Strategic Re-visioning of the LCME Accreditation Standards

Take Two

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Updates to LCME Strategic Visioning

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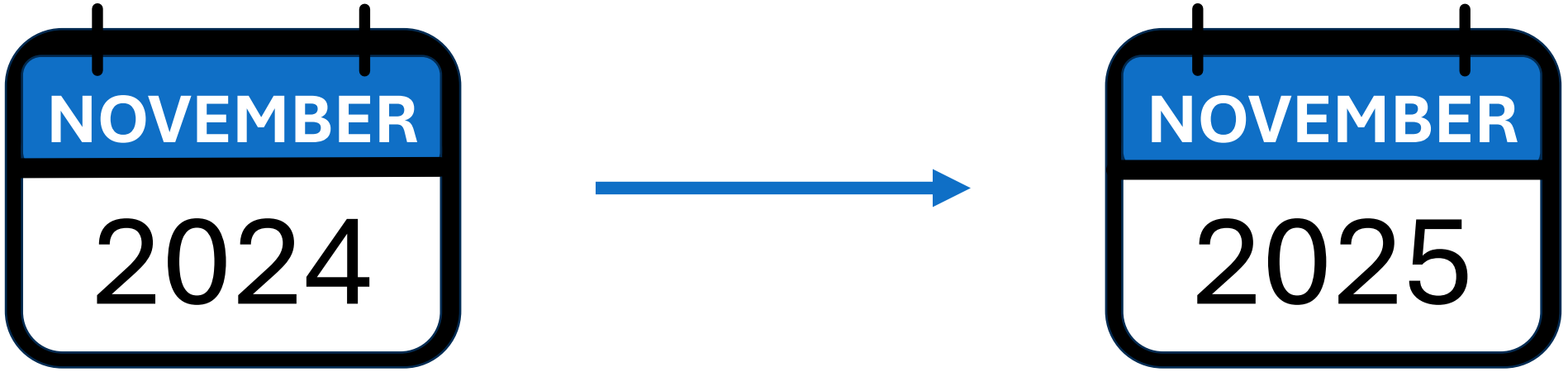
The LCME's Top Ten Challenges (June 2024)

1	Financing medical schools/Health care and organizational models of medical education/Interaction of health systems and medical education programs	6	Political interference with accreditation and the practice of medicine
2	Impact of technology (AI) on medical education, assessment, and healthcare delivery	7	Building resiliency/addressing system barriers to combat depression, anxiety, and burnout in students, faculty, and staff
3	Competition for clinical clerkship sites and residency positions	8	Meeting the national workforce needs/diversity/cultural competence
4	Emerging curriculum content expectations (e.g., systems-based practice) and curriculum management	9	Faculty wellbeing/healthcare mergers/time for teaching and scholarship/changes in expectations/attitudes/value of clinician teachers
5	UME/GME continuum of medical education/competency-based education	10	Implications of dispersed education and unionization

The Year in Review



- Challenge #1
- Advisory Groups
- Make Way for Standard 7
- What's Next?

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Challenge #1: Health Care Systems and Organizational Models of Medical Education

- February 2025: Revisions to specific elements of Standards 2, 4, 5, and 9
- May – July 2025: Formation of Council of Deans (COD) and Medical Education Senior Leaders (MESL) LCME advisory groups
- October 2025: First meeting of each of the two advisory groups

Purpose of the advisory groups: Provide input into and feedback on proposed revisions to challenge-associated elements and standards as well as potential revisions to LCME processes

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COD LCME Advisory Group

COD Group Facilitators

Jerry Youkey, MD
University of South Carolina School of Medicine, Greenville

Robert Simari, MD
Kansas University Medical Center

COD Group Members

Imran Ali, MD
University of Toledo College of Medicine and Life Sciences

John Dalrymple, MD
Kaiser Permanente Bernard J. Tyson School of Medicine

Charles Mouton, MD, MS, MBA
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University of Mississippi School of Medicine

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Marjorie Jenkins, MD, MEdHP
University of North Dakota School of Medicine and Health Sciences

MESL LCME Advisory Group

MESL Group Facilitators

David Lambert, MD
University of Rochester School of Medicine and Dentistry

LuAnn Wilkerson, EdD
The University of Texas at Austin Dell Medical School

MESL Group Members

Eva Aagaard, MD
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Lee Buenconsejo-Lum, MD
John A. Burns School of Medicine University of Hawaii at Manoa

Bernard Chang, MD
Harvard Medical School

Jeffrey Chipman, MD
University of Minnesota Medical School

Priya Garg, MD
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Abbas Hyderi, MD, MPH
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Meg Keeley, MD
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Debra Klamen, MD, MHPE
Southern Illinois University School of Medicine

Jo Anna Leuck, MD
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Chad Miller, MD
Saint Louis University School of Medicine

Aditee Narayan, MD, MPH
Duke University School of Medicine

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Rutgers, Robert Wood Johnson Medical School

Andrea Wendling, MD
Michigan State University College of Human Medicine

Simon Williams, PhD
Texas Tech University Health Sciences Center School of Medicine

Shanta Zimmer, MD
University of Colorado School of Medicine

Letter from Secretaries Kennedy and McMahon

Sent August 27,2025

We are calling upon your organization to make specific, measurable commitments to integrating comprehensive nutrition education across the entire continuum of medical education and training. This is not a request for symbolic support or another study but an urgent demand for immediate policy reforms, concrete curricula overhauls, and binding assessment requirements.

Guiding Principles Underlying the LCME's Response

September 4, 2025

- Agreement with the Secretaries' highlighting of the importance of nutrition in health promotion and health maintenance
- Acknowledgement of the attention already placed by all LCME-accredited medical education programs on this important topic
- Alignment of the response to the Secretaries with revisions currently being considered and undertaken by the LCME (specifically, Standard 7) as part of the strategic visioning initiative
- Initial utilization of data collected by all schools (LCME Part II survey) and by schools with upcoming survey visits (results of a search of the curriculum database for curriculum content related to XXX) to document measurable outcomes of the LCME actions

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Revision to Standard #7

The following slides show the language for the seven revised elements in Standard 7* (Curricular Content), the linkage to existing elements in the 2025-26 *Functions & Structure of a Medical School (F&S)*, and new content areas not explicitly included in LCME elements.

*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.”

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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.

AY 2025-26 *F&S*/Element that Currently Includes the Topic:

- Element 7.1 (content related to biomedical, behavioral, social sciences)
- Element 7.3 (scientific method/clinical/translational research)

Topics Not Explicitly Included in 2025-26 *F&S*:

- N/A

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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.

AY 2025-26 *F&S*/Element that Currently Includes the Topic:

- Element 7.2 (components touching on levels of care [e.g., acute, rehabilitative], end-of life; diagnosis and management of disease)
- Element 7.4 (critical judgment based on evidence and experience)

Topics Not Explicitly Included in 2025-26 *F&S*:

- Artificial intelligence in diagnosis and patient management

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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.

AY 2025-26 *F&S*/Element that Currently Includes the Topic:

- Element 7.2 (chronic care, preventive care)
- Element 7.5 (societal problems)

Topics Not Explicitly Included in 2025-26 *F&S*:

- Role of nutrition in prevention and management of chronic disease

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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.

AY 2025-26 *F&S*/Element that Currently Includes the Topic:

- Element 7.8 (communication skills)
- Element 7.9 (interprofessional collaborative skills)

Topics Not Explicitly Included in 2025-26 *F&S*:

- N/A

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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.

AY 2025-26 *F&S*/Element that Currently Includes the Topic:

- Element 3.5 (learning environment)
  - aspects touching on development of explicit professional behaviors
- Element 7.6
  - aspects touching on cultural competence in caring for a diverse patient population
- Element 7.7 (medical ethics)

Topics Not Explicitly Included in 2025-26 *F&S*:

- N/A

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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.

AY 2025-26 *F&S*/Element that Currently Includes the Topic:

- Element 6.3 (self-directed learning)

Topics Not Explicitly Included in 2025-26 *F&S*:

- 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

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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.

AY 2025-26 *F&S*/Element that Currently Includes the Topic:

- Some aspects of Element 7.6 (health care disparities and inequities)

Topics Not Explicitly Included in 2025-26 *F&S*:

- New attention to health care delivery system functioning and health care quality improvement

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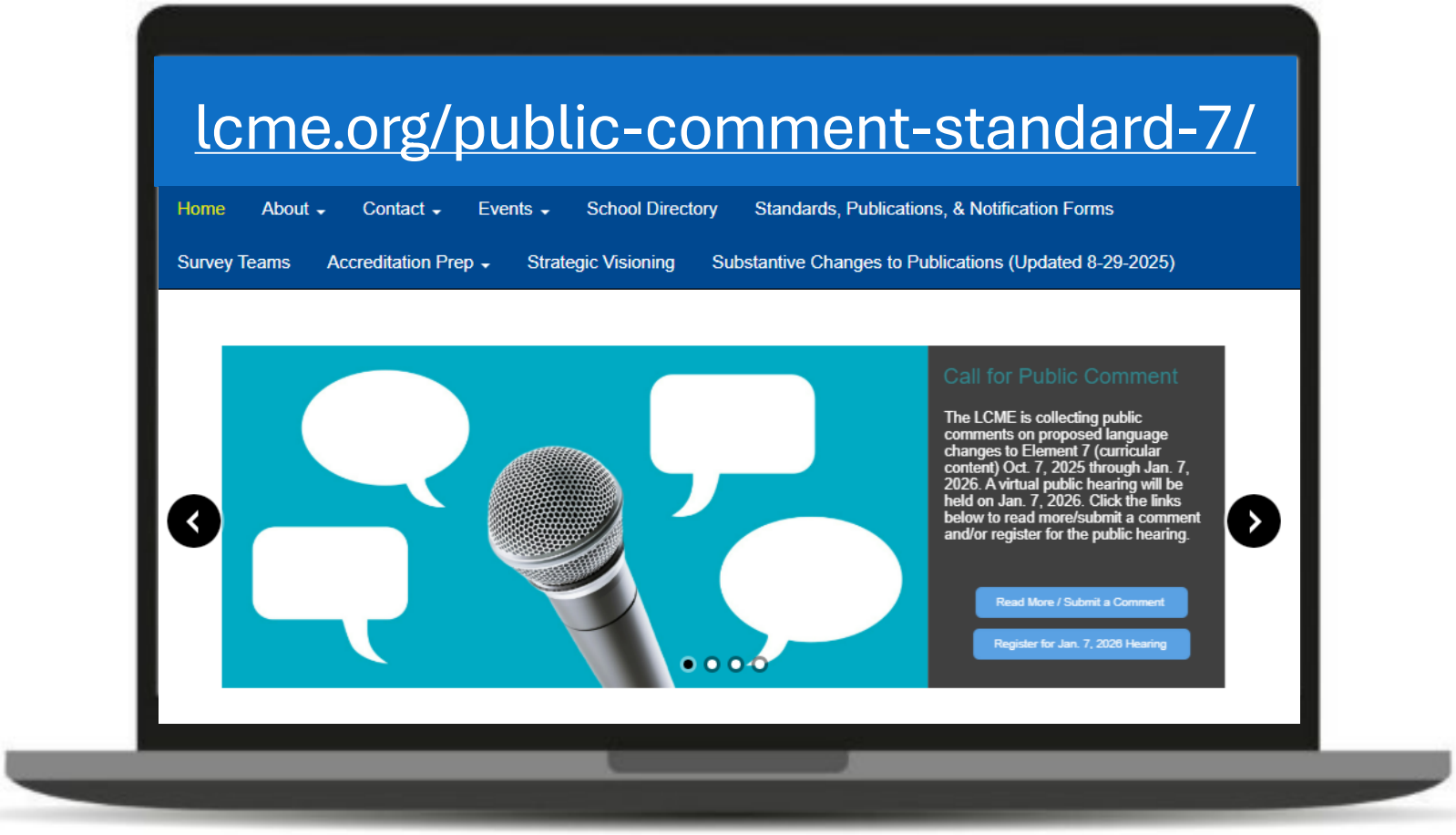
Call for Public Comment
Now – January 7, 2026



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What's Next?

- Public comment period and public hearing on the revisions to Standard 7 (comment period opened October 7th, with a public hearing on January 7th)
- Challenge #3 (competition for clinical clerkship placements)
- Standards 8 and 9 (related to Challenges #2, 4, and 5)
- Formation of additional advisory groups in the following general areas: Student Affairs/Admissions, Faculty, Business Affairs/Institutional Planning, Health System Leadership, Former LCME Student Members

Overall Strategy

- Obtain input and feedback on all relevant proposed revisions (to accreditation standards/elements and processes) from each advisory group as the developmental work for strategic visioning continues through the LCME, its subcommittees, and the Secretariat.
- Advisory group feedback collected by the group facilitators (as well as feedback communicated directly to the Secretariat when invited to participate in meetings of the affinity groups or communities) – presented to and discussed by the LCME during its strategic visioning sessions and retreats.
- Opportunities for public comment on substantive changes to standards/elements.

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