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**Guide to the Survey Process**

**for Provisional Accreditation**

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**For Medical Education Programs with**

**Surveys for Provisional Accreditation in the 2021-22 Academic Year**

LCME® *Guide to the Survey Process for Provisional Accreditation*

For Medical Education Programs with Surveys for Provisional Accreditation in the 2021-22 Academic Year

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# Introduction

This guide is designed for schools preparing for provisional accreditation. The process for provisional accreditation takes place when the charter (first entering) class is in the second year of the curriculum. The purpose of this process is to evaluate the delivery of the initial (pre-clerkship) phase of the curriculum and the status of planning for the remainder of the curriculum, including the availability of resources needed for clinical training.

## Purpose of Accreditation and Accreditation Standards

Obtaining Liaison Committee on Medical Education (LCME) accreditation ensures that medical education programs are in compliance with defined standards and their associated elements. The accreditation process has two general and related aims: to promote institutional self-evaluation and improvement and to determine whether a medical education program meets prescribed standards.

The standards and related elements for accreditation of U.S. medical education programs are contained in the annual LCME publication *Functions and Structure of a Medical School* available on the LCME website ([lcme.org/publications](http://lcme.org/publications/)). Medical education programs with survey visits during the 2021-22 academic year should use the March 2020 version of *Functions and Structure of a Medical School.* These standards and associated elements have been widely reviewed and endorsed by the medical education community, including the organizations that sponsor the LCME.

In reviews for provisional accreditation during the 2021-22 academic year, there are 12 overarching standards with 49 elements. Medical schools being reviewed for provisional accreditation will be expected to achieve compliance with each of the standards listed in the *Data Collection Instrument for Provisional Accreditation Surveys*. Compliance with a standard is based on satisfactory performance in the element(s) associated with the standard, in the context of the school’s level of development.

## General Steps in the Process for Provisional Accreditation

The process and timelines included in this report are for a four-year medical education program. Timing of reviews for schools with a different curriculum length will be set by the LCME Secretariat in consultation with the school.

The major steps in the accreditation process for medical schools being reviewed for provisional accreditation during the 2021-22 academic year are as follows:

1. Completion of the data collection instrument (DCI) related to the elements the LCME has determined to be relevant to a review for provisional accreditation and of the independent student analysis (ISA)
2. Visit by an ad hoc survey team and preparation of the survey team report for review by the LCME
3. Action on accreditation by the LCME

## Completion of the DCI and Compilation of Supporting Documents

On the LCME website ([lcme.org/publications](file:///C:\Users\rmargolis\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\6KSHZQH7\lcme.org\publications\)), select the *DCI for Provisional Accreditation Surveys* effective in the 2021-22 academic year. There are quantitative and narrative questions in the DCI that are linked to each of the elements. There also are narrative and data requests included under some of the standard headings, as these relate to more than one element. The questions should be answered and the relevant data and documents compiled by the persons most knowledgeable about each of the topics. To answer the question, use information from the academic year when the charter class is in the first year of the curriculum.

Those completing the DCI should take care to ensure that the data are accurate and the terminology used is consistent across the DCI (e.g., consistent abbreviations, consistent names and abbreviations for committees). It is critical that the faculty accreditation lead ([FAL](#_Faculty_Accreditation_Lead)) who oversees the school’s accreditation process ensures that the completed DCI undergoes a comprehensive review to identify any inaccuracies, missing data or question responses, lack of clarity in responses, or inconsistencies in reported information. See the *Glossary of Terms for LCME Accreditation Standards and Elements* (at the end of the DCI) for the LCME’s definitions of terms used in the DCI. The FAL is encouraged to contact the LCME Secretariat at any time with questions about completing the DCI.

While the DCI is being prepared, medical students should carry out their own survey of student satisfaction with the educational program, student services, the learning environment, and other areas of relevance to students. Students should independently collect and analyze the data and reach independent conclusions about areas of strength and areas that require attention. This report is termed the independent student analysis (ISA) and is based on data from the student survey. While members of the school’s administration may provide logistical support, planning for the student survey and the analysis of the results is a student responsibility. Students should use *The Role of Students in the Accreditation of U.S. Medical Education Programs for Provisional Accreditation*, an LCME publication available on the LCME website ([lcme.org/publications](file:///C:\Users\rmargolis\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\6KSHZQH7\lcme.org\publications\)). Select the version for the 2021-22 academic year. **Students should develop the survey so that data from the survey and the students’ analysis of the results can be included in the DCI.**

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| **PLEASE NOTE:** A complete survey package for provisional surveys consists of a completed DCI, a DCI Appendix (supporting documents for each section of the DCI), and the ISA. |

## The Survey Visit and Preparation of the Survey Report

An ad hoc survey team visits the institution, typically from Sunday afternoon through noon on Wednesday. The visit may be lengthened by an additional day for schools with multiple campuses to allow campus visits.

Prior to the visit, the survey team members carefully review the materials in the survey package submitted by the school. Certain additional documents, such as curriculum committee minutes, should be made available to the team on site. During the visit, the survey team develops a list of its findings that relate to specific elements. Survey visits conclude after the team provides the dean and, at the dean’s discretion, institutional leadership (e.g., university president or chancellor), with a written and, if desired by the dean, verbal exit report. The dean will be given a written copy of the survey team findings. The initial survey team findings are subject to potential revision during the review of the survey report and should be held confidential by the school leadership.

Approximately two months after the survey visit, a draft survey report narrative is prepared by the survey team using the *Survey Report Template for Provisional Survey Reports* and completed according to the process and format specified in the *Survey Report and Team Findings Guide for Provisional Accreditation Surveys*,available on the LCME website ([lcme.org/publications](http://lcme.org/publications/)). The survey report includes excerpts from documents prepared by the school, such as information and data tables from the DCI and the ISA, as well as information obtained by the survey team on site. The survey report narrative is accompanied by a separate document with the survey team findings related to those elements that are categorized as satisfactory with a need for monitoring and/or unsatisfactory.The survey report does not comment on the program’s compliance with standards, the accreditation status of the medical education program, or required follow-up actions to be taken by the school; those decisions are the exclusive prerogative of the LCME.

The draft survey report narrative and team findings are sent to the dean for review. It is the dean’s responsibility to carefully review the survey report narrative and the supporting data, as the final version will constitute the formal record of the visit. The dean’s response to the survey team secretary on the draft survey report may only refer to information that was contained in the DCI/ISA or provided to the survey team on site. The dean may not comment on the team’s findings directly but may touch on errors of fact that would affect the findings. The dean’s recommendations for changes will be considered by the survey team secretary and survey team chair. The dean will be informed by the survey team secretary via email about the recommended changes that were and were not made.

If the dean has remaining concerns about the process of the visit or the tone of the report, he or she may submit a letter to the LCME Secretariat via email to [lcmesubmissions@aamc.org](mailto:lcmesubmissions@aamc.org) within 10 business days of receipt of the team secretary’s email. No information related to report content or findings and no documentation will be accepted. The dean’s letter will be placed on the LCME meeting agenda, and the committee will review the letter along with the survey report and survey team findings.

## Action on Accreditation

The survey report and survey team findings document are reviewed by the LCME at a regularly-scheduled meeting (in October, February, or June), at which time the LCME makes final decisions about performance in each of 49 the elements, compliance with each of the 12 accreditation standards, the program’s accreditation status, and any required follow-up.

As a condition for granting provisional accreditation, the LCME may:

1. require that the dean submit one or more written status reports
2. schedule a limited survey visit
3. request that certain areas be reviewed carefully at the full survey visit, should provisional accreditation be granted and/or
4. direct the Secretariat to conduct a visit for consultation or fact-finding.

If major problems have been identified, the LCME may decide to continue preliminary accreditation pending the results of a status report or follow-up visit and/or to place the program on warning or on probation. The LCME may withdraw accreditation if such problems are not corrected within a reasonable period of time, if problems are identified during a visit that indicate that the program is not preparing medical students to enter the next phase of training, or if the program currently is not sustainable for financial or other reasons.

# Management of the Accreditation Process for Provisional Accreditation

## Survey Personnel

Deans must designate a faculty accreditation lead (FAL) and a site visit coordinator (SVC) to manage the aspects of the survey preparation process. It is critical that both positions be staffed by individuals who have a deep understanding of the medical education program and who will be able to work with stakeholders across the medical school, university, and affiliated hospitals and other health care settings. Designated personnel will need the authority and experience to gather accurate information and garner widespread participation among faculty, staff, and students. Please refer to the full position descriptions below before making these designations.

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| **PLEASE NOTE:** The dean should appoint a FAL and SVC (see descriptions below) using the [LCME Survey Personnel Designation Form.](https://www.jotform.com/lcme/lcme-survey-personnel-form) The dean will receive a request via email to complete the form. |

## Faculty Accreditation Lead (FAL)

The FAL manages the review process to ensure that it proceeds on schedule and supervises the compilation of narrative and quantitative information related to each of the accreditation elements included in the review for provisional accreditation. The FAL should be a senior faculty member who may also hold an administrative position and who is knowledgeable about the medical school and its educational program and familiar with the meaning and interpretation of the LCME accreditation elements. This individual should be able to identify institutional policies and information sources, and to ensure support from and participation by members of the administration, faculty, and student body.

The school must ensure that the FAL has appropriate administrative support, financial resources, and release time from other duties to accomplish the responsibilities associated with this role. The FAL has the following responsibilities:

* Answer questions during preparation of the school’s DCI related to the meaning and intent of elements and about the specific questions in the DCI
* Assign specific questions/sections of the DCI to individuals with the appropriate institutional knowledge and ensure that each aspect of multi-part DCI questions is fully addressed
* Ensure that there is adequate support for the ISA and that the student survey is proceeding on schedule
* Synthesize all narrative DCI responses into a cohesive, factually-accurate, and stylistically-consistent document that accurately reflects the current status of development of the institution
* Ensure typographical/grammatical clarity in the DCI
* Develop the survey visit agenda in collaboration with the survey team secretary
* Serve as the school’s primary point of contact for the LCME Secretariat and survey team secretary

## Survey Visit Coordinator (SVC)

The SVC should be an experienced senior staff member who will manage the logistics prior to and during the survey visit and may perform other administrative functions such as formatting, spell-checking, and submitting the DCI and related materials. The SVC is not responsible for developing the DCI or reviewing its content. The SVC will typically make hotel reservations for the team, coordinate ground transportation for the visit, and schedule the necessary faculty and staff identified for sessions during the survey visit. As with the FAL, the SVC should have appropriate protected time.

# Completing the *Data Collection Instrument* (DCI)

The DCI is organized according to the 12 LCME accreditation standards:

Standard 1 (mission, planning, organization, and integrity)

Standard 2 (leadership and administration)

Standard 3 (academic and learning environments)

Standard 4 (faculty preparation, productivity, participation, and policies)

Standard 5 (educational resources and infrastructure)

Standard 6 (competencies, curricular objectives, and curricular design)

Standard 7 (curricular content)

Standard 8 (curricular management, evaluation, and enhancement)

Standard 9 (teaching, supervision, assessment, and student and patient safety)

Standard 10 (medical student selection, assignment, and progress)

Standard 11 (medical student academic support, career advising, and educational records)

Standard 12 (medical student health services, personal counseling, and financial aid services)

Typically, the DCI for a given year is available from the LCME at least 15 months prior to the survey visit. The *Data Collection Instrument for Provisional Accreditation Surveys* for the 2021-22 academic year contains the 12 accreditation standards and 49 associated elements. The FAL should distribute sections of the DCI (by standard, element, or questions) to those individuals best able to provide accurate and current information. Individuals should then complete and return their sections of the DCI to the FAL within two or three months. The FAL will then review the DCI responses to ensure the information is complete and accurate and all questions are answered; the FAL will then use the submissions to complete the DCI.

## Date Range

Provide data for all of the requested academic years (as available). The DCI should be completed with all requested data. The time period covered by each set of data and the information in both tables and the narrative should be clearly indicated.

Because the DCI will likely have been drafted around six to nine months before the survey visit, the school may update certain quantitative information prior to submission. The FAL is responsible for ensuring that the relevant updates are made. These updates should be made before the DCI is finalized and submitted (i.e., three months before the scheduled survey visit).

## Submission of the Survey Package

The survey package for a review for provisional accreditation includes the completed DCI, an appendix of supporting documents as referenced in the DCI, and the ISA, which includes both data tables and narrative. Schools should feel free to add documents to the appendix that relate to the intent of a given element or elements.

The survey package is due 12 weeks prior to the first day of the scheduled survey visit. If that date falls on a weekend or holiday, submission can be on the next non-holiday business day. Approximately four weeks before the survey package is due, the LCME Secretariat will send the dean and the FAL instructions about submitting the survey package via Secure Electronic File Transfer (SEFT). The FAL should confirm receipt of this information by an email to [lcmesubmissions@aamc.org](mailto:lcmesubmissions@aamc.org).

## Updates after Submission of the Survey Package

Updates or corrections made to the DCI after the survey package has been submitted should be bundled and sent to the team secretary. One bundled update may be sent to the survey team up to 30 calendar days prior to the start of the survey visit. The timing, format, and process for providing the update to the survey team should be coordinated with the survey team secretary. There also may be additional supplemental material requested by the survey team or LCME Secretariat. Note that updates that are not requested by the survey team (“unsolicited updates”) may not be provided later than 30 calendar days before the start of or during the survey visit. Information requested by the survey team may be provided until the close of the visit.

Schools are also required to submit one end-of-visit update to the LCME Secretariat. That update should consist of all updates and other information provided to the survey team from the time of the initial survey package submission until the conclusion of the survey visit (i.e., the content must be identical to the USB provided to team members on the last day of the visit). The updates can be submitted to the LCME Secretariat via email to [lcmesubmissions@aamc.org](mailto:lcmesubmissions@aamc.org). If the updates are too large to be emailed, use the SEFT account from the original submission.

## Notice of LCME Action to Schools

During the LCME meeting, LCME members review the survey report and survey team findings, along with any correspondence from the dean that addresses the tone of the survey report and/or the conduct of the visit. The LCME decides the program’s performance in elements, compliance with standards, the program’s accreditation status, and any required follow-up to address elements in which the program’s performance is unsatisfactory and/or satisfactory with a need for monitoring.

Within 30 days of the LCME meeting, the LCME Secretariat notifies schools of the LCME’s action in an accreditation letter to the president of the university (or the equivalent chief executive of the academic institution), with a copy to the dean of the medical school. The accreditation status determined by the LCME is considered public information, but the survey report and the LCME’s findings are confidential. The institutional leadership is at liberty to release the survey report and the details of the LCME’s decision as it deems appropriate.