

**Rules of Procedure**

**April 2022**

LCME® *Rules of Procedure*

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LCME Secretariat

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# 

# Introduction

**At the discretion of the Liaison Committee on Medical Education (LCME) and for good cause shown in specific circumstances, the LCME may, by majority vote, modify the application of the *Rules of Procedure* document*.***

The *Rules of Procedure* document govern the implementation of the LCME accreditation process. Their purpose is to articulate the procedures used in the process of accreditation of MD-granting medical education programs, to provide information to the public, and to promote transparency and consistency in LCME actions.

## Scope of LCME Responsibility

The LCME was founded in 1942 to unify the separate accreditation activities of the Association of American Medical Colleges (AAMC) and the Council on Medical Education of the American Medical Association (AMA).

The LCME accredits complete and independent medical education programs whose students are geographically located in the United States[[1]](#footnote-1) for all of the required portions of their education, and which are offered by universities or medical schools that are chartered and operated in the United States. The LCME is recognized by the U.S. Department of Education and by the World Federation for Medical Education as the reliable authority for the accreditation of medical education programs leading to the MD degree in the United States.

## Overview of Accreditation of MD-Granting Medical Education Programs in the United States

As practiced in the United States today, accreditation is a process by which institutions and programs undergo an extensive peer-based evaluation of their compliance with accepted standards for educational quality. Through the accreditation process, the LCME provides assurance to medical students and graduates, the medical profession, healthcare institutions, and the public that (1) educational programs culminating in the award of the MD degree meet reasonable, generally-accepted, consistently-applied, and appropriate national standards for educational quality and (2) graduates of such programs have a complete and valid educational experience sufficient to prepare them for the next stage of their training. LCME standards for medical education program quality are contained in the *Functions and Structure of a Medical School* document available from the LCME website. Medical students graduating from an LCME-accredited medical education program have access to accredited graduate medical education and to state medical licensure. LCME-accredited medical education programs and their students also have access to certain federal funding programs.

The LCME periodically evaluates MD-granting medical education programs in the United States, typically on an eight-year cycle. A list of medical schools offering accredited programs leading to the MD degree is published annually in the *Journal of the American Medical Association* and is available to the public on the LCME website.

Programs judged by the LCME to meet national standards of quality are designated as “accredited.” Programs for which the LCME has withdrawn accreditation, those that have accreditation denied because they are not in compliance with LCME standards, and those that have not applied for accreditation are considered “not accredited.” Accredited developing programs are designated as first holding “preliminary accreditation” and then holding “provisional accreditation” according to the process and timeline described later in this document. Students enrolled in medical education programs with preliminary and provisional accreditation enjoy the same rights and privileges as students enrolled in programs with “full” accreditation.

## Accreditation of Medical Education Programs Outside of the United States

Since its formation in 1942, the LCME has collaborated with the Association of Faculties of Medicine of Canada (AFMC, formerly known as the Association of Canadian Medical Colleges) in the accreditation of undergraduate medical education programs in Canada. Beginning in 1979, the collaborating agency for the accreditation of Canadian medical schools has been the Committee on Accreditation of Canadian Medical Schools (CACMS), which is sponsored by the AFMC and the Canadian Medical Association (CMA). By agreement, the accreditation of Canadian medical schools by the LCME will end on June 30, 2025.

The LCME does not accredit educational programs leading to the MD degree in institutions that are chartered outside of the United States and Canada, nor programs located and provided in foreign countries by U.S. medical schools. The LCME Secretariat provides, by request, information and consultation about medical education standards and about the accreditation process to accreditation systems and to MD-granting programs that are located outside of the United States.

## Roles and Responsibilities of the LCME’s Sponsoring Organizations: Association of American Medical Colleges (AAMC) and American Medical Association (AMA)

The LCME evaluates and decides the accreditation status of medical education programs autonomously, with no discussion, review, or participation by its sponsoring organizations. Based on a Memorandum of Understanding signed by the AAMC and the AMA, the LCME retains final authority for the adoption of new and revised accreditation standards, policies, and accreditation procedures. The LCME’s sponsoring organizations provide financial and administrative support for its operation. The LCME Council, consisting of representation from the LCME, the AAMC, and the AMA, serves as a vehicle for communication between the LCME and its sponsoring organizations related to policy and planning issues.

# I. LCME Membership and Organization

## A. Composition of the LCME

### Members

The LCME consists of 19 voting members who belong to one of the following three categories:

* Professional Members: There are 15 professional members elected by the LCME representing the medical education and clinical practice communities in the United States. Of these, seven are elected from nominations supplied through the AMA, seven are elected through nominations supplied through the AAMC, and one is elected from nominations through the LCME itself. At any time, there must be both “practitioner” professional LCME members and “educator” professional LCME members, as defined below. Each U.S. professional member is elected to a three-year term, which may be renewed once for a second three-year term.
* Student Members: There are two student members. Student members are appointed to serve a one-year, nonrenewable term.
* Public Members: There are two public members who represent the interests and perspective of the public. Each public member is recruited by the LCME Secretariat and elected by the LCME to serve for a three-year term, which may be renewed once for a second three-year term.

A vacancy in a member position will be filled in the same manner as the position was originally filled, with no change in the maximum length of service otherwise applicable to the individual.

### Criteria for Membership on the LCME

Matters touching on eligibility for LCME membership will be brought to the LCME Executive Committee for discussion and forwarding to the LCME.

* Professional Members
  + Professional members must hold the MD degree, its recognized foreign equivalent, or an advanced degree in basic medical, behavioral, social or population health science or educational science.   
    - Practitioner professional members must hold an active medical license and must be, or recently have been, actively and significantly engaged in the clinical practice of medicine.
    - Educator professional members must hold an administrative or faculty position at an LCME-accredited medical education program and must be, or recently have been, significantly engaged in teaching or supervising medical students and/or resident physicians and/or serving as an administrator with responsibility for the medical education program.
  + All professional members must have knowledge about and experience with both medical education leading to the MD degree in the United States and the LCME’s accreditation process, the latter demonstrated by (1) serving as a faculty accreditation lead in preparation for and conduct of an LCME accreditation survey at their own medical school and/or (2) participating satisfactorily as an LCME survey team member.
  + Professional members should not hold a leadership position (for example, a member of the governing board or a senior executive officer) or a staff position in an organization whose role or activities could be perceived as creating a conflict of interest with the role of a professional member of the LCME.
* Student Members
  + Student members must be entering their final year at an LCME-accredited medical education program or should have completed their required clinical clerkships if they are in joint degree programs, when they are beginning their term on the LCME.
  + Student members must be in good academic standing, which would not be jeopardized by the time needed to fulfill LCME membership responsibilities.
  + Student members should be student leaders with a demonstrated interest in medical education.
* Public Members
  + Public members must, by education, experience, and public service, possess qualifications that allow them to provide a “public” perspective to the assessment of medical education program quality. Public members should possess professional experience and stature in their field, be regarded as community leaders, and be seen as trusted agents of the public.
  + In order to ensure the impartiality required to represent the public at large, members of the medical profession or their current spouses or domestic partners, persons otherwise eligible for selection as professional members, or anyone else with financial, political, professional, or other interests in the programs being evaluated by the LCME, are ineligible for service as a public member.
  + The LCME will not appoint as a public member any person who is (1) an employee, member of the governing board, owner or shareholder of, or consultant to, any program that is accredited by the LCME or is actively seeking accreditation by the LCME; (2) a staff or board of trustees member of any trade association or membership organization related to, affiliated with, or associated with the LCME; or (3) a spouse, domestic partner, parent, child, or sibling of an individual who meets criterion (1) or (2) above.

The LCME will strive to select a membership that is diverse in the dimensions that influence the identities and perspectives of the members, including but not limited to, geography and discipline/specialty.

### Non-reappointment or Removal of Members

Members may decide to terminate their membership at any time. Each LCME professional and public member will be reviewed according to a standardized process at the conclusion of the member’s first three-year term. The reasons for non-reappointment of members include, but are not limited to, loss of eligibility for or development of a conflict of interest with LCME membership; repeated absences from LCME meetings; nonperformance of responsibilities, or behavior otherwise inconsistent with the best interests of the LCME.

A member of the LCME may be removed when, in the sole judgment of the LCME, the member has neglected or failed to carry out the duties of membership; has failed to comply with LCME policy (for example, conflict of interest, confidentiality); has been the subject of confirmed allegations of unethical or unprofessional behavior; or has otherwise engaged in behavior prejudicial to the interests of the LCME.

## B. LCME Leadership

The LCME is led by a Chair and a Chair-elect, who both are professional members of the LCME and who are elected by the LCME according to LCME procedures. The Chair and Chair-elect each serve one-year terms.

## C. Training of LCME Members

The LCME Secretariat staff provide new members of the LCME with access to all relevant LCME policy and procedure documents and individually counsels them on the accreditation process prior to the time that they assume their duties. The LCME Secretariat staff holds a formal orientation session for new members, and new members attend one meeting as a “guest” prior to assuming their roles as full voting members. New members also are assigned experienced LCME members as mentors. To support consistency in decision making, both new and experienced LCME members have at least yearly training sessions related to the meaning and interpretation of accreditation standards/elements.

In addition, all LCME members are required to attend orientation sessions and webinars conducted by the LCME Secretariat staff for survey team members. In their roles as LCME survey team members, all LCME members receive orientation to LCME policies, procedures, and the meaning and interpretation of LCME accreditation standards and elements in writing, during conference calls, during LCME meetings, and at in-person workshops. Attendance at orientation sessions and workshops is required and monitored by the LCME Secretariat to ensure participation in these activities.

## D. LCME Secretariat and Staff

The two LCME Co-Secretaries share the formal responsibilities for managing the LCME. One LCME Co-Secretary is appointed by the AAMC and one by the AMA. There also is an LCME Assistant Secretary at each office. Together, these four individuals serve as the LCME Secretariat. Both AAMC and AMA Secretariat offices continuously engage in the conduct of LCME business and collaboratively support LCME activities.

The LCME Co-Secretaries are experienced medical educators who have been senior faculty members and/or administrators in LCME-accredited U.S. medical education programs. Each LCME Co-Secretary is responsible for recruiting and training additional professional and administrative staff at their respective offices. There are retreats and weekly conference calls of the full Secretariat and staff that serve as a source of ongoing communication, orientation, and training for the Secretariat and Secretariat staff members.

There also are one or more field secretaries who are experienced survey team members. The field secretaries are contracted to support the survey visit process as team secretaries and to participate in other LCME duties, as assigned. They undergo training for their responsibilities as team secretaries, as described later in this document (Selection and Training of Survey Team Members).

External legal counsel advises the LCME membership and Secretariat as needed on legal issues relating to accreditation policies and activities.

### Functions of the LCME Secretariat

The two LCME Secretariat offices work collaboratively to support the operation of the LCME, manage LCME meetings and the survey process, develop LCME documents, maintain the LCME website, design and implement orientation activities for programs undergoing accreditation review, select survey teams, and implement ongoing survey team member training programs. The LCME Secretariat also provides consultation to medical education programs on the meaning and interpretation of accreditation standards and elements and on LCME policies and procedures.

Upon the request of a medical education program or at the direction of the LCME, members of the LCME Secretariat will conduct a consultation with a medical education program. A Secretariat consultation is a purely formative activity between the LCME Secretariat and representatives of a medical education program and does not result in the LCME Secretariat sharing information with the LCME or preparing a report for LCME review and action.

## E. Information on LCME Members and Principal Staff Made Available to the Public

The LCME maintains on its website the names and current academic/professional affiliations of LCME members and the names, contact information, and organizational affiliations of the LCME Secretariat staff.

## F. Standing and Ad Hoc Committees of the LCME

LCME Secretariat members serve as staff to the LCME Subcommittees. Subcommittee members are selected by the LCME Chair, Chair-elect, and LCME Co-Secretaries, with the input of the Executive Committee, and serve terms defined by the LCME.

### Executive Committee

This standing body, with no independent powers, facilitates the work of the LCME by considering issues and presenting recommendations for action to the full LCME. The Executive Committee recommends changes in LCME policies and procedures and changes in accreditation standards and elements, as presented by the relevant subcommittees or derived from other sources. The Executive Committee advises the LCME Secretariat on the business and affairs of the LCME that take place between regularly scheduled LCME meetings. Recommendations arising from the deliberations of the Executive Committee are presented to the LCME for discussion and action.

The Executive Committee consists of the LCME Chair, Chair-elect, two professional members, and one public member. The LCME Co-Secretaries and LCME legal counsel, as needed, act as staff to the Executive Committee, with the LCME standards and policy subcommittee chairs serving as ex officio members with a vote.

### Subcommittee on Standards

This standing subcommittee of the Executive Committee is responsible for ongoing review of individual accreditation standards and elements, periodic review and revision of the *Functions and Structure of a Medical School* document, consideration of ideas for new standards/elements, and drafting of new standards/elements. Recommendations for changes arising from this subcommittee are presented for review and discussion to the Executive Committee and the LCME. If the revision changes the requirements placed on medical schools by adding or removing a requirement, the change is made available to the public through the LCME website, opened for public comment in writing and through a public hearing, and returned to the LCME for final action (see Appendix C).

The Subcommittee on Standards consists of at least five professional members, one public member, and one student member. The LCME Chair and Chair-elect serve as ex officio members with a vote.

### Subcommittee on Planning

This standing subcommittee of the Executive Committee is responsible for the planning of new LCME initiatives. Recommendations for new and expanded initiatives, along with their resource implications, are presented for review and discussion by the Executive Committee and the LCME. Initiatives that require additional funding or significant policy changes are then forwarded to the LCME Council and the sponsoring organizations for consideration. The Subcommittee on Planning consists of at least five professional members and one public member. The LCME Chair and Chair-elect serve as ex officiomembers with a vote.

### Subcommittee on Policy

This standing subcommittee of the Executive Committee is responsible for developing and revising LCME policies referred to it by the Executive Committee or by the LCME as a whole, periodically reviewing the *Rules of Procedure* document, developing guidance documents to assist medical schools in maintaining compliance with accreditation standards and elements, and monitoring changes in the accreditation and academic medicine environments that may affect LCME policies or procedures, including changes to U.S. Department of Education regulations. The Subcommittee on Policy presents its recommendations for review and discussion to the Executive Committee and then to the LCME. Policy issues related to LCME finances are addressed by the subcommittee consistent with direction provided by the LCME Council. Policy issues touching on the LCME’s accreditation function are sent to the LCME for final action.

The Subcommittee on Policy consists of at least five professional members, one public member, and one student member. The LCME Chair and Chair-elect serve as ex officio members with a vote.

### Nominations Subcommittee

This standing subcommittee of the LCME is responsible for reviewing and recommending to the LCME nominees for election to LCME professional and public member positions. The Nominations Subcommittee also makes recommendations for reappointment of members to a second term and recommends individuals to fill the position of Chair-elect and to receive LCME honorary awards.

The Nominations Subcommittee consists of the LCME chair-elect, two additional professional members, one student member, and one public member and is chaired by the LCME Chair-elect. The LCME chair serves as an ex officio member without a vote.

### Ad Hoc Committees and Work Groups

The LCME may designate ad hoc committees, subcommittees, or working groups at its discretion to address issues related to policy, accreditation standards and procedures, or other matters deemed important for the effective functioning of the committee.

# II. Polices on Accreditation of MD-Granting Programs

## A. Accreditation Term

Medical education programs are normally subject to an eight-year review cycle. However, the LCME may vote to advance the date of a full survey visit, so that the program has a full review in less than eight years, if there are questions about the sustainability or quality of the program. This is referred to as a “shortened accreditation term.” The LCME also may continue accreditation for an indeterminate term (see “Types of Accreditation Actions”), which means that the date of the next full survey is not set until the program has resolved identified compliance concerns. The medical education program will revert to its original eight-year cycle once the LCME has determined that it has resolved the compliance issues that led to the indeterminate term.

New medical education programs seeking LCME accreditation undergo a stepwise review process until full accreditation is granted. Programs are defined as “accredited” beginning with the granting of preliminary accreditation and have the rights associated with that designation. See “The Survey Process for New or Developing Medical Education Programs” in this document. After the LCME grants initial full accreditation to a new program, its next full survey occurs in five years. Subsequent full surveys normally will occur on an eight-year cycle.

An educational program leading to the MD degree, once accredited, remains accredited until the program voluntarily terminates its accreditation status or the LCME terminates the program’s accreditation through a formal action to withdraw accreditation. An accreditation status does not change until a formal action taken by the LCME is finalized. A formal LCME action is considered final when the program has either chosen not to appeal the decision to withdraw accreditation or when a withdrawal action by the LCME has been confirmed following an appeal as described in the section “LCME Appeal Process for Appealable Adverse Actions (Denial or Withdrawal of Accreditation).” When the LCME withdraws accreditation, the letter transmitting that decision specifies the date on which accreditation ceases.

## B. Entities Eligible for LCME Accreditation

As described earlier, the LCME accredits only complete and independent medical education programs whose students are geographically located in the United States for all required parts of their education and that are operated by universities or medical schools that are chartered and located in the United States. Accreditation is granted to the educational program leading to the MD degree at entities that provide such programs. Medical students who complete required portions of the curriculum outside of the United States are not eligible to graduate from an LCME-accredited medical education program.

Existing and developing medical education programs must meet and maintain the following eligibility requirements within the time periods specified.

1. **Receipt of Degree-Granting Authority**

Before a developing medical education program admits its charter class, it must be legally authorized under applicable law in the United States to provide medical education leading to the MD degree and must have received degree-granting authority from the entity that grants such authority in its home state/territory, as relevant.

1. **Accreditation by a Regional (Institutional) Accrediting Body**

Accreditation by the LCME does not confer eligibility for Title IV Federal HEA programs. As a consequence, in order to receive full accreditation from the LCME, a developing medical education program in the U.S. must either be within the scope of regional accreditation granted to its parent institution or have been granted at least 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.

In the case of failure to meet or maintain these eligibility requirements, the LCME will take action to deny or withdraw accreditation according to its procedures for such an action.

The portion of a medical education program located at a regional campus of an MD-granting medical school[[2]](#footnote-2) is not eligible for LCME accreditation separate from the accreditation granted to the medical school’s medical education program unless it applies for separate accreditation as a complete and independent medical education program using the process for review of developing medical education programs. The LCME does not separately accredit segments of medical education programs (e.g., two-year basic science programs) or distinct parallel curricula (tracks) within a medical education program.

If a medical school in the U.S. provides more than one complete and independent medical education program leading to the MD degree, and (1) each such program and its students are located within the geographic scope of the U.S. and (2) the diplomas awarded for each such program are clearly differentiated, the LCME will separately review such programs for accreditation. If a U.S. institution that provides an LCME-accredited MD-granting program also offers other medical education programs leading to the MD degree that are not accredited by the LCME, regardless of the location of the unaccredited program(s), the diploma for the unaccredited program(s) must clearly distinguish the unaccredited degree program(s) to ensure that it will not be confused with the LCME-accredited program.

The LCME interpretation of a complete MD-granting program assumes that all required instructional units (i.e., courses and clerkships) are provided under the auspices of the institution which offers the accredited program, thus ensuring that the institution has control over educational program quality and maintains responsibility for compliance with accreditation standards. The LCME recognizes that accredited programs may wish to broaden learning opportunities for their students, which could include educational experiences in programs not accredited by the LCME. Although these experiences in programs not accredited by the LCME may be of high quality, and hence of substantial value to students, there is no guarantee that such experiences would conform to all accreditation requirements. To ensure ongoing compliance with accreditation standards, programs must restrict learning opportunities in non-accredited programs to elective courses, and not required courses or clerkships.

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## C. Teach-out Plan

A written teach-out plan includes the process by which the sponsoring organization ensures that instructional and academic support services are available to students enrolled in a medical education program that has been discontinued or has failed to make adequate progress toward achieving full LCME accreditation. These services may be provided by the sponsoring organization of the medical education program or through formal agreement with another sponsoring organization.

The teach-out plan must provide for the equitable treatment of students if the medical education program ceases to operate before all students have completed their program of study. Therefore, the teach-out process is expected to extend beyond the date on which the medical education program is closed permanently to admissions to allow time for all enrolled students to complete the program in a reasonable amount of time. The plan should include the following:

* An explanation of how students will be supported to complete their medical education either by the medical education program’s sponsoring organization or through a formal teach-out agreement with another medical school/sponsoring organization.
* Signed copies of agreements with the host institution, other medical education programs, or other institutions which ensure that students have adequate resources and support to complete the medical education program.
* Arrangements for the storage or transfer (in the case of teach-out agreements) of educational records to ensure that students, training programs, licensure boards, and other parties with legitimate interests and approvals can obtain documentation of students’ completion of the program.
* Arrangements to ensure that students have access to financial aid to complete the program.
* A provisional communication plan to notify students of how they will be able to complete the medical education program and any additional costs that students may incur.

## D. Fees for Accreditation Reviews

New medical education programs seeking preliminary accreditation must pay the LCME an application fee of $25,000 if the program has never applied for accreditation by the LCME or has not been reviewed for preliminary accreditation by the LCME in the preceding three years.

If programs granted applicant status do not submit a DCI and planning self-study for preliminary accreditation within 18 months of the LCME’s initial granting of applicant status, that status will lapse, and the program must re-apply for applicant status and pay the LCME a $25,000 reapplication fee.

A developing medical education program granted applicant status may have a total of three reviews for candidate status. If candidate status is not granted after the third review, the applicant status will lapse and the program must re-apply for applicant status and pay a $10,000 fee to the LCME. Developing programs that are denied preliminary accreditation following a survey visit and action by the LCME may reapply for applicant status after one year and must pay the LCME a $10,000 reapplication fee (see “The Survey Process for New or Developing Medical Education Programs”).

## E. The Accreditation Survey Process

Medical education programs are reviewed solely to determine compliance with LCME accreditation standards and to ensure that medical education programs conform to commonly accepted academic standards related to the educational process, such as the presence of an objectives-based curriculum and a credible internal student assessment system, as well as outcome standards, such as student performance in national licensing examinations and graduation rates. LCME accreditation standards and their related elements are stated in terms that respect the diversity of missions of U.S. medical schools, including religious missions.

### Responsibility for Survey Visit and Consultation Expenses

Developing medical education programs applying or reapplying for accreditation are responsible for all expenses related to survey visits until initial full accreditation is granted.

For subsequent full surveys of accredited programs, the LCME pays the expenses of all team members except those of the faculty fellow, who is supported by his or her own institution. The program being evaluated is responsible for transporting the survey team to and from the team’s hotel, for providing survey team meals during the day, and for arranging and funding any transportation to affiliated hospitals and to regional campuses.

Programs are charged a reasonable rate set by the LCME as reimbursement for the expenses of other types of visits and consultations.

Survey team members cannot accept gifts of any type from medical education programs or their sponsoring organizations.

### Definitions used for Compliance with Standards and Performance in Elements

The LCME uses the following definitions for compliance with accreditation standards:

Compliance: Taken as a whole, the expectations of the standard are being met.

Compliance with a Need for Monitoring: While there are concerns based on the performance in individual elements, those concerns do not seriously compromise meeting the expectations of the standard.

Noncompliance: Taken as a whole, the performance in elements does not permit the expectations of the standard to be met.

The LCME uses the following definitions for performance in accreditation elements:

Satisfactory:The policy, process, resource, or system required by the element is in place and, if required, there is sufficient evidence that it is effective.

Satisfactory with a Need for Monitoring:

1) The policy, process, resource, or system required by the element exists but there is insufficient evidence of sustainability and/or effectiveness; OR   
2) The requirements of the element are met but anticipated circumstances could negatively impact future performance.

Unsatisfactory:One or more requirements of the element is/are not met. The required policy, process, resource, or system is not in place or is ineffective. Formal evidence of effectiveness/sustainability is absent.

### The Survey Process for Medical Education Programs with Full Accreditation Status

For medical education programs that have full accreditation status, the LCME Secretariat will contact the medical school approximately 18 months before the anticipated date of the next full accreditation survey to establish specific dates for the survey visit. Resources, such as the *Data Collection Instrument* (DCI) and the *Guide to the Institutional Self-study* *Summary Report for Full Accreditation* are typically available on the LCME website 12-15 months before the survey visit. Both theDCI and the *Guide to the Institutional Self-study* *Summary Report* are reviewed and revised annually. Programs are informed which version of the documents to use. For example, programs must use the DCI designated for the academic year in which their survey visit is scheduled.

The LCME Secretariat staff provides information/consultation sessions at the AAMC’s annual meeting, webinars, and annual workshops to assist schools in preparing for upcoming accreditation surveys. LCME Secretariat staff members are also available for pre-survey consultations virtually, by phone, on-site, or at one of the Secretariat offices.

The LCME Secretariat staff send the medical school dean information regarding the composition of the survey team prior to the school’s submission of its survey materials. Survey team members for a given medical education program are selected based on the LCME’s conflict of interest guidelines (included later in this document). If the dean has reason to believe that any survey team member has a conflict of interest that should disqualify that person from evaluating the program, he or she must contact the LCME Secretariat immediately upon receiving the team list to determine if an alternate member can be appointed. The LCME Secretariat makes all final decisions about survey team membership.

Schools must submit their survey package by 12 weeks before the first day of the scheduled survey visit. If the submission date falls on a weekend or holiday, the survey package is due on the next non-holiday business day. For more details about the process of preparing for accreditation survey visits and submitting survey materials, see the *Guidelines for the Planning and Conduct of LCME Accreditation Survey Visits* and the *Survey Report and Team Findings Guide* for the relevant type of survey visit, available on the LCME website.

A full accreditation survey visit typically begins with an entrance conference with the medical school dean and lasts a total of two to three days. Schools with regional campuses may have additional time added to the visit. Within one week following the conclusion of the visit, the survey team secretary provides a report of the team’s initial findings to the dean.

After concluding the survey visit, survey team members compile a written survey report of their findings related to the program’s performance in each of the accreditation elements. The survey team does not make recommendations or decisions regarding compliance with accreditation standards or about the program’s accreditation status. These determinations are made by the LCME based on the review of the survey report and any associated documents. The survey team secretary submits the draft survey report and the survey team findings to both LCME Secretariat offices for review by two members of the Secretariat to verify that the report is complete, internally consistent, adequately documents the team’s findings, and that standards/elements are applied and interpreted consistently across reviews. After revisions based on Secretariat comments are considered, the survey report and the survey team findings are circulated to team members and to the dean for review and feedback.

The medical school dean has 10 business days to respond in writing to the team secretary regarding areas of the draft survey report that he or she believes are errors of fact. The dean does not comment on the survey team findings. Information provided as part of the dean’s response must be referenced to information contained in the DCI or provided to the team prior to or during the survey visit and must refer to the time of the survey visit. Information that was available but not provided to the team or events that occurred or actions that were taken by the school after the survey visit will not be considered in mitigation of the findings identified in the survey report. The team secretary will respond in writing to the dean about the changes that were or were not made based on the dean’s comments. The dean’s comments about a survey report and the response of the team secretary about the changes that were or were not made are kept in the files of the LCME Secretariat. Except in circumstances determined by the LCME Secretariat, neither the dean’s letter nor the team secretary’s response to the dean’s letter will be shared with the LCME.

If there are remaining concerns about the process of the visit, the dean may write a letter to the LCME detailing these concerns. The dean’s response must be provided to the LCME Secretariat within 10 business days of the time he/or she is informed by the team secretary of the changes that were made to the survey report. No new information or perceived errors of fact may be included in the dean’s letter to the LCME and no attachments to the letter will be accepted. The dean’s letter related to visit process will be provided to the LCME along with the survey team’s report and findings.

The LCME reviews the final survey team report and any other relevant documentation and makes determinations about the program’s performance in accreditation elements, compliance with accreditation standards, the accreditation status of the program, and any required follow-up. Depending on the extent of the program’s compliance with accreditation standards, the LCME will take an accreditation action as specified in the section on “Types of Accreditation Actions.” The action will be effective as of the date of the LCME action and a change in status will never be applied retroactively.

The LCME Secretariat communicates the outcome of the LCME’s deliberations, including the program’s compliance with standards, accreditation status, and any required follow-up actions, in writing to the president or equivalent chief executive of the institution, with a copy to the dean. The dean is informed of how a copy of the final survey report can be accessed through a secure mechanism.

After the LCME has reviewed the survey visit report and taken an accreditation action, the LCME Secretariat will send the survey team chair and secretary a form for evaluating the survey team and the accreditation process in general. The LCME Secretariat also sends an evaluation form to the dean of the medical school that has been surveyed, for comments on the survey team and survey process. The LCME Secretariat staff uses the results of such evaluations and comments to review the performance of team members and the effectiveness of the accreditation process.

### The Survey Process for New or Developing Medical Education Programs[[3]](#footnote-3)

New programs seeking LCME accreditation should contact the Secretariat for advice and consultation in order to facilitate orderly development of the program and support full understanding of the accreditation process and standards by school representatives.

Prior to receiving preliminary accreditation, programs must not recruit or advertise for students, solicit or collect application fees, collect applicant information, initiate a process for reviewing applications for admission, schedule applicant interviews, or issue letters of admission. Programs engaging in any of those activities, or any similar actions directed toward admission of new students, will forfeit their eligibility for consideration as a new program and will not be permitted to apply for LCME preliminary accreditation until the medical education program is complete and at least one class has graduated.

If an existing component of a four-year medical education program, such as a regional campus, plans to become a separate accredited medical education program, it must follow the process for the review of a new or developing medical education program.

**Initiation of Review for U.S. Medical Education Programs**

The accreditation review process for a new U.S. medical education program formally begins when the chief executive officer of the institution planning to offer the new program submits a formal letter to the LCME Co-Secretaries stating the goal of seeking LCME accreditation and submits the appropriate application fee as described under “Fees for Accreditation Reviews.” The formal letter must affirm that the medical education program intends to meet the following eligibility criteria:

* The applicant will be a complete and independent medical education program that is operated by a university or medical school that is chartered and located in the United States and whose students will be geographically located in the United States for the required portions of their education.
* The applicant’s sponsoring organization must have a timeline to begin the process to apply for MD-granting authority from the entity that grants such authorization in the institution’s home state or territory. Before a developing medical education program admits its charter class, it must be legally authorized under applicable law in the United States to provide medical education leading to the MD degree and must have received degree-granting authority.
* The applicant must be within the scope of regional accreditation granted to its parent institution or the parent institution must have initiated the process to apply for an expansion of its scope, or the developing medical education program must have initiated discussions to apply for candidate status from the relevant regional accrediting body.
* 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 reviewed and approved by the LCME at meeting when the program’s application for preliminary accreditation is reviewed.

If there are appropriate plans to meet these eligibility criteria, the program will be listed on the LCME website as an “Applicant.” A program with applicant status is not accredited.

**Step 1: Consideration for preliminary accreditation**

Once a developing medical education program receives Applicant status, the LCME Secretariat will direct the applicant program to the LCME website, which includes information on how to conduct a planning self-study and how to complete a *DCI for Preliminary Accreditation Surveys*. The planning self-study should be conducted based on the *Guide to the Institutional Self-study for Preliminary Accreditation*. The *DCI for Preliminary Accreditation Surveys* includes all accreditation standards and those accreditation elements that are deemed by the LCME to be essential prerequisites for a charter class to be admitted. If a developing program granted applicant status does not submit the completed *DCI for Preliminary Accreditation* *Surveys* and planning self-study documents within 18 months, its applicant status will lapse and it must re-apply and pay the reapplication fee (see “Fees for Accreditation Reviews”).

At one of its regularly scheduled meetings, the LCME will review the completed *DCI for Preliminary Accreditation* *Surveys* and the planning self-study to determine if sufficient progress has been made to warrant an on-site survey. If the LCME authorizes the survey visit for preliminary accreditation, it will grant “Candidate” status to the medical education program.

A developing medical education program may have a total of three reviews for candidate status. The timing between reviews for candidate status will be no sooner than 12 months and no later than 18 months from the last date of denied candidate status. If the LCME does not grant candidate status after the third review, the program must re-apply for applicant status and pay a resubmission fee, as described under “Fees for Accreditation Reviews.” Denial of candidate status with an opportunity to reapply is not subject to appeal.

Once the LCME grants Candidate status, the LCME Secretariat will schedule a survey visit for preliminary accreditation. After that visit, the survey team will prepare a report for the LCME to consider at one of its regularly scheduled meetings. If, after review of that report, the LCME determines that the medical education program has made sufficient progress toward compliance with relevant accreditation standards and toward satisfactory performance in accreditation elements for this stage in its development and has developed satisfactory plans for its educational program, it will grant preliminary accreditation. If minor issues related to performance in accreditation elements are noted, the LCME may grant preliminary accreditation but require written status reports addressing the issue(s). Once the LCME grants preliminary accreditation, the program may begin reviewing and accepting applications for enrollment. Preliminary accreditation becomes effective as of the date that the LCME acts to grant preliminary accreditation status. Preliminary accreditation status will never be applied retroactively.

If the LCME denies preliminary accreditation to the program, the decision may be appealed according to the “LCME Appeal Process for Appealable Adverse Actions (Denial or Withdrawal of Accreditation)” that is described in Appendix B. A program that has been finally denied preliminary accreditation may not reapply for a period of one year from the time of the final decision to deny accreditation. If students are admitted after preliminary accreditation has been denied, the program will forfeit its eligibility for reapplication for preliminary accreditation until its medical educational program has graduated at least one class.

A medical education program granted preliminary accreditation during or after calendar year 2021 must achieve provisional LCME accreditation within five years from the date that the LCME granted preliminary accreditation and must have a formal teach-out plan in place. If this does not occur, the LCME will withdraw the current accreditation status achieved by the medical education program and require the program to wait one year to submit a new application for accreditation, along with a new application fee, as described under “Fees for Accreditation Reviews.” Withdrawal of accreditation is subject to appeal.

**Step 2: Evaluation for provisional accreditation**

The purpose of the review for provisional accreditation is to evaluate progress to date in the implementation of the medical education program and the status of planning for later stages of the program. After the program admits a charter class, it must complete the *DCI for Provisional Accreditation* and have the student body conduct an independent student analysis (ISA). The review for provisional accreditation, which typically occurs when the first entering class is in the second year of the curriculum, includes all 12 accreditation standards and a focused set of accreditation elements appropriate for a medical education program at this stage of its development. No institutional self-study is required in the review for provisional accreditation. Schools being reviewed for provisional accreditation will have a survey visit. The LCME will grant provisional accreditation if, from its review of the survey report, it identifies no significant areas of concern related to performance in accreditation elements, compliance with standards, and planning for the later stages of the medical education program. The LCME may require one or more written status reports if there are minor areas that require follow-up. Provisional accreditation becomes effective as of the date that the LCME acts to grant provisional accreditation status.

If, after the provisional survey visit, the LCME determines that there are significant issues related to performance in accreditation elements and/or compliance with standards that could be resolved within a relatively short period of time, it may continue the program’s preliminary accreditation instead of granting provisional accreditation. If the LCME continues a program’s preliminary accreditation, it may expect the program to delay plans for a class size increase and focus its resources on students already enrolled. The LCME may also place the program on warning or on probation. The specific actions taken by the LCME will determine the nature and timing of further reviews. The LCME will schedule a status report or a limited survey visit to address the cited areas, bearing in mind the need for the program to demonstrate compliance with all standards within two years. If the program demonstrates satisfactory performance and compliance based on review of the status report or limited survey visit, the LCME may then grant provisional accreditation, which will never be applied retroactively.

If the LCME determines that a program has failed to remedy the problems identified at the time that its preliminary accreditation was continued, it will give notice to the medical school that it intends to withdraw preliminary accreditation. A decision to withdraw preliminary accreditation is subject to appeal. If the LCME withdraws preliminary accreditation after an appeal or after the program has waived its right to appeal, the program may not reapply for LCME accreditation for a period of one year from the date that the final decision to withdraw accreditation was communicated in writing to the institution. At that time, the program may reapply by submitting a new application and an application fee as described under “Fees for Accreditation Reviews.”

**Step 3: Evaluation for full accreditation**

For medical education programs with provisional accreditation, the LCME Secretariat will schedule a full accreditation survey visit, typically when the first entering class is in the final year of the curriculum. The program must complete the *DCI for Full Accreditation Surveys*, conduct an institutional self-study, and have the student body conduct an ISA to prepare for the survey visit. After that survey visit, the survey team will prepare a report of its findings for the LCME to consider at one of its regularly scheduled meetings.

If the LCME determines that the program demonstrates satisfactory performance in accreditation elements and compliance with accreditation standards, it will grant full accreditation for a period of five years (the subsequent full survey will initiate the typical eight-year cycle). If the LCME finds minor performance/noncompliance issues it may grant full accreditation but require additional status reports. Full accreditation becomes effective as of the date the LCME votes to grant full accreditation status and will never be applied retroactively.

If the LCME determines that there are performance and noncompliance issues that could be resolved within a relatively short period of time, it may continue the program’s provisional accreditation status for a specific period of time and schedule a status report or a limited survey visit to address compliance/performance issues. If the LCME continues provisional accreditation, the program may be expected to delay plans for a class size increase and focus its resources on students already enrolled. If the program demonstrates satisfactory performance and compliance based on LCME review of the status report or survey visit, the LCME may then grant full accreditation.

If the LCME determines that performance and noncompliance issues remain that cannot be resolved within a relatively short period of time, it will give notice that it intends to withdraw provisional accreditation. A decision to withdraw provisional accreditation is subject to appeal. If the LCME withdraws provisional accreditation after an appeal or after the program has waived its right to appeal, the program may not reapply for LCME accreditation for a period of one year from the date the final decision to withdraw was communicated in writing to the institution. At that time, the program will be required to submit a new application for accreditation, along with a new application fee as described under “Fees for Accreditation Reviews.”

A medical education program must achieve full LCME accreditation within five years from the date that the LCME granted provisional accreditation. If this does not occur, the LCME will withdraw the current accreditation status achieved by the medical education program and require the program to wait one year to submit a new application for accreditation, along with a new application fee, as described under “Fees for Accreditation Reviews.” Withdrawal of accreditation is subject to appeal.

## F. Survey Teams

### Selection and Training of Survey Team Members

The LCME Secretariat is responsible for recruiting and training survey team members who are knowledgeable about medical practice and education. The pool of survey team members includes both practitioners and educators. Practitioners are defined as physicians who hold an active medical license and engage in/recently have engaged in significant clinical practice. Educators are defined as individuals (physicians, education specialists, basic scientists, or others) who currently hold or have held a faculty position, with or without an administrative title, at an LCME-accredited medical education program leading to the MD degree and engage/have engaged in the teaching or supervision of medical students and/or medical residents in graduate medical education programs.

Medical education programs with full accreditation surveys that will occur within about two academic years are asked to designate a senior faculty member with leadership responsibilities who can participate as a faculty fellow in a full survey visit to another school to learn about the accreditation process before their own school begins its institutional self-study. Deans of medical schools to be surveyed within the next two academic years and newly appointed deans are also given particular consideration for survey team assignment. The LCME Co-Secretaries may also solicit nominations for new survey team members when there is a perceived need for specific kinds of survey team member expertise (e.g., experience with regional campuses or in student or faculty affairs). Members of the LCME typically participate in at least one survey visit per year.

The LCME Secretariat provides training for all survey team members. All survey team members are required to complete this training before participating in their first survey visit and at least every two years thereafter. The LCME Secretariat determines the content, frequency, extent, and format of survey team member training. The content and timing of training for individuals varies based on the position they represent on the survey team (chair, secretary, member, faculty fellow) and their level of experience as surveyors. All survey team members are provided with training on the intent of LCME standards/elements, so as to support consistency in decision-making. The LCME Secretariat staff monitor participation to ensure completion of training requirements.

### Survey Team Size and Composition

The LCME Secretariat will utilize the LCME’s conflict of interest guidelines as described elsewhere in this document when constructing survey teams for any type of survey visit. The LCME Secretariat also will not assign an individual to a survey team if he/she has served as a survey team member to that program in the last full, provisional, or preliminary survey visit or in any limited visit or consultation since the last full, provisional, or preliminary survey visit.

**For full accreditation surveys**

For programs undergoing a full accreditation survey, the survey team will normally consist of five or six members. The team often includes at least one member of the LCME or the LCME Secretariat, at least one physician who holds an active medical license and who is or recently has been actively engaged in medical practice (“practitioner”), and at least one medical educator who possesses a doctoral-level graduate or professional degree and holds or has held a faculty appointment at an LCME-accredited medical education program (“educator”).

One of the team members is designated as the team chair, whose role is to serve as the official voice of the team and to lead its deliberations. Another member is designated as team secretary and is responsible for coordinating visit preparations and visit schedule development for the survey team and for compiling the survey report. The remaining team members will often include a faculty fellow, who functions as a regular team member. In appointing full survey teams, the LCME Secretariat will make all reasonable efforts to balance the team in terms of accreditation experience, gender, race, ethnicity, professional expertise, practitioner/educator status, and familiarity with the type of institution being surveyed.

**For limited, preliminary, and provisional accreditation surveys, and Secretariat fact-finding visits**

For programs undergoing limited, preliminary, and provisional accreditation surveys, the survey team will typically consist of three or four members, including one or more medical educators who possess a doctoral-level graduate or professional degree and who hold or have held a faculty appointment at an LCME-accredited medical school, and at least one practitioner. One of the team members will be designated as team chair and another as team secretary. When circumstances allow, the members of limited survey teams will include a member of the LCME or LCME Secretariat. A Secretariat fact-finding visit is a type of limited visit conducted by two or more members of the LCME Secretariat at the direction of the LCME.

**Observers on survey visits**

The LCME occasionally may receive a request to include an observer from the U.S. Department of Education, a professional or regional accrediting agency, or a state education authority on a survey team. The LCME will ask the dean of the medical school whose program the LCME is reviewing to authorize the participation of the observer on the survey visit. Distinguished international medical educators or representatives of international accrediting agencies may participate as observers upon request and after approval by the LCME and the dean of the medical school whose program is involved. All observers must agree in writing that they will adhere to the LCME’s confidentiality policies. Guidelines for participation by observers are contained in Appendix A.

## G. Survey Reports

The accreditation survey team’s final report constitutes the formal record of the survey visit and is the source of information that the LCME uses to decide a program’s accreditation status. The report following a full survey visit includes a detailed narrative and quantitative information about the program’s performance in each accreditation element, including the program’s performance with respect to student outcomes and achievement, which are the specific focus of several elements. The survey report includes tabular and narrative information from the DCI and ISA, as well as information that was obtained by the survey team during the visit. The LCME uses this documentation to independently judge performance in accreditation elements and compliance with accreditation standards. Limited survey reports include background information related to each cited element reviewed during the visit, the team’s description of the program’s progress in addressing each citation, and supporting documentation selected from quantitative and qualitative data and information supplied by the program as a “briefing book.” Survey reports for all types of visits are accompanied by a survey team findings document. This contains the survey team’s recommendations related to performance in elements. The LCME considers this document in making its final judgment about performance in elements and compliance with standards.

The LCME will review the final survey report and the associated survey team findings document at one of its regularly scheduled meetings, provided that its members have had at least three weeks to review the survey report prior to the meeting.

# III. Conduct and Outcomes of LCME Meetings

## A. Organization, Timing, and Conduct of Meetings

### Regular Meetings

The LCME meets in regular session three times per year, in the months of February, June, and October, unless the members agree by majority vote to a different schedule.

### Special Meetings

The LCME Chair and Chair-elect, in consultation with the LCME Co-Secretaries, may call a special in-person or virtual meeting to deal with any issue(s) that they determine cannot wait until the next scheduled meeting. Participation and voting at virtual meetings will follow the same rules as those followed at in-person LCME meetings.

The LCME may take formal action without a virtual or in-person meeting by mail, electronic mail ballot, or other asynchronous communications medium. Such actions will require the affirmative vote of all LCME members.

### Parliamentary Procedures and Quorum

All meetings of the LCME are guided by the current edition of Sturgis’ *The Standard Code of Parliamentary Procedure.* A quorum consists of a majority of the voting members of the LCME.

### Attendance and Recusals

LCME members are expected to attend all meetings and remain for the duration of the meeting unless exceptional circumstances preclude their doing so. The LCME Secretariat offices maintain a record of member attendance. The minutes of each meeting include the list of attendees.

Members shall not vote on and shall absent themselves from the discussion during consideration of any school with which there could be a real or perceived conflict of interest as described later in this document.

Members who have participated in the survey visit of a school being reviewed will not be assigned as a primary or secondary reviewer of the survey team’s report. Both during consideration of the report and at all other times during the LCME meeting, survey visit participants will not offer comments or be asked questions by any member of the LCME and will not discuss their personal impressions of the program being reviewed. Should the LCME members reviewing a survey report require clarification of a specific aspect related to report content prior to the LCME meeting, the LCME Secretariat will arrange a conference call between the LCME reviewers and the survey team secretary. A member of the LCME Secretariat will participate in the call if the team secretary is not a member of the Secretariat. LCME members who have participated in the survey visit of a school being reviewed may vote on any related accreditation action but shall not initiate or second any motions relating to an accreditation action for such schools.

### Observers at LCME Meetings

U.S. and international medical educators and individuals from other disciplines involved in U.S. higher education or the accreditation process may request to attend an LCME meeting. Requests must be made in writing to the LCME Secretariat and require prior approval by the voting members of the LCME. Observers must agree in writing to hold all meeting materials and results of LCME discussions in strict confidentiality.

## B. Accreditation Actions and Follow-up

### Types of Accreditation Actions

Accreditation actions are effective as of the date of the LCME meeting at which the action was taken. No change to an accreditation status will be applied retroactively.

When considering the accreditation status of a medical education program leading to the MD degree, the LCME may at any time take any of the following actions:

* Grant an accreditation status (accredited; accredited, preliminary status; accredited, provisional status)
* Continue an accreditation status, with or without specifying the term of accreditation
* Continue an accreditation status, with a shortened accreditation term
* Continue accreditation, but place the program on warning
* Continue accreditation, but place the program on probation
* Deny accreditation
* Withdraw accreditation

The LCME may also require one or more follow-up activities (limited survey visits, completion of an action plan, and/or completion of status reports, with or without accompanying consultations by the LCME Secretariat) if it determines that the program has unsatisfactory performance in one or more elements, is not in compliance with all accreditation standards, and/or if the LCME has identified areas that require monitoring where the final outcome could result in noncompliance with one or more accreditation standards or unsatisfactory performance in one or more elements.

### Requirement for Prompt Correction of Deficiencies

Noncompliance with any accreditation standard must be corrected promptly. If the LCME determines that a program is in noncompliance with any standard, the LCME may take an immediate adverse action or require the program to take appropriate action to bring itself into compliance with the standard within two years from the time the school is notified of its noncompliance. If the LCME determines that the program has not done so, it may initiate an adverse action against the program unless it determines that the time for achieving compliance can be extended for good cause.

For purposes of meeting this requirement, the LCME uses the definition of adverse action of the U.S. Department of Education, which is denial or withdrawal of accreditation. The U.S. Department of Education does not consider probation to be an adverse action.

Failure to achieve compliance within two years constitutes grounds for denial or withdrawal of accreditation unless the period for achieving compliance is extended for good cause shown. Such extension will not be a routine occurrence.

Extensions for good cause shown are made at the sole discretion of the LCME according to the following criteria:

* The program has demonstrated significant progress and has a realistic timeline for the resolution of any remaining noncompliance issues.
* The program has provided written and compelling evidence that the nature of the needed change (e.g., facilities construction or renovation, fundraising for scholarships) reasonably requires a time period exceeding two years and has provided a realistic timeline to address the deficiency.
* The program has provided written and compelling evidence that there are significant and documented local and/or national conditions affecting its ability to achieve compliance, including economic and/or environmental conditions, which are beyond the program’s control.
* The program has provided documentation of the need for actions by groups external to the medical education program (such as decisions by university or legislative bodies) and provided a timeline for when these actions are likely to occur.

The LCME may, at its sole discretion, extend the period for achieving compliance for “good cause shown” for 12 - 24 months beyond the standard two-year period. In its communication with a medical education program, the LCME will specify the reason(s) that it has granted an extension for good cause shown, the period within which the medical education program must come into compliance with the cited standard(s), and the interim reporting that will be required to document progress toward compliance.

### Timing for a Program to Achieve Satisfactory Performance in Elements

If a program is judged to be in noncompliance with a standard at the same time that the program’s performance in an associated element is judged to be unsatisfactory, the total time for correction of the deficiencies in compliance and performance will be two years, as programs must achieve compliance in standards within two years (as described in the section “Requirements for Prompt Correction of Deficiencies” above), unless the period for achieving compliance is extended for good cause shown.

If the LCME judges a program to be in compliance or compliance with a need for monitoring with a standard and has determined that the performance in an element within that standard is unsatisfactory, the program must achieve a status of satisfactory or satisfactory with a need for monitoring in that element within a maximum of two years, unless the period is extended for good cause shown. A shorter time might be imposed by the LCME for elements that have serious consequences (such as student mistreatment). If the program does not achieve satisfactory or satisfactory with a need for monitoring performance in the time frame set by the LCME, the corresponding standard will move into noncompliance. 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.

### Accreditation for an Indeterminate Term

The LCME may grant a medical education program an indeterminate term if the LCME identifies a need for the program to document credible and timely plans to address LCME findings of noncompliance and unsatisfactory performance before it sets the date of the next full survey. When it grants accreditation for an indeterminate term, the LCME lists the next survey date on the LCME website as “pending.” Medical education programs with an indeterminate term must meet certain conditions to revert to a fixed accreditation term, including completing an action plan followed by a limited survey visit or status report, which demonstrate that the program has appropriately addressed the previously cited standards. The LCME always grants an indeterminate term when it places a program on warning or probation but may also grant an indeterminate term without such actions.

### Shortened Term of Accreditation

The LCME may determine, following its review of an accredited medical education program’s limited survey or status report, that it must conduct a full survey sooner than it would have in the program’s original eight-year cycle to provide a comprehensive review of the sustainability of the medical education program. In a shortened term of accreditation, the LCME would vote to advance the date of a full survey visit, so that the medical education program has a full review in less than eight years.

### Accreditation with Warning

The LCME may grant accreditation with warning if it has identified either (a) one or more areas of noncompliance with standards that are of recent origin and will, if not corrected within 1-2 years, compromise the ability of the medical school to conduct the medical education program or (b) one or more areas of noncompliance identified in a previous survey visit that, after having been corrected, have re-emerged as areas of noncompliance.

Warning is not subject to reconsideration. A medical education program is not required to notify students and the public about a “warning” action but is free to do so. The LCME will notify the U.S. Department of Education that the program has been placed on warning status through a Department of Education website that is open to public review.

The LCME will provide a timeframe to a medical education program it has placed on warning for it to correct identified areas of noncompliance with accreditation standards. The LCME will also notify the program that it is required to complete an action plan and to have a limited survey visit. After the limited survey visit, the LCME will decide the program’s accreditation status. If in the judgment of the LCME, the program has not made sufficient progress by the time specified for correction, it will impose probation or will withdraw accreditation.

### Accreditation Actions Subject to Reconsideration or Appeal

The following LCME accreditation actions are subject to reconsideration:

* Action to grant accreditation with probation
* Action to continue accreditation with probation

The following adverse LCME accreditation actions are subject to appeal:

* Action to deny accreditation
* Action to withdraw accreditation

Details of the reconsideration and appeal processes are included in Appendix B of this document. Probation and adverse actions are not considered final until one of the following has occurred: (a) the program has indicated in writing its acceptance of the action, (b) the time for filing a request for reconsideration or appeal has lapsed, or (c) the reconsideration or appeal has been concluded and the school has been notified in writing that the action has been upheld. The timing of release of information to the public and other constituencies (e.g., the U. S. Secretary of Education, state medical licensing boards, regional accreditors) related to probation and adverse actions is included in the section of this document on Reporting of LCME Accreditation Actions.

**Accreditation with Probation**

The LCME may grant accreditation with probation if in its summative judgment the accredited medical education program is not in substantial compliance with the LCME’s published standards. Such a determination may be based on the LCME’s judgment that the areas of serious noncompliance have compromised the quality of the medical education program, or that the program has failed to make satisfactory progress in achieving compliance after having been granted opportunity to do so. Programs placed on probation retain their accredited status with all of the rights and privileges conveyed by such status but are subject to withdrawal of accreditation if they do not satisfactorily address their noncompliance issues by the end of a period not to exceed 24 months, unless the LCME extends the period for achieving compliance for good cause shown.

The LCME will notify the U.S. Department of Education, the relevant regional institutional accreditor, the relevant state medical licensing board, and the public that it has placed a program on probation (see the subsection “to External Groups and the Public” under “Reporting of LCME Accreditation Actions).

**Withdrawal of Accreditation**

The LCME may withdraw accreditation if it determines that an accredited medical education program exhibits deficiencies in compliance with accreditation standards that raise concern about the sustainability of the program and/or the program’s quality such that it is uncertain whether graduates of the program are prepared and competent to enter the next stage of their training. Generally, a program will have an opportunity to correct serious problems of noncompliance before the LCME withdraws accreditation. However, the LCME may act to withdraw accreditation whether or not a survey visit or probationary period has preceded such action if the LCME determines that there is sufficient cause to believe that the medical education program demonstrates deficiencies as described above.

### Follow-up Activities

Any program that the LCME has cited for noncompliance with one or more accreditation standards, for unsatisfactory performance in one or more elements, or for areas with a need for monitoring must provide evidence in a timely manner that it has resolved such shortcomings or has made appropriate progress toward resolving them. The LCME will determine whether such evidence can be provided in a written status report or is best documented by verification through a limited survey.

**Status Report**

The LCME may ask a program to submit one or more status reports documenting steps taken to correct unsatisfactory performance in accreditation elements or to resolve areas deemed to be satisfactory with a need for monitoring, along with the outcomes of these steps. The LCME may also request a status report if it determines that more information is needed related to a change (e.g., a class size increase, a new/expanded regional campus) proposed by the medical education program. The LCME typically reviews status reports at the regularly scheduled meeting following their receipt.

If the requested documentation in the status report is sufficiently complete, the LCME may take an accreditation action as described previously, with or without additional follow-up. If the requested documentation is not sufficiently complete (either because the requested information was not provided or the information provided was insufficiently detailed), the LCME will request an additional status report with the needed additions/clarifications.

**Limited Survey**

Limited surveys are reviews conducted by ad hoc survey teams to evaluate a medical education program in instances when the program was previously found to be in noncompliance/unsatisfactory performance or to be in compliance with a need for monitoring/satisfactory performance with a need for monitoring with identified standards/elements. The LCME Secretariat will provide the program with instructions regarding the documentation required for the limited survey by approximately six months prior to the visit. The timeframe for emergent situations may be shorter. Members of a limited survey team may determine that areas in addition to those included in the request for pre-survey materials require evaluation and may include findings regarding those additional areas in the survey report for action by the LCME. A Secretariat fact-finding visit is similar to a limited survey but may also be triggered by information indicating that the program may be in noncompliance/have unsatisfactory performance and require timely review. The findings of limited surveys and supporting narrative and documentation are compiled in a report to the LCME and the dean is given an opportunity to review and comment on the draft report in the same manner as for full accreditation surveys.

**Action Plan**

The LCME will ask a medical education program to complete an action plan following, for example, an LCME action to place the program on indeterminate term, warning, or probation. In the action plan, the program describes the steps taken or planned and the outcomes it expects to achieve for each element in which the program’s performance was identified as unsatisfactory or satisfactory with a need for monitoring. The LCME Secretariat provides the dean with a template to complete the action plan. The LCME Secretariat conducts a Secretariat consultation with the medical education program after the action plan is drafted to provide feedback on the clarity, feasibility, and timeliness of the proposed action steps and to ensure that the dean and faculty are familiar with and understand the intent of the cited elements. The action plan is formative in nature and is not reviewed by the LCME or by LCME survey teams.

## C. Reporting of LCME Accreditation Actions

### To Institutions

Within 30 calendar days of any final LCME action on survey visit reports, the LCME Secretariat sends an accreditation letter to the president or equivalent chief executive of the institution and the medical school dean and makes a copy of the final survey team report available to the dean. The accreditation letter includes the LCME action on accreditation status, its findings related to the program’s performance in accreditation elements, its decision regarding the program’s compliance with accreditation standards, and a description of any required follow-up. The LCME holds as confidential the accreditation letter and final team report, but the program may at its discretion disclose these documents. If the LCME places a program on probation or withdraws accreditation, the accreditation letter will include information about the next steps, as specified in Appendix B in this document.

Within 30 calendar days of any LCME action on status reports, change notification forms, or complaints, the LCME Secretariat will send a letter to the medical school dean conveying the LCME findings, action on accreditation, and any required follow-up.

### To External Groups and the Public, Including the U.S. Department of Education

The LCME Secretariat notifies the U.S. Secretary of Education, the relevant state medical licensing board, the relevant regional (institutional) accreditation body, and the public of actions affecting accreditation status taken at an LCME meeting within 30 calendar days following the conclusion of LCME meetings, including the decision to grant initial accreditation or to renew a program’s accreditation status. The LCME Secretariat will also notify the U.S. Secretary of Education through the Department of Education website of a decision to grant or renew accreditation, to place a program on probation, and to place a program on warning.

For the award of probation or an initial decision to award an adverse action (defined as denial or withdrawal of accreditation), the U.S. Secretary of Education, the relevant state medical licensing board, and the relevant regional (institutional) accrediting body will be notified in writing of the action at the same time as the medical education program is notified, but no later than 30 calendar days after the decision is made final. The LCME will provide written notice to the U.S. Secretary of Education, the relevant state medical licensing board, and the relevant regional (institutional) accrediting body at the same time as it notifies the medical education program of the final decision to deny or withdraw accreditation no later than 30 calendar days after the decision is made final. The LCME requires that the institution disclose the final LCME action to grant probation, to initiate an adverse action, and to deny or withdraw accreditation to all current and prospective students within seven business days.

These actions also will be entered on the Department of Education website. Such decisions will be conveyed to the public by posting of the accreditation action on the LCME website within 24 hours of the written notification to the institution or program. In decisions to deny or withdraw accreditation, the LCME will provide the U.S. Secretary of Education, the relevant state medical licensing board, the relevant regional (institutional) accrediting body, and the public with a summary of the facts of its review no later than 60 calendar days after the decision is made final, along with any comments made by the program or with the statement that the program has been offered the opportunity to make comments and chose not to do so.

If an accredited program withdraws its accreditation status voluntarily or otherwise allows its accreditation status to lapse, the LCME Secretariat will inform the U.S. Department of Education and the relevant regional accrediting body and state licensing agency within 10 business days of the date of the withdrawal or lapse.

The current accreditation status of all accredited programs is posted on the LCME website and will be updated within 30 business days following the conclusion of LCME meetings, except in the case of a reconsideration of a probation decision for which the accreditation status will be posted when the reconsideration decision is final (according to the timeline described above).

The accreditation information made available to the general public includes the current accreditation status of an accredited program and the academic year of its next accreditation survey, if it has been set. It does not include survey reports, correspondence with, or documentation submitted by a program in connection with its accreditation status, or the letter to the program with its accreditation status and compliance determinations.

The information made available to the LCME’s sponsoring organizations typically will be the same information made available to the public. However, the LCME shall promptly inform its sponsors, through their respective legal counsel, of any claim that the LCME believes may reasonably constitute a threat of litigation, including, for example:

* A final decision by the LCME to do any one of the following:
  + refuse to consider a medical education program for accreditation
  + deny or withdraw accreditation from a medical education program
  + place a medical education program on probation
* An oral or written threat by a medical education program or its parent institution to commence litigation against the LCME
* A written demand for monetary, non-monetary, or injunctive relief (including any request to toll or waive any statute of limitations), arbitration, or mediation
* A civil, criminal, regulatory or administrative proceeding for monetary, non-monetary, or injunctive relief which is commenced by any of the following:
  + service of a complaint or similar pleading
  + return of an indictment, information, or similar document (in the case of a criminal proceeding)
  + receipt of a filing of a notice of charges or similar document

If a program makes a public disclosure of its LCME accreditation status, the program must disclose that status accurately. For developing medical schools that have not achieved accreditation, accurate statements include, but are not limited to, the current accreditation status of the program and the anticipated timing of review for accreditation by the LCME. Any incorrect or misleading statements made by a program about LCME accreditation actions or the program’s accreditation status must immediately be corrected or clarified by an official notification announcement. For already-accredited programs, failure to make timely correction or clarification may result in reconsideration of the program’s accreditation status. The information to the public also must include contact information for the LCME Secretariat so that the information can be verified. Such contact information could include the URL of the LCME website or the names, email or surface mail addresses, and telephone numbers of the LCME Secretariat staff.

The LCME will provide an annual report to the U.S. Department of Education, which contains the following information:

* A list of its accredited programs
* A summary of accreditation actions taken during the most recently completed academic year
* A summary of changes to policies and standards made during the most recently completed academic year

### Responses to Actions of Other Oversight and Accrediting Bodies

The LCME will not grant accreditation to or renew the accreditation of programs within institutions for which the following exist: (1) a pending or final action by a state chartering authority to suspend, revoke, or terminate the institution’s legal authority to provide postsecondary education in the state; (2) a decision by a recognized institutional (regional) accrediting body to deny accreditation or pre-accreditation; 3) a pending or final action by a recognized accrediting agency to suspend, revoke, or terminate an institution’s accreditation or pre-accreditation; and 4) an action by a recognized accrediting agency to impose probation on an institution that includes a medical education program. If the LCME is made aware that one or more of the circumstances in 1-4 above have occurred, it will promptly review its accreditation of the impacted program in the context of its eligibility requirements and standards for accreditation. In such instances, the LCME will determine whether to grant or continue accreditation of the medical education program based on a review to determine if the areas cited by the regional accreditation agency or state chartering authority as the reasons for the adverse or probation action represent noncompliance with one or more LCME accreditation standards. If the LCME decides to grant or continue accreditation of the medical education program, within 30 days it will provide to the U.S. Secretary of Education a thorough and reasonable explanation of its action, consistent with its standards and associated accreditation elements, of why the actions of the other agency do not preclude the granting or continuing of LCME accreditation. Upon request, the LCME shares information with recognized state approval agencies and approved accrediting agencies on the accreditation status of medical education programs, including any adverse actions it has taken.

# IV. Circumstances That May Lead to an Unplanned Accreditation Review or Survey Visit

The LCME requires prior notification of certain changes that affect the medical education program. The medical education program’s accreditation status or term could be affected if a change is implemented without adequate prior notification and/or if any LCME requests for additional information or clarification are not addressed before the change is implemented. Notifications to the LCME will be reviewed according to the following schedule:

|  |  |
| --- | --- |
| **Date Notification Received** | **Date Notification will be Reviewed by the LCME** |
| August 2 – December 1\* | February LCME meeting |
| December 2 – April 1\* | June LCME meeting |
| April 2 – August 1\* | October LCME meeting |

\*If the 1st day of these months falls on a weekend or holiday, submission will be due

on the next non-holiday business day.

All notification forms for the changes listed as A-D below are available on the LCME website. The LCME Secretariat is available to provide information about which form to complete for a proposed change. Notifications of anticipated changes must be submitted in time for the LCME to review the information and transmit its determination prior to the implementation of the change.

## A. Changes in the Balance of Educational Resources and Class Size, Including Class Size Increases

The LCME grants accreditation to a medical education program based on its judgment that there is an appropriate balance between student enrollment and the total resources of the institution, including its faculty, physical and clinical facilities, patient population, and available funding. The LCME requires prior notification when a medical school plans to modify the medical education program, becomes aware that the resources supporting the medical education program may change, or wishes to increase student enrollment, such that the balance between enrollment and resources would be substantially altered. Unplanned loss of facilities or clinical teaching sites necessary to deliver the medical education program must be reported immediately.

With respect to student enrollment, medical schools must complete the *Class Size Increase Notification Form* if (1) one or more class size increases will result in a cumulative increase in the size of the entering class at the main campus and/or in one or more existing regional campuses of 10% or 15 students, whichever is smaller, starting at the entering class size/campus yearly enrollment in place at the time of the medical school’s last full survey visit and/or (2) the school accepts a total of at least 10 transferring students into any year(s) of the curriculum. Notification of unanticipated increases in the entering class size should, as feasible, occur before the expanded class matriculates. After reviewing the notification form, the LCME will determine if changes in the program’s performance in the relevant accreditation elements and of compliance with the relevant standards are warranted. This could result in changes to the program’s accreditation status or term and may lead to the request for additional follow-up.

## B. Changes in Ownership or Governance

Medical schools must give the LCME prior notification of any anticipated significant changes in the ownership or governance affecting the medical education program (such as transfer of the program to the auspices of another entity, merger of existing separate programs, or separation of the medical school from its existing parent institution). Medical schools must complete the *Change in Ownership or Governance Notification Form.* After reviewing the notification form, the LCME will determine if changes in its determinations of the program’s performance in the relevant accreditation elements and of compliance with the relevant standards are warranted, which could result in changes to the program’s accreditation status or term, or if any additional follow-up is warranted.

## C. Creation of New or Expansion of Existing Regional Campuses

Medical schools must complete the *Class Size Increase &* *New or Expanded Regional Campus Notification Form* if a new regional campus is being created, the number of students at a campus is being increased for a given curriculum year, or the medical education program at an existing campus is expanded to include more years of the curriculum (e.g., a move from a one or two-year program to a four-year program). After reviewing the notification form, the LCME will determine if changes in its determinations of the program’s performance in the relevant accreditation elements and of compliance with the relevant standards are warranted, which could result in changes to the program’s accreditation status or term. The LCME also may request additional information related to the change. Schools planning to create or expand a regional campus should contact the LCME Secretariat before submitting the notification form. There typically will be a Secretariat consultation with the developing campus.

## D. Major Modification of the Curriculum or the Creation of a New Parallel Curriculum (Track)

Medical schools must notify the LCME of plans for a major reorganization of one or more years of the curriculum or of the medical education program as a whole that will require additional resources or existing resources to be used in new ways. The LCME does not require notification for changes such as revisions to individual courses or individual clerkships, the introduction of a new course, or the revision of a larger portion of the curriculum if new resources are not required. Medical schools must complete the *Major Curricular Modification Notification Form* before implementing the curriculum change. After reviewing the notification form, the LCME will determine if changes in its determination of the program’s performance in the relevant accreditation elements and of compliance with the relevant standards are warranted, which could result in changes to the program’s accreditation status or term of accreditation. The LCME also may request additional information related to the change.

The LCME also requires notification of the planned introduction of a new parallel curriculum (track) for a segment of the student body. Medical schools must complete the *New Parallel Curriculum (Track) Notification Form* before implementing the change. After reviewing the notification form, the LCME will determine if changes in its determination of the program’s performance in the relevant accreditation elements and of compliance with the relevant standards are warranted, which could result in changes to the program’s accreditation status or term. The LCME also may request additional information related to the change.

## E. Valid Complaints About Medical Education Program Quality

The LCME may request a status report or schedule a limited survey visit based on its finding that a complaint, information from credible and verifiable public sources, or third-party comments regarding medical education program quality is valid (see “Appendix D. Procedures for Complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality”).

## F. Willful Deception

**Providing false or misleading information or the failure to provide material information may affect a medical education program’s accreditation status.** If the LCME determines that a medical school has knowingly supplied false or misleading information or has failed to supply relevant material information to the LCME or to a survey team (including information provided in annual questionnaires, the DCI that accompanies a survey visit, the ISA, change notification forms, status reports, or correspondence), the LCME will reconsider the medical education program’s accreditation status and term, and determine any appropriate follow-up action, which may include a change in the program’s accreditation status or term. The LCME may take similar action if a medical school knowingly takes actions that result in misleading information being provided to the LCME or to survey teams, makes misleading or incorrect public statements or disclosures regarding its accreditation status, or fails to notify relevant parties of a probation decision or adverse accreditation action. Examples of misleading statements include, but are not limited to, developing schools not yet reviewed by the LCME implying that accreditation has been granted or will be granted at a specified time, and accredited schools that choose to disclose findings from survey visits not disclosing those findings accurately and not including material information related to the findings.

# V. Other Policies and Procedures

## A. Development, Review, and Modification of Accreditation Standards and Elements

Suggestions for new standards/elements and for modifications to existing standards/elements may come from any source. Recommendations for changes most commonly originate from members of the medical education community (medical education program leadership, faculty, students) or from organizations interested in the improvement of medical education quality. Any individual or group wishing to propose a new or revised standard or element should contact the LCME Secretariat.

All proposed changes to standards and elements are reviewed by the LCME Executive Committee and, as needed, appropriate language is created by the Subcommittee on Standards. Before being adopted, the addition of substantive changes to existing standards and elements that impose new or additional requirements on programs or the deletion of standards/elements must undergo review by the public and be considered at a public hearing, as described in Appendix C of this document. Public notice of the time and location of the public hearing will be given at least three months prior to the hearing date. In addition to an opportunity for in-person testimony, written responses will be accepted for a total of six-months. Notification of the process for submission of written comments and the submission deadline will be communicated to the public on the LCME website and during the regularly scheduled webinars that the LCME Secretariat provides for medical schools.

Minor or technical modifications to existing standards and elements (e.g., changes to clarify the intent or focus of the standard or element by rewording it, changes in the title of the standard or element) are developed by the Subcommittee on Standards for consideration by the Executive Committee and the LCME; such modifications do not require a public hearing. New or revised standards that have been approved will be published in the *Functions and Structure of a Medical School* document and in the relevant version of the DCI, which will indicate when the new or revised standard or element becomes effective.

The LCME conducts regular reviews of all accreditation standards and elements that include participation by relevant constituencies (see Appendix C for the details of reviews). Should a review identify issues related to clarity of, for example, elements, these will be addressed using the process for modification of standards/elements, as described in this section.

## B. Conflict of Interest Guidelines

The LCME requires that all LCME members, survey team members, Appeals Panel members, and Secretariat staff sign conflict of interest statements in which they agree to abide by the following policies in order to avoid actual or perceived conflicts of interest.

### Participation in Survey Visits, Accreditation Decisions, or Appeals

No LCME representative (defined as an LCME member, survey team member, Appeals Panel member, or Secretariat member) will participate in a survey visit, in the review of materials submitted by or about a medical school, in discussions or voting at LCME meetings, or in a reconsideration or an appeal if the program meets any of the following criteria:

* A program with which the representative or an immediate family member (defined as a spouse, domestic partner, child, parent, or sibling) has been connected as a student, graduate, faculty member, administrative officer, staff member, employee, or contracted agent within the past five years.
* A program with which the representative or an immediate family member has interviewed for employment within the past two years or has immediate plans to apply for employment.
* A program located in the same state as the medical education program or institution of the representative, or in such close geographic proximity that the programs or institutions involved can reasonably be considered as competing with each other for financial advantage (e.g., in the operation of hospitals or clinics operated by the programs).
* A program that is part of a university system where the representative is employed.
* A program engaged in substantial cooperative or contractual arrangements with the program or institution of the representative or an immediate family member.
* A program which has engaged the representative or an immediate family member as a paid consultant within the past eight years. Provision of short-term educational services (such as guest lectures) is not considered consulting that poses a conflict of interest.
* A program with which the representative or an immediate family member has any financial, political, professional, or other interest that may conflict with the interests of the LCME.
* A program in which the representative believes that there may be a conflict due to other circumstances, such as participation in accreditation or consultative review of the program for other agencies, close personal relationships with individuals at the program, etc.
* A program for which the program has reason to believe and can document to the satisfaction of the LCME Secretariat, that the participation of the representative could be unfairly prejudicial.

### Consultations

No LCME member will act as a paid or unpaid external consultant on LCME accreditation matters to any program or institution subject to LCME accreditation unless such consultation is authorized by the LCME Chair and Chair-elect. An LCME survey team member will not act as a consultant on LCME accreditation matters to a school the individual has visited as an LCME survey team member within the past eight years without approval from the LCME Secretariat. LCME members and staff will not provide consultation on LCME accreditation matters to any program or institution subject to LCME accreditation for a period of two years after completion of their service with the LCME.

## C. Records Retention, Data Collection, Research, and Confidentiality of Information Collected during the Accreditation Process

### Records Retention

All materials provided by schools in conjunction with accreditation surveys, including the DCI, institutional self-study summary report, ISA, and any other relevant documents, such as school responses to survey reports, will be retained in electronic format for the most recent accreditation cycle. For schools with follow-up survey visits conducted between regular reviews, the information provided to and by the school, including school responses to survey reports, will be retained through the end of the accreditation cycle. Accreditation survey reports, status reports from medical education programs, change notifications, historical records and decision letters of LCME accreditation actions for each accredited program and each program seeking accreditation, and all LCME meeting minutes and agendas will be retained indefinitely in electronic format accessible by both LCME offices. Other correspondence with individual medical education programs will be kept in electronic format at both offices. For medical education programs not granted accreditation or whose accreditation has been revoked, all records will be kept for at least six months for purposes of notification of the relevant institutional accrediting body, state approval agency, and the U.S. Secretary of Education. Complaints, information from credible and verifiable public sources, or third-party comments about program quality, if shown to relate to areas of noncompliance with accreditation standards or unsatisfactory performance in accreditation elements, will be retained indefinitely, so as to inform future survey team reviews.

### Data Collection and Reporting

All medical schools providing LCME-accredited medical education programs are required to complete annual questionnaires that are administered by the AAMC and the AMA under the auspices of the LCME. The AAMC administers questionnaires regarding medical school finances and student financial aid, and the AMA surveys schools regarding their class size/enrollment, organization, and curriculum. Before being sent to medical schools, these questionnaires are reviewed by the Secretariat and edited to maintain consistency with LCME DCIs and the intent of LCME standards/elements.

The LCME uses the results from these questionnaires to monitor continued compliance with standards in the period between full surveys. Data derived from the LCME questionnaires described above and other questionnaires are used by the LCME for monitoring medical education programs in the interval between accreditation surveys. Relevant data include student enrollment, curriculum, faculty, medical school finances and other resources to support medical education, student academic difficulty, and requirements for passing the licensure examinations. The LCME has set thresholds for changes in certain key quantitative indicators, and data are reviewed annually against these benchmarks. If data exceed the pre-set threshold for that item, data analysts at the AAMC contact schools to obtain an explanation, which is reviewed by the LCME Secretariat and may be brought to the LCME for action if the data indicate potential performance issues related to accreditation elements/standards.

Selected data from the LCME questionnaires are published annually in the *Journal of the American Medical Association* and included in published reports from the AAMC. Data from the questionnaires may also be used by the LCME Secretariat and the sponsoring organizations to provide benchmarking reports and other activities for improving medical education quality. Information contained in the questionnaires conforms to the confidentiality requirements of the sponsoring organizations and may not be shared with other organizations without LCME authorization

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As noted elsewhere, the LCME Secretariat prepares an annual report for the U.S. Secretary of Education and a report without confidential information for the LCME Council. These reports include a summary of the accreditation actions taken during the academic year; the changes made to policies, procedures, and standards; and the activities of the LCME Secretariat. The reports also contain an updated list of accredited medical education programs.

### Research

LCME staff conduct research to monitor such things as consistency in decision making. The results of such analyses are used in the training of LCME and survey team members. LCME Secretariat staff also may conduct research based on confidential information contained in the DCI, institutional self-study documents, survey reports, and status reports. The source documents used for such research may not be shared or made available to other individuals or organizations (including staff of the LCME’s sponsoring organizations) unless authorized by the LCME through the Executive Committee. Data obtained from annual LCME questionnaires may be shared or made available to other individuals or organizations to the extent that confidentiality requirements and data-sharing agreements of the LCME’s sponsoring organizations permit.

### Confidentiality of Information Collected During the Accreditation Process

The purpose of LCME accreditation is to protect the public by advancing the quality of medical care provided to patients, thereby reducing morbidity and mortality. Accreditation-related information is properly submitted to or generated by the LCME with the expectation of confidentiality, in order to further the aims of the LCME’s accreditation process. Therefore, all information collected in preparation for accreditation surveys or collected on-site is held in strict confidence by the LCME Secretariat and the LCME. Such information includes the contents of the program’s DCI, institutional self-study summary report, and correspondence regarding the program’s prior accreditation history. Other documents submitted to the LCME by medical education programs (such as status reports, change notifications) also are treated in a confidential manner.

Survey team members, including LCME members, must sign a confidentiality statement agreeing to abide by the LCME’s confidentiality requirements as a condition for participating in a survey visit. All information received by the LCME that relates to a school’s accreditation status (including survey reports and status reports) is treated as confidential, and LCME members and staff must sign a confidentiality statement as a condition for participating in LCME meetings and related activities. Confidentiality obligations also apply to members of an Appeals Panel. The confidentiality obligation includes a requirement related to the confidential disposal of materials after survey visits, LCME meetings, reconsideration hearings, and appeals.

## D. Complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality

### Complaints and Information from Credible and Verifiable Public Sources about Program Quality

The LCME will consider complaints about program quality from students or others that, if substantiated, would represent noncompliance with one or more LCME accreditation standards or unsatisfactory performance in accreditation elements. See Appendix D of this document for a description of the review process for complaints.

In summary, the LCME will not intervene on behalf of a complainant to achieve redress of the individual’s grievances with regard to issues such as admission to medical school, dismissal or disciplinary actions involving students or faculty, or faculty appointment or advancement. Complaints may come from any source. All complaints must be submitted in writing to the LCME Secretariat and complainants must sign a form allowing the complaint to be disclosed to the medical education program. Anonymous complaints and duplicate complaints by one individual that address the same circumstances will not be considered.

If, at any time through credible and verifiable public sources (i.e., 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.

The LCME Secretariat will conduct an initial evaluation of any complaint about program quality to determine whether it represents potential noncompliance with accreditation standards or unsatisfactory performance in accreditation elements. If the LCME Secretariat determines that the information in the complaint potentially presents such evidence, the program’s dean will be sent a copy of or excerpt from the complaint and will be given an opportunity to respond in writing. The issue(s) raised in the complaint and the program’s response will be reviewed by an ad hoc LCME Subcommittee on Complaints appointed by the LCME Secretariat. The LCME will take formal action on the investigated complaints during an LCME meeting. For those complaints determined by the LCME to represent noncompliance with accreditation standards and/or unsatisfactory performance in accreditation elements, the LCME will require follow-up by the medical education program on how the identified problems were addressed. As noted previously, complaints with such findings will be retained in LCME records and will form part of the accreditation history of the medical school. The survey team conducting a full survey visit will receive documentation of complaints, including those from students, which have been found after investigation to relate to areas of noncompliance with accreditation standards and/or unsatisfactory performance in accreditation elements. Survey team members also will receive information on the final LCME action related to these complaints.

The complainant will not be informed of the result of any review.

### Third-Party Comments about Program Quality

The LCME provides opportunity for third-party comment related to a medical education program undergoing review for preliminary, provisional, or full accreditation. The LCME includes on its website the year in which such a survey visit will occur, along with the process by which third-party comment may be submitted. Comments must be focused on potential areas of noncompliance with accreditation standards/unsatisfactory performance in accreditation elements or other related matters that could impact the school’s ability to provide a quality medical education program. Anonymous comments will not be accepted.

Comments will be handled in accordance with the procedures set forth in Appendix D of this document.

### Complaints about LCME Accreditation Standards, Policies, Procedures, and Operations

Complaints about the LCME’s accreditation standards/elements, policies, procedures, and operations are reviewed by the Executive Committee of the LCME. Such complaints must be submitted in writing to the LCME Secretariat and will not be considered if submitted anonymously. If a Secretariat staff member is the subject of a complaint, he/she will not participate in the investigation of or decision-making about the complaint. The Executive Committee will present its findings and any recommended actions to the LCME at its next regularly scheduled meeting. The complainant will be advised in a timely manner of the LCME’s response to the complaint.

Complaints about survey teams or survey team members must be submitted in writing or through a call to a member of the LCME Secretariat and may not be anonymous. The LCME Secretariat will investigate the complaint by collecting information relevant to the specific incident, for example, through interviews with school personnel and survey team members. The LCME Secretariat will present the results of the investigation to the Chair and Chair-elect of the LCME for appropriate action, which the LCME Secretariat will carry out. The LCME will not notify the complainant of the results of the investigation.

# Appendix A. Observers at LCME Meetings and on LCME Survey Visits

***Observers from the United States Department of Education, Regional Postsecondary Accrediting Agencies, and State Education Departments***

Through its website, the LCME provides information to regional and state accreditation agencies about scheduled survey visits to medical education programs within their jurisdictions. Such agencies sometimes request permission to appoint an observer to participate in survey visits. The U.S. Department of Education may also request permission to designate an observer as part of the review process for recognition of the LCME. The LCME Secretariat may appoint such observers after receiving written consent from the dean of the program being reviewed. As a rule, such observers may participate in the meetings with medical school personnel to the extent that the business of the LCME survey team is not delayed or compromised. Observers will not be advised of the findings or conclusions of LCME survey team members.

The observer will receive a copy of the institutional self-study summary report and DCI. Generally, the observer will attend the meetings of survey team members with medical school administrators, faculty members, and students. The observer will not attend the survey team’s working sessions or receive the initial exit report to the dean. The survey team will not share draft survey reports with observers. Schools may choose to provide the appropriate agencies with copies of final LCME survey reports and accreditation letters from the LCME.

***Observers from U.S. or International Institutions or Organizations***

**At Survey Visits**

Individuals from appropriate U.S. or international organizations with an interest in the LCME accreditation process who wish to participate in a survey visit must contact the LCME Secretariat in writing. The request must include the reason for participating and the individual’s role in medical education, accreditation, or program evaluation. The request will be considered by the LCME at its next regularly scheduled meeting.

If the LCME grants the request, the LCME Secretariat will identify a medical school where the observer may be included on the survey team. Permission for the observer to participate must be obtained from the school’s dean. The observer may be involved in all aspects of the survey visit but must agree in writing to hold confidential all information obtained during the visit.

**At LCME Meetings**

Individuals from U.S. accrediting bodies, from the U.S. Department of Education, and from international institutions or organizations may request to attend an LCME meeting by contacting the LCME Secretariat. The request will be considered by the LCME at one of its regularly scheduled meetings. As permitted by policy, observers must agree in writing to hold confidential all information obtained during the meeting. There may be sections of the meeting (such as a reconsiderations) that visitors may not observe.

# Appendix B. Reconsideration and Appeal Procedures for Actions Affecting Accreditation

**For Medical Education Programs**

Actions to grant accreditation with probation are subject to reconsideration.

Adverse actions (denial or withdrawal of accreditation) are subject to appeal.

**Reconsideration of Actions to Grant Accreditation with Probation**

The reconsideration shall be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit report, status report). Descriptions of changes made since that time will not be considered.

**Notice of LCME Action**

Upon a finding that a medical education program is not in substantial compliance with the LCME's published accreditation standards and upon an action by the LCME to grant accreditation with probation, the LCME Secretariat shall promptly notify the sponsoring organization in writing of the action and of the specific areas of noncompliance and performance that support the imposition of the action. The LCME Secretariat also shall inform the sponsoring organization of the right to reconsideration.

The LCME process for reconsideration of actions to grant accreditation with probation consists of two steps: (1) review by an ad hoc Independent Review Committee and (2) LCME review with or without a reconsideration hearing. **At the end of the reconsideration process, the LCME will make a final decision whether to affirm, modify, or reverse its initial accreditation action.**

**Request for Reconsideration**

If the leadership of the medical education program wishes to request reconsideration of the LCME’s decision to grant accreditation with probation, the medical school dean must address this request to the LCME Secretariat within thirty (30) calendar days from the date of the written accreditation letter containing notice of the LCME action.

**If a request for reconsideration is not received by the LCME within thirty (30) calendar days of the date of the written accreditation letter containing notice of the LCME action, the LCME’s initial action shall constitute the final action by the LCME.**

**Step 1: Review by an Independent Review Committee**

The first step of the reconsideration process is review by an ad hoc Independent Review Committee, which will be advisory to the LCME. The Independent Review Committee shall be appointed by the LCME Secretariat in consultation with the Chair and Chair-elect of the LCME and shall consist of three individuals who are former LCME members or who otherwise meet the qualifications for LCME membership. No person shall be included on an Independent Review Committee for a given program if he or she has participated in a survey visit that triggered the LCME action; has reviewed recent survey findings, status reports, or other LCME findings or conclusions regarding that program on behalf of the LCME; or has a conflict of interest as determined under the LCME Conflict of Interest Guidelines.

The LCME Secretariat shall forward to each of the members of the Independent Review Committee the following materials, which shall constitute the Review Record: a complete file of all documents concerning the program that were available to the LCME and upon which the LCME relied in the action that is the subject of the reconsideration.

The Independent Review Committee will make recommendations to sustain or modify the LCME findings related to performance in accreditation elements and compliance with accreditation standards and recommend that the LCME either affirm or modify the initial LCME action on accreditation status.

If the Independent Review Committee determines that there is no reason to alter the initial LCME action, it shall recommend that the action be affirmed. If the Independent Review Committee determines that the LCME’s action is not supported by the evidence or was not made in substantial accordance with LCME policies and procedures, it shall recommend that the LCME modify its action. The Independent Review Committee shall forward a written report of its recommendation, and the reasons therefor to the LCME.

The institution shall not receive a copy of the report or recommendation of the Independent Review Committee.

**Step 2: Reconsideration Hearing before the LCME**

The second step of the reconsideration process is a hearing before the LCME. No person shall be present for or participate in a reconsideration hearing if he or she has a conflict of interest as determined under the LCME Conflict of Interest Guidelines.

**LCME Reconsideration Hearing**

The LCME Secretariat shall schedule the reconsideration hearing in conjunction with one of its regularly scheduled meetings.

The LCME Secretariat shall notify the institution in writing of the date, time, and place of the reconsideration hearing. The notice shall be provided at least forty-five (45) calendar days prior to the reconsideration hearing. The notice shall advise the institution of the following:

* that it may send representatives to appear before the LCME
* that it may be represented by legal counsel
* that it may submit a written response to the LCME’s cited areas of noncompliance and unsatisfactory performance; such response must be based on the information contained in the Review Record
* that the reconsideration will be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit report) and be based on the Review Record; descriptions of changes made since that time will not be considered

The institution’s written intent to send representatives to appear before the LCME, the names of the representatives and, if any, the legal counsel who will attend the reconsideration hearing, and the institution’s written response to the cited areas of noncompliance/unsatisfactory performance must be received by the LCME Secretariat no later than twenty-one (21) calendar days before the scheduled date of the reconsideration hearing.

The LCME Secretariat shall send to each member of the LCME who shall participate in the reconsideration hearing the following materials, which shall constitute the Reconsideration Record: the Review Record (as defined above); the Independent Review Committee’s report and recommendations; the institution’s request for review and written response to the LCME’s cited areas of noncompliance/unsatisfactory performance; and a copy of the DCI *as originally submitted*, including the Appendix, and any updates provided to the team by the end of the survey visit.

**Conduct of the Reconsideration Hearing before the LCME**

The reconsideration hearing before the LCME shall be chaired by the LCME Chair or, at his or her discretion, the Chair-elect.

The reconsideration hearing will be limited to a consideration of the time and circumstances that triggered the initial LCME decision. Descriptions of changes made since that time shall not be considered.

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The reconsideration hearing shall follow the following general format:

1. Introductory statement by the LCME Chair
2. Oral presentation by the institution (one hour)
3. Questions by LCME members
4. LCME executive session
5. Additional questions by LCME members
6. Closing statement by the institution (15 minutes)
7. Adjournment

A record of the reconsideration hearing shall be kept by a certified court reporter.

If the institution, without good cause shown, fails to appear or fails to advise the LCME Secretariat in writing more than ten (10) calendar days before the scheduled date of the reconsideration hearing that it will not appear, the LCME may elect to notify the institution that no further opportunity for an appearance will be provided.

**Decision of the LCME**

At the conclusion of the reconsideration hearing, the LCME shall meet in executive session to review the proceedings and to reach a decision. The LCME shall consider the Reconsideration Record and the information presented during the reconsideration hearing. The LCME shall determine, by the affirmative vote of a majority of those members present, whether substantial evidence supports the existence of each of the cited areas of noncompliance/unsatisfactory performance. The LCME then will determine whether the initial LCME action should be affirmed, modified, or reversed. **Such determination shall constitute the final action by the LCME.**

The LCME Secretariat shall notify the institution in writing of the LCME decision, including the reasons therefor, within thirty (30) calendar days after the reconsideration hearing. If the decision to impose probation is sustained, the LCME will notify the U.S. Department of Education and others as specified elsewhere in *the Rules of Procedure* document.

**LCME Reconsideration without a Hearing**

A medical education program may request reconsideration but inform the LCME in writing that it does not wish to appear before the LCME and does not wish to submit a written response to the LCME’s findings. In such event, the LCME will reconsider the accreditation status of the program at its next regularly scheduled meeting. The LCME shall rely on the Review Record plus the report of the Independent Review Committee, as defined previously, for information. If the program wishes to submit a written response, it will be considered as part of the Reconsideration Record. The LCME shall determine by the affirmative vote of a majority of those members present whether to affirm, modify or reverse its initial action. The LCME Secretariat shall notify the institution in writing of the LCME's decision, including the reasons therefor, within thirty (30) calendar days after the LCME meeting. **Such determination shall constitute the final action by the LCME.** If the decision to impose probation is sustained, the LCME will notify the U.S. Department of Education and others as specified elsewhere in the *Rules of Procedure* document.

**LCME Appeal Process for Appealable Adverse Actions  
(Denial or Withdrawal of Accreditation)**

**The appeal shall be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit, status report). Descriptions of changes made since that time will not be considered, except as expressly provided herein.**

***Notice of LCME Action***

Upon a finding that a medical education program is not in substantial compliance with the LCME’s published accreditation standards, and upon imposition of an appealable LCME action affecting accreditation by the LCME, the LCME Secretariat shall promptly notify the sponsoring organization in writing of the action and of the specific areas of noncompliance that support the imposition of the action. The LCME Secretariat also shall inform the sponsoring institution of the right to appeal.

**Notice of Appeal**

If a sponsoring organization wishes to appeal the LCME’s decision, it must notify the LCME Secretariat within thirty (30) calendar days from the date of the written accreditation letter containing notice of the LCME action. Such Notice of Appeal must be addressed to the LCME Secretariat and must contain a concise statement of why the institution believes that the LCME’s action was based on a procedural error that materially affected the outcome of the accreditation review process or that the adverse action imposed by the LCME is arbitrary and capricious.

**If a Notice of Appeal is not received by the LCME within thirty (30) calendar days from the date of the written accreditation letter containing notice of the LCME action, the LCME's initial action shall constitute the final action by the LCME.**

**Appeal at a Hearing before an Independent Appeals Panel**

The appeal process consists of an appeal hearing before an Independent Appeals Panel.

***Identification and Training of Appeals Panel Members***

The Appeals Panel will be appointed by the LCME Secretariat in consultation with the Chair and Chair-elect of the LCME. Pursuant to the “LCME Appeal Process for Appealable Adverse Actions (Denial or Withdrawal of Accreditation)” members of an LCME Appeals Panel may be former members of the LCME or individuals who have the experience and qualifications to be LCME members. The Appeals Panel will not include current members of the LCME or past members who have taken part in the decision that led to the adverse action under appeal. No person shall be included on an Appeals Panel for a given program if he or she has participated in a survey visit that triggered the adverse action; reviewed survey findings, status reports, or other LCME findings or conclusions regarding that program on behalf of the LCME within the past five (5) years; or has a conflict of interest as determined under the LCME Conflict of Interest Guidelines. Appeals Panel members are subject to the same conflict of interest guidelines as LCME and survey team members (see “Conflict of Interest Guidelines”).

There will be three members of an Appeals Panel, including an educator, a current or former practitioner, and a representative of the public. Three alternate members will be identified and will be called upon to participate if an Appeals Panel member must be excused.

At the beginning of an appeal hearing, Appeals Panel members will receive orientation to their roles from the LCME legal counsel. Appeals Panel members will have received a description of the appeal process as included below.

***Information Presented to the Appeals Panel***

Once the Appeals Panel has been established, neither the sponsoring organization nor any member of the LCME shall contact any member of the Appeals Panel concerning the matter under appeal.

The LCME Secretariat shall forward to each member of the Appeals Panel the following materials, which shall constitute the Appeal Record: the medical education program’s accreditation history; the survey report and/or other documentation that was available to the LCME and upon which the LCME relied in determining the action that is the subject of the appeal; a copy of the DCI *as originally submitted by the program*, including the Appendix and updates submitted to the survey team by the medical education program by the end of the visit; a copy of the accreditation letter notifying the institution of the adverse action and containing a written summary of the LCME’s grounds for the adverse action; a copy of the institution’s Notice of Appeal; and the program’s response to the cited areas of noncompliance/unsatisfactory performance and supporting documentation. No new information will be presented to or considered by the Appeals Panel unless the following three conditions are met: (1) the adverse action that is the subject of appeal was based solelyupon a failure by the institution to comply with an accreditation standard pertaining to finances, (2) the information was unavailable to the institution prior to the decision by the LCME to take the adverse action, and (3) the information is significant and bears materially on the financial deficiencies identified by the LCME. If those three conditions are met, that information will also be forwarded to and may be considered by the Appeals Panel.

***Timing of and Representation at the Appeals Panel Hearing***

The Chair of the Appeals Panel shall notify the institution in writing of the date, time, and place of the appeal hearing. The notice shall be provided at least forty-five (45) calendar days prior to the appeal hearing. The notice shall advise the institution that it may do the following:

* send representatives to appear before the Appeals Panel
* be represented by legal counsel
* submit a written response to the LCME's cited areas of noncompliance/unsatisfactory performance
  + such a response must be limited to the time and circumstances that triggered the adverse action and shall be based solely on the information contained in the survey report or other documents triggering the action
  + descriptions of actions taken or changes made since that time may not be submitted and will not be considered unless otherwise provided based on the circumstances included above

The institution's written intent to send representatives to appear before the Appeals Panel, the names of the representatives and, if any, the legal counsel who will attend the appeal hearing, and the program’s response to the cited areas of noncompliance/unsatisfactory performance and supporting documentation must be received by the Chair of the Appeals Panel no later than twenty-one (21) calendar days before the scheduled date of the appeal hearing.

The institution will be notified that failure to appear without good cause shown or failure to notify the Chair of the Appeals Panel at least ten (10) calendar days before the scheduled date of the appeal hearing that it will not appear may result in the Appeals Panel making its decision based on the information before it with no further opportunity for an appearance by the institution.

During the appeal hearing, the LCME will be represented by the Chair or, in his or her absence, the Chair-elect, one LCME Secretariat member, and the LCME legal counsel.

**Conduct of the Appeal Hearing before the Appeals Panel**

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

1. Introductory statement by the Chair of the Appeals Panel
2. Review of procedures by LCME legal counsel
3. Oral presentation by the LCME Chair presenting the grounds for the adverse action (30 minutes)
4. Oral presentation by the institution (one hour)
5. Follow-up by LCME Chair (10 minutes)
6. Questions by the Appeals Panel
7. Appeals Panel executive session
8. Additional questions by the Appeals Panel
9. Closing statement by the LCME Chair (10 minutes)
10. Closing statement by the institution (10 minutes)
11. Adjournment

A record of the appeal hearing shall be made by a certified court reporter.

**Decision of the Appeals Panel**

At the conclusion of the appeal hearing, the Appeals Panel shall meet in executive session to review the proceedings and to reach a decision. The Appeals Panel shall consider the Appeal Record and the information presented during the appeal hearing. The Appeals Panel shall determine by the affirmative vote of a majority of those members present whether substantial evidence supports the existence of each of the cited areas of noncompliance with accreditation standards/unsatisfactory performance in accreditation elements, and whether the adverse action by the LCME should be affirmed, amended, or remanded.

The Appeals Panel shall take one of the following actions:

* Affirm the adverse action
* Amend the adverse action
* Remand the adverse action back to the LCME for further consideration, identifying specific issues that the LCME must address

If the Appeals Panel determines that there is no reason to alter the adverse action, it shall affirm the action. If the Appeals Panel determines that the adverse action is not supported by the evidence or was not made in substantial accordance with LCME policies and procedures, it shall amend the adverse action. If the decision is to remand the adverse action, the appeals panel must explain the basis for the decision that differs from that of the LCME and the LCME will then act in a manner consistent with the appeals panel’s decisions or instructions.

The Appeals Panel decision, the reasons therefor, and any instructions to the LCME shall be submitted to the LCME in the form of a written report.

The Appeals Panel process, including the filing of the report with the LCME, shall be completed within ninety (90) calendar days from the time that the institution files its Notice of Appeal.

**The Decision of The Appeals Panel Shall Constitute the Final Decision of the LCME, Except as Provided Below.**

**Remand to the LCME with instructions.** If the Appeals Panel remands the matter back to the LCME for further consideration, the LCME shall reconsider the matter paying close attention to any specific issues and instructions identified by the Appeals Panel. **The decision of the LCME on remand shall be final.**

The LCME Secretariat shall notify the institution in writing of the Appeals Panel decision, and the action taken by the LCME on remand, including the reasons therefor, in a timely manner.

**Notification of Accreditation Status Following Reconsideration or Appeal**

The prior accreditation status of a program shall remain in effect until the action by the LCME or the Appeals Panel, as relevant, becomes final pursuant to the provisions of this Appendix B.

If the final action is to place the program on probation, withdraw accreditation, or deny or refuse to consider an institution for accreditation, the program shall be required to notify all students enrolled, those accepted for enrollment, and those seeking enrollment, as relevant within seven business days of receipt of the final action. The program shall provide the LCME Secretariat with a copy of such notification promptly (within seven business days) after receiving the written accreditation letter containing notice of the final action by the LCME placing the program on probation, withdrawing accreditation, or denying or refusing to consider the program for accreditation. The program also shall notify others, on request, of its accreditation status. The LCME shall notify the U.S. Department of Education and others, as specified in the *Rules of Procedure* document.

**Responsibility for the Cost of Reconsiderations and Appeals**

The costs of reconsiderations and appeals conducted by the LCME shall be allocated in the following manner:

1. The LCME shall bear all of the administrative and meeting costs, including the travel and other expenses of the Independent Review Committee or Appeals Panel.
2. The institution or program requesting reconsideration of an LCME decision or appealing an LCME decision shall bear all of the costs involved in its presentation at the reconsideration or appeal hearing, including the lodging, travel, and other expenses of its representatives present for the hearing.
3. The LCME shall bear the cost of transcribing the appeal hearing. The institution or program shall be required to pay for any copies of the transcript it desires.

**Notice and Filings with the LCME Secretariat**

Whenever, under any of the provisions of this Appendix B, there is a requirement for a written notice or request to the LCME Secretariat, said notice or request shall be sent by email and be addressed to both LCME Co-Secretaries at the following addresses:

|  |  |
| --- | --- |
| LCME Co-Secretary  Association of American Medical Colleges  655 K Street NW  Suite 100  Washington, DC 20001 | LCME Co-Secretary  American Medical Association  330 North Wabash Avenue  Suite 39300  Chicago, IL 60611 |

# Appendix C. Procedures for Reviewing and Changing Accreditation Standards and Elements

The LCME conducts planned reviews of all accreditation standards and elements over a timeline that supports participation by relevant constituencies. In planned reviews of accreditation standards and elements, the LCME may solicit review and advisory comment and feedback from relevant constituencies, including medical school leadership and faculty, survey team members, and others in the U.S. regarding the importance and clarity of the existing standards and elements. In addition to planned reviews of accreditation standards and elements, the LCME may also re-evaluate any existing standards or elements when circumstances warrant. If the LCME determines that such reviews indicate a need to substantively revise one or more standards or elements, the LCME will take action within 12 months, including seeking review and comment from the public, prior to initiating the needed change(s).

Requests for the development of new or the revision of existing accreditation standards or elements may derive from any source. Any requests for new standards/elements or modification of existing standards/elements should be sent to the LCME Secretariat and will be reviewed initially by the Executive Committee of the LCME. If the idea for a proposed standard/element or standard/element change is deemed to have merit it is referred to the Subcommittee on Standards for further action.

The Subcommittee on Standards then develops draft language for new and amended standards and elements, which it forwards to the Executive Committee for consideration. Technical amendments (minor changes in wording that do not alter the content or requirements of the standard or element) also are developed by the Subcommittee when appropriate.

After review and deliberation by the Executive Committee, proposed changes in standards and elements are forwarded to the LCME for review and discussion. Technical/editorial changes that do not change the expectations for medical schools are approved and adopted by the LCME. New standards and elements, revisions to existing standards and elements which alter their content or requirements for compliance, and proposals for the deletion of standards/elements are released to the public for comment. Comments are accepted in writing or at a public hearing.

Announcements of a public hearing are disseminated through the LCME website and other venues (e.g., announced at monthly webinars). The public hearing may be held in conjunction with scheduled AAMC or AMA meetings or at some other time in virtual format. Designated LCME members (usually the Chair or Chair-elect), supported by the LCME Secretariat, preside at public hearings. Comments made during a public hearing are recorded or transcribed and, together with written documentation submitted prior to or during the hearing, constitute the hearing record.

If there is substantial agreement in the public hearing, the proposed changes are considered for final adoption at the next regularly scheduled LCME meeting. If the public commentary reflects substantial disagreement, the LCME will direct the LCME Secretariat to prepare a revised draft for reconsideration by the LCME or will withdraw the proposed changes. If the LCME approves a version appreciably different from that originally considered by the public, the amended version is sent back for public review and comment.

Final decision on the content of any accreditation standard or element is at the sole determination of the LCME.

Any new or revised standard or element adopted by the LCME will be published on its website and in the *Functions and Structure of a Medical School* document along with the academic year in which the standard/element will be effective.

# Appendix D. Procedures for Complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality

The LCME will consider complaints, information from credible and verifiable public media (i.e., print or online newspaper articles), and third-party comments about program quality (hereinafter, “Complaints or Comments”),which, if substantiated, may constitute noncompliance with one or more accreditation standards and/or unsatisfactory performance in one or more accreditation elements. The LCME will not intervene on behalf of an individual complainant regarding, for example, matters of admission, appointment, promotion, or dismissal of faculty or students.

**Submitting Complaints or Comments**

Complaints or comments must be made in writing and may come from any source, such as current or former students and faculty. The LCME will not consider video or audio materials submitted as part of a complaint. Anonymous complaints and duplicate complaints by one individual that address the same circumstances will not be considered. In order to be reviewed, a complaint or comment must be accompanied by a signed consent form in which the complainant and any corroborators authorize the release of the written complaint and corroborating materials to the dean of the medical school, members and staff of the LCME, their respective attorneys, and appropriate outside parties.

The written complaint should contain as much information and detail as possible about the circumstances that form the basis of the complaint. If possible, the complainant should cite the relevant accreditation standards or elements relating to the complaint. If the complaint indicates circumstances which, if substantiated, would indicate areas of noncompliance with accreditation standards/unsatisfactory performance in accreditation elements, the LCME Secretariat will, if needed, contact the author to obtain additional documentation or corroboration. If the complainant does not comply with the request for additional information or does not provide a signed consent form, the file will be closed and no further action will be taken.

The LCME shall attempt to maintain the confidentiality of complaints/comments and any corroborating material. However, any information about a program or school may be released to the dean of the medical school, members and staff of the LCME, their respective attorneys, and other persons authorized by the dean, required by law or necessity, at the discretion of the LCME, to fully investigate the complaint.

**Investigating Complaints or Comments**

The LCME Secretariat will make an initial determination of whether the complaint or comment contains issues relating to the program’s compliance with accreditation standards and/or performance in accreditation elements.

If the LCME Secretariat determines that the complaint/comment does raise such issues, the Secretariat will provide the dean, or in the case of a conflict of interest, the individual to whom the dean reports, with the complaint and corroborating information and a letter describing the specific information should be provided in response.

**Review of Complaints or Comments**

An ad hoc Subcommittee on Complaints appointed by the LCME Secretariat will review complaints/comments together with corroborating materials and the response from the dean. The subcommittee will present a report of its findings and recommendations related to the program’s performance in relevant accreditation elements and compliance with relevant accreditation standards to the LCME for discussion at one of its regularly scheduled meetings. The LCME will make a final determination, including any change in the program’s performance in elements, compliance with standards, and accreditation status and specify the nature and timing of any required follow-up. It will also direct the LCME Secretariat to notify the dean of its decision.

**Response to Complainants**

The complainant will be notified whether an investigation will be undertaken or not. The complainant will not be informed of the result of any such investigation.

1. 1 The LCME considers a medical education program to be complete and independent if the LCME determines that the program meets both of the following conditions: (a) the program offers all required instructional units (courses and/or clerkships) and any needed elective activities for students to complete all degree requirements from the time of their initial matriculation into the program until the time of award of the MD degree (“complete”) and (b) the program is operated by a regionally accredited institution of higher education which is chartered by an appropriate legal authority in the United States, and exhibits sufficient structure and resources to be able to itself comply with all LCME accreditation requirements (“independent”). The term “United States” refers to those geographic locations where citizens are issued passports by the government of the United States. [↑](#footnote-ref-1)
2. A regional campus is an instructional site that is separate from the central/administrative campus of the medical school and at which some students spend one or more complete curricular years. [↑](#footnote-ref-2)
3. 3 The process described here for new programs assumes a four-year curriculum. For programs of different duration, the LCME Secretariat will develop alternative timetables and deadlines to adjust for differences in program length. [↑](#footnote-ref-3)