areas included in the element.”.
* Element 2.4 Narrative Response b: Added “Note if all planned departments have been created”.
* Element 2.5 Narrative Response a: Changed Item 3 from “The adequacy of resources (e.g., infrastructure, patient volume) to “The adequacy of campus resources (e.g., infrastructure, adequate numbers, and types of patients).”.
* Element 3.2 Narrative Response d: added “Note how the school ensures/will ensure the sufficiency of mentors who are available to support student research/scholarship.”
* Element 3.6: Narrative response b: Changed “incidents” to “alleged incidents”.
* Element 3.6: Narrative response c: Added “and/or the tools (such as an online system) that can or will be used for reporting.”.
* Element 3.6: Narrative response d: Added “locations/sources of mistreatment”.
* Element 4.2: Narrative response b: Added “administrative duties”.
* Element 4.3: Supporting Data: Removed Table 4.3-1 Scholarly Productivity.
* Element 5.4: Narrative response c: Added “current or anticipated”.
* Element 5.5: Narrative response c: Added “Provide the timing of any anticipated changes.”.
* Element 5.11: Updated with 2025-26 language: In short description replaced “Lounge” with “Relaxation”. Revised short description reads “Element 5.11. Study/Relaxation/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”.
* Element 6.2 Narrative Response a: Added “). In Table 6.2-1, be sure to provide the one minimum level of responsibility for each required patient type/clinical condition and procedure/skill.”.
* Element 6.3: Narrative Response: Added “b. Describe which individual(s)/group(s) determine/will determine that there is sufficient practice in the skills of self-directed learning in the pre-clerkship phase of the curriculum and how the decision about sufficiency has been/will be made.”.
* Standard 8: Removed “Supporting Documentation: A summary of student feedback for each required course in the first year of the curriculum. Include the overall response rate for the year for each course.”
* Element 8.2: Narrative Response a: Added “and provide one example of” and removed “The evaluation of curriculum outcomes”.
* Element 8.2 Supporting Documentation 1: Added “pre-clerkship”.
* Element 8.3 Narrative Response a: Added “to determine if the phases are meeting their intended outcomes”.
* Element 8.3 Supporting Documentation 1: Replaced “mitochondrial disease and translational research” with “nutrition and informed consent.”.
* Element 8.5 Narrative Response c: Replaced “students’ satisfaction with the school’s responsiveness to student feedback on courses.” with “respondents’ agreement that the school is responsive to their feedback on courses.”
* Element 8.5 Supporting Documentation: Added “2. A summary of the results of student evaluations of each required first-year course for the 2025-26 academic year. Include the overall response rate for the year for each course.”, and renumbered next entry from 2 to 3.
* Table 9.1-2: Added “whether from the school’s own programs or other programs”.
* Element 9.4 Narrative Response a: Replaced “Provide the following information for each required comprehensive clinical assessment (e.g., OSCE or standardized patient assessment) that occurs or will occur independently of individual courses or clerkships: 1) when in the curriculum it is offered, 2) the general skills and content areas covered, and 3) whether the purpose of the assessment is formative (to provide feedback to the student) or summative (to inform decision-making about grades, academic progression, or graduation).” with “Describe the centralized system that will ensure that each student has been assessed on the necessary clinical skills (i.e., history taking and physical examination) during the pre-clerkship phase of the curriculum to be prepared for the clerkship/clinical phase of the curriculum. Describe the methods of assessment (e.g., OSCE, standardized patient assessment, preceptor observation) and the locations in the pre-clerkship phase of the curriculum where assessment occurs.”.
* Element 9.4 Narrative Response b: Added “Summarize the status of developing forms for use in the formative and/or summative assessment of students’ clinical skills during required clerkships.”.
* Element 9.4: Supporting Documentation: Removed “1. Provide two examples of course/clerkship-specific or standardized forms that are or will be used in the assessment of medical students’ core clinical skills. Indicate the course or clerkship in which each form is or will be used and whether the results are or will be used for formative (feedback) or summative (grading) purposes.”
* Element 9.9 Supporting Documentation 2: Added “and the charge to or the terms of reference for the medical student promotions committee(s).”.
* Element 11.2 Narrative Response b: Added “selected and”.
* Table 12.1-3 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.”
* Element 12.4: Narrative Response a: Changed “finding health services” to “finding and accessing health services”.
* Style Guide for DCI Preparation: Added “17. Do not include a % sign in the body of tables that have “percentage” in the header.” And renumbered subsequent items.

### 2025-26 Provisional Survey DCI

**2025-10-02 Changes to 2025-05-21 document**

* Element 6.1: Narrative Response e: Changed “Describe how learning objectives for courses in the pre-clerkship phase of the curriculum…” to “Describe how learning objectives for courses and clerkships…”.

**2025-05-21 Changes to 2025-05-13 document**

* Standard 3: Removed “recognizes the benefits of diversity” from Standard 3 language.
* Element 3.3: Removed Tables 3.3-1, 3.3-2, and 3.3-3, and Narrative Response and Supporting Documentation sections.
* Glossary: Removed “Benefits of a diverse learning environment” entry.
* Glossary: Removed “3.3” from “Effective” and “Evaluation” entries.
* Glossary: Removed “Mission-appropriate diversity categories” entry.
* Glossary: Removed “Programs aimed at developing a diverse pool of medical school applicants” entry.

**2025-05-06 Change to 2025-26 document**

* Table 3.6-1b: Changed 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” to match the 2025-26 ISA Checklist for Provisional.

# Survey Team Documents

## Survey Report Template for Full Survey Visit Reports

**2025-05-21 Changes to 2025-26 document**

* Removed Element 3.3 section.

## Survey Report Template for Preliminary Survey Visit Reports

**2025-05-21 Changes to 2025-26 document**

* Removed Element 3.3 section.

## Survey Report Template for Limited Survey Visit Reports

No substantive changes have been made.

## Survey Report Template for Provisional Survey Visit Reports

**2025-05-21 Changes to 2025-05-06 version of 2025-26 document**

* Removed Element 3.3 section.

**2025-05-06 Change to 2025-26 document**

* Table 3.6-1b: Changed 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” to match the 2025-26 ISA Checklist for Provisional.

## 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

**2025-05-21 Changes**

* Tuesday, Month #, 20##, 11:00 am: Changed “Institutional diversity, learning environment, and student mistreatment” to “Learning environment/professionalism and student mistreatment” and removed “Element 3.3: diversity programs and partnerships”.
* Removed listings of “Element 3.3” and “diversity”.

## Visit Schedule Template for a Preliminary Survey

**2025-05-21 Changes**

* Removed the listing of “3.3” Diversity Programs and Partnerships”.

## Visit Schedule Template for a Provisional Survey

**2025-05-21 Changes**

* Day, Month #, 20##, 10:15 am: Changed “Institutional diversity, learning environment, and student mistreatment” to “Learning environment/professionalism and student mistreatment” and removed “Element 3.3: diversity programs and partnerships”.
* Removed listings of “Element 3.3” and “diversity”.

# 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.