

## **Connecting with the Secretariat Webinar** August 16, 2018 1:30 pm – 3:00 pm ET

Participants should hear music until the start time.

If you don't hear anything, call CommPartners at 800-274-9390 or email <u>aamc@commpartners.com</u>.



## LCME Change Notification Forms (when and how to use them) and Notifications without Forms

### lcme.org/publications/#Forms

Forms

Document Type	Document	♦ Effective Academic Year	Publication Date (click to ¢ download)
Forms	Change in Ownership or Governance Notification Form	This document is not specific to an academic year.	<u>April 2018</u>
Forms	Class Size Increase Notification Form	This document is not specific to an academic year.	<u>July 2018</u>
Forms	Class Size Increase & New or Expanded Regional Campus Notification Form	This document is not specific to an academic year.	July 2018
Forms	Major Curricular Modification Notification Form	This document is not specific to an academic year.	<u>April 2018</u>
Forms	New or Expanded Regional Campus Notification Form	This document is not specific to an academic year.	July 2018
Forms	New Parallel Curriculum (Track) Notification Form	This document is not specific to an academic year.	<u>April 2018</u>



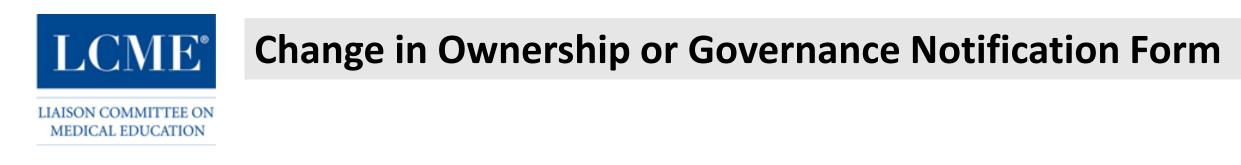
## **Change in Ownership or Governance Notification Form**

LIAISON COMMITTEE ON MEDICAL EDUCATION

### The notification form is available on the LCME website:

Forms

			Search:
Document Type	✿ Document	♣ Effective Academic Year	Publication Date (click to download)
Forms	Change in Ownership or Governance Notification Form	This document is not specific to an academic year.	<u>April 2018</u>
Forms	Class Size Increase Notification Form	This document is not specific to an academic year.	July 2018
Forms	Class Size Increase & New or Expanded Regional Campus Notification Form	This document is not specific to an academic year.	July 2018
Forms	Major Curricular Modification Notification Form	This document is not specific to an academic year.	<u>April 2018</u>
Forms	New or Expanded Regional Campus Notification Form	This document is not specific to an academic year.	<u>July 2018</u>
Forms	New Parallel Curriculum (Track) Notification Form	This document is not specific to an academic year.	<u>April 2018</u>



- When to submit: In advance of a significant change in the ownership or governance of the sponsoring institution of a medical education program (i.e., the medical school, its parent university, its parent health system, one of its parents) <u>and</u> in time for the LCME to review the information at one of its three annual meetings prior to implementation of the change
- What are significant changes?
  - Transfer of the program to the auspices of another institutional sponsor
  - Merger of the sponsor institution with another institution
  - Separation of the program from its current sponsoring institution



MEDICAL EDUCATION

# Change in Ownership or Governance – Why Does the LCME Care?

**Overarching concern:** Impact of the change on the quality of the medical education program

- Governing board/selection of trustees
  - Element 1.1 (strategic planning and continuous quality improvement)
  - Element 1.4 (affiliation agreements)
  - Element 1.5 (bylaws)
  - Element 1.6 (eligibility requirements)
- Selection/appointment processes for the dean, senior administrative staff, and faculty, and reporting relationships of the dean
  - Element 2.1 (administrative officer and faculty appointments)
  - Element 2.3 (access and authority of the dean)



# Change in Ownership or Governance – Why Does the LCME Care?

- Faculty recruitment/promotion/tenure policies and faculty accountability to and responsibility for the medical education program
  - Element 4.3 (faculty appointment policies)
  - Element 4.4 (feedback to faculty)
  - Element 4.6 (responsibility for educational program policies)
- Mission management, including institutional planning and budget development
  - Element 5.1 (adequacy of financial resources)
  - Element 5.2 (dean's authority/resources)
  - Element 5.3 (pressures for self-financing)
  - Element 5.4 (sufficiency of buildings and equipment)
  - Element 5.5 (resources for clinical instruction)
  - Element 5.6 (clinical instructional facilities/information resources)
  - Element 4.1 (sufficiency of faculty)



MEDICAL EDUCATION

# Change in Ownership or Governance – Why Does the LCME Care?

- Medical education program governance and management
  - Element 8.1 (curricular management)
- Anticipated effects on medical student resources and support services
  - Element 11.1 (academic advising)
  - Element 11.2 (career advising)
  - Element 12.1 (financial aid/debt management counseling/student educational debt)
  - Element 12.3 (personal counseling/well-being programs)
  - Element 12.4 (student access to health care services)
  - Element 12.5 (non-involvement of providers of student health services in student assessment/location of student health records)

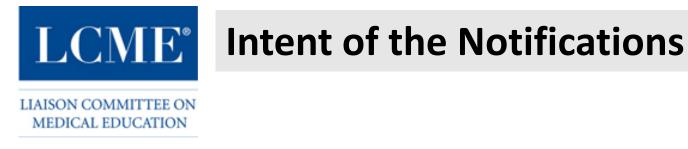


Major Curricular Modification or New Parallel Curriculum (Track) Notification Forms

### Two notification forms are available on the LCME website:

Forms

		:	Search:
Document Type	Document	♦ Effective Academic Year	Publication Date (click to download)
Forms	Change in Ownership or Governance Notification Form	This document is not specific to an academic year.	<u>April 2018</u>
Forms	Class Size Increase Notification Form	This document is not specific to an academic year.	<u>July 2018</u>
Forms	Class Size Increase & New or Expanded Regional Campus Notification Form	This document is not specific to an academic year.	<u>July 2018</u>
Forms	Major Curricular Modification Notification Form	This document is not specific to an academic year.	<u>April 2018</u>
Forms	New or Expanded Regional Campus Notification Form	This document is not specific to an academic year.	<u>July 2018</u>
Forms	New Parallel Curriculum (Track) Notification Form	This document is not specific to an academic year.	<u>April 2018</u>



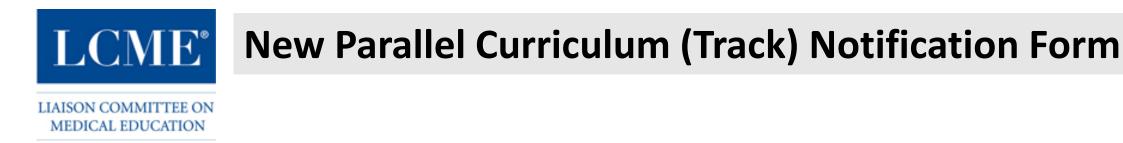
Information that is provided to the LCME should demonstrate that the medical education program has engaged in sufficient planning related to the following:

- The structure and timing of the curriculum change
- The resources needed to support the change, including the following:
  - the school has identified the resources that will be needed
  - there is evidence that the specific resources are or will be available

LCME

Notification is required in the following circumstance:

- Major reorganization of one or more years of the curriculum or the curriculum as a whole that requires additional resources or existing resources to be used in new ways
  Based on the specific change being proposed, performance in the following elements may be affected:
  - Element 4.1 (sufficiency of faculty)
  - Element 4.5 (faculty professional development)
  - Element 5.1 (adequacy of financial resources)
  - Element 5.4 (sufficiency of buildings and equipment)
  - Element 5.5 (resources for clinical instruction)
  - Element 5.8 (library resources/staff)
  - Element 5.9 (information technology resources/staff)
  - Element 6.1 (program and learning objectives)
  - Standard 7 (curricular content) *related to content*
  - Element 8.1 (curricular management)
  - Element 8.4 (program evaluation)
  - Element 9.1 (preparation of resident and non-faculty instructors)
  - Element 9.4 (assessment system)



- Notification is required if a new parallel curriculum is planned for a segment of the student body.
- The LCME guidance document, *Principles for Parallel Curricula (Tracks)*, defines a parallel curriculum as:

An educational experience for a subset of students that differs from the standard curriculum in its goals/objectives/content, curricular structure and instructional formats, and/or length.

The guidance document includes 2 principles:

- 1. There must be a "core curriculum" for all students enrolled in a medical education program.
  - The core competencies/objectives and content may be presented in different ways and at different times/assessment may occur at different times.



- 2. A parallel curriculum may add competencies/objectives to the core curriculum.
  - The additional objectives/competencies may be formal graduation requirements for students in the parallel curriculum.

## Based on the parallel curriculum being proposed, performance in the following elements may be affected:

- Element 4.1 (sufficiency of faculty)
- Element 4.5 (faculty professional development)
- Element 5.1 (adequacy of financial resources)
- Element 5.4 (sufficiency of buildings and equipment)
- Element 5.5 (resources for clinical instruction)
- Element 5.6 (clinical instructional facilities/information resources)
- Element 5.8 (library resources/staff)
- Element 5.9 (information technology resources/staff)
- Element 6.1 (program and learning objectives)
- Element 8.1 (curricular management)
- Element 8.3 (curricular design, review, revision/content monitoring)
- Element 8.4 (program evaluation)
- Element 8.7 (comparability of education/assessment)
- Element 9.4 (assessment system)
- Element 10.9 (student assignment)

## LCME<sup>\*</sup>

IAISON COMMITTEE ON MEDICAL EDUCATION

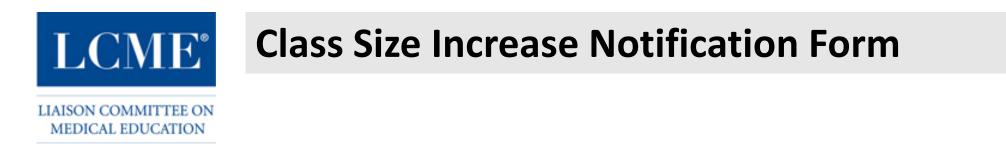
## Class Size Increase, Class Size Increase & New or Expanded Regional Campus, and New or Expanded Regional Campus Notification Forms

Constant

### Three notification forms are available on the LCME website:

Forms

					S	earch:	
Document Type	¢	Document	¢	Effective Academic Year	¢	Publication Date (click to download)	ŧ
Forms		Change in Ownership or Governance Notification Form		This document is not specific to an academic year.		<u>April 2018</u>	
Forms		Class Size Increase Notification Form		This document is not specific to an academic year.		<u>July 2018</u>	
Forms		Class Size Increase & New or Expanded Regional Campus Notification Form		This document is not specific to an academic year.		July 2018	
Forms		Major Curricular Modification Notification Form		This document is not specific to an academic year.		<u>April 2018</u>	
Forms		New or Expanded Regional Campus Notification Form		This document is not specific to an academic year.	:	July 2018	
Forms		New Parallel Curriculum (Track) Notification Form		This document is not specific to an academic year.		<u>April 2018</u>	



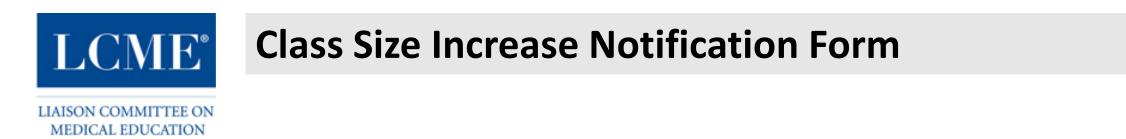
- When to submit: In advance of a significant increase in class size
- What is a significant increase in class size?
  - An increase in the entering class size by 10%, or 15 students (whichever is smaller), in one year, or by 20% in three years, or
  - Accepting a total of at least 10 transferring medical students into any year(s) of the curriculum



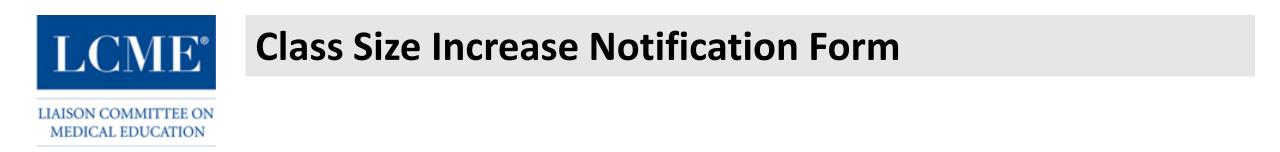
- Educational Facilities:
  - Element 5.4 (sufficiency of buildings and equipment)
  - Element 5.8 (library resources/staff)
  - Element 5.9 (information technology resources/staff)
  - Element 5.11 (study/lounge/storage space/call rooms)



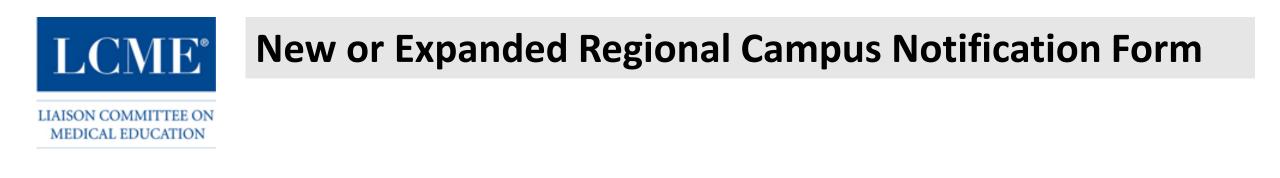
- Clinical Facilities:
  - Element 5.5 (resources for clinical instruction)
  - Element 5.6 (clinical instructional facilities/information resources)
- Instructional Staff:
  - Element 4.1 (sufficiency of faculty)



- Students Services:
  - Element 11.1 (academic advising)
  - Element 11.2 (career advising)
  - Element 12.1 (financial aid/debt management counseling/student educational debt)
  - Element 12.3 (personal counseling/well-being programs)
  - Element 12.4 (student access to health care services)



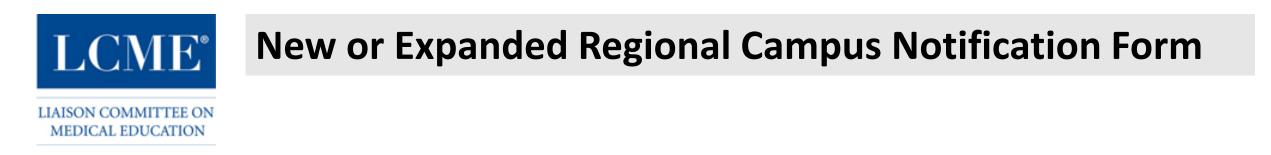
- Applicant Pool:
  - Element 10.4 (characteristics of accepted applicants)
- Financial Support:
  - Element 5.3 (pressures for self-financing)



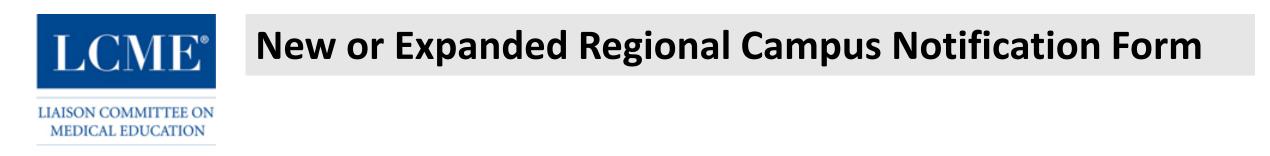
- When to submit: In advance of establishing a new regional campus or expansion of additional years to an existing campus
- What is a regional campus: A medical school with a regional campus is a school that has two or more campuses, with each campus offering one or more complete years of the medical education program



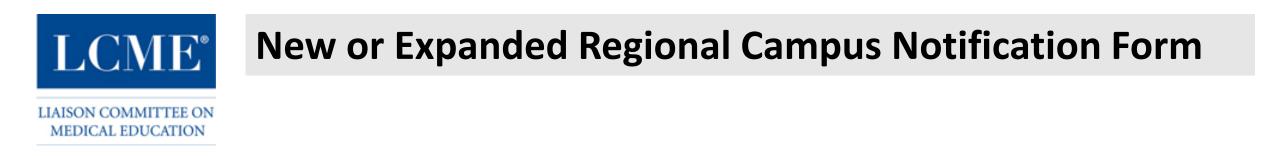
- Curriculum Structure and Delivery
  - Element 8.7 comparability of education/assessment
  - Element 9.9 (student advancement and appeal process)
- Curriculum Governance
  - Element 2.5 (responsibility of and to the dean)
  - Element 2.6 (functional integration of the faculty)



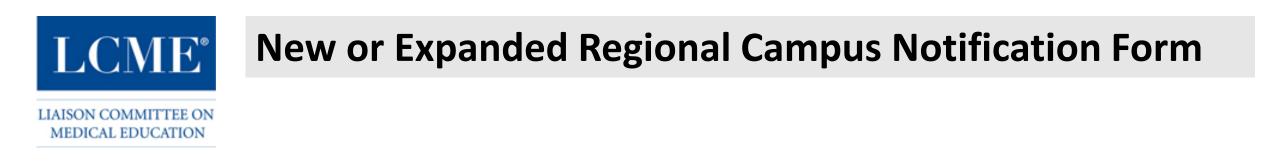
- Educational Facilities
  - Element 5.4 (sufficiency of buildings and equipment)
  - Element 5.8 (library resources/staff)
  - Element 5.9 (information technology resources/staff)
  - Element 5.11 (study/lounge/storage space/call rooms)



- Instructional Staff:
  - Element 4.1 (sufficiency of faculty)
  - Element 4.5 (faculty professional development)
- Clinical Facilities:
  - Element 5.5 (resources for clinical instruction)
  - Element 5.6 (clinical instructional facilities/information resources)



- Students Services:
  - Element 11.1 (academic advising)
  - Element 11.2 (career advising)
  - Element 12.1 (financial aid/debt management counseling/student educational debt)
  - Element 12.3 (personal counseling/well-being programs)
  - Element 12.4 (student access to health care services)



- Financial Support:
  - Element 5.1 (adequacy of financial resources)



- Sharing Faculty at Instructional Sites
- Ambulatory Group and Individual Practice Learning Sites



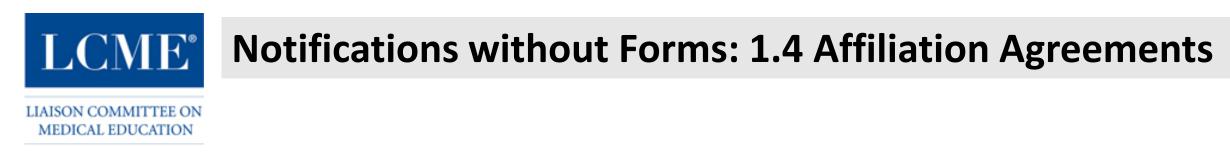
## **Notifications without Forms**

LIAISON COMMITTEE ON MEDICAL EDUCATION

### **1.4 Affiliation Agreements**

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:

- The assurance of medical student and faculty access to appropriate resources for medical student education
- The primacy of the medical education program's authority over academic affairs and the education/assessment of medical students
- The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
- The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment



- Note that while the DCI table calls for <u>inpatient</u> facilities, the element states "...are used regularly for required clinical experiences"
- Affiliation Agreements: "This does not include clinical teaching sites only used for electives or selectives or those used for ambulatory teaching"
- Be ready to demonstrate MOU's or other agreements that express similar components or responsibilities of the school and the site
- DCI 19-20: "For ambulatory sites (e.g., clinics, group practices) that have a *significant* role in required clinical clerkships, describe how the medical school ensures the primacy of the medical education program in the areas included in the element. For example, are there MOUs or other agreements in effect?"
- NOT required for preceptorships or other outpatient sites (e.g., physician's offices) where a limited number of students participate in outpatient clinical experiences on limited basis
- LIC's?

### 9.2 Faculty Appointments & 5.12 Required Notifications

- White paper: Principles for LCME-Accredited Medical Schools Sharing Faculty at an Instructional Site
- Principle # 7: The <u>LCME must be notified</u> by each medical school that there are plans to share faculty at a given instructional site. Notification must be given by <u>both</u> medical schools, ideally prior to the time that the second LCME-accredited medical school begins to share faculty resources at an instructional site. The notification must include information about the adequacy of resources.
- Principle # 6: Resources include: 1) faculty with sufficient time to teach each cohort of students and to participate in relevant faculty development; 2) patients sufficient to meet the required clinical conditions specified by each medical school; and 3) appropriate facilities for the total numbers of students at the site at any given time.



## Questions from webinar chat



## Announcements: LCME at Learn, Serve, Lead 2018: The AAMC Annual Meeting (November 2-6, 2018)

#### lcme.org/event/2018-learn-serve-lead



#### LCME Events at Learn Serve Lead 2018: The AAMC Annual Meeting

The LCME Secretariat will host events at the Learn Serve Lead 2018: The AAMC Annual Meeting in Austin, TX November 2-6, 2018.

View LCME Events



## Announcements: LCME at Learn, Serve, Lead 2018: The AAMC Annual Meeting (November 2-6, 2018)

#### Saturday, November 3, 2018; 6:30 PM - 7:30 PM

#### LCME Service Recognition Reception and Award Ceremony

The Liaison Committee on Medical Education (LCME) will host the Service Recognition Reception and Award Ceremony to honor the LCME volunteer community – survey team members, secretaries, chairs, and members of the LCME whose significant and continued efforts make the work of the LCME possible. The sixth LCME Distinguished Service Award will be conferred; refreshments will be served.

Attendance is by invitation only.

To read more about the 2018 LCME Distinguished Service Award Recipient, click here.

#### Sunday, November 4, 2018; 10:30 AM - 11:45 AM

#### It's Not Easy Being Dean: LCME Accreditation and Academic Medical Center Structural Diversification

This session addresses the challenges and opportunities for medical schools in meeting LCME accreditation and institutional mission-specific expectations in an environment of changing clinical affiliations, diverse governance structures, and distributed learning and health care provision models.

#### Session Speakers

• Carrie L. Byington, MD, Vice Chancellor for Health Services, The Texas A&M University System, Dean of the College of Medicine, Texas A&M University Health Science Center College of Medicine

• J. Larry Jameson, MD, PhD, Executive Vice President, University of Pennsylvania for the Health System and Dean, The Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania

- Stephen Ray Mitchell, MD, MBA, Dean for Medical Education, Georgetown University School of Medicine
- · John A. Rock, MD, Founding Dean, Herbert Wertheim College of Medicine, Senior Vice President for Health Affairs, Florida International University



## Announcements: LCME at Learn, Serve, Lead 2018: The AAMC Annual Meeting (November 2-6, 2018)

#### LCME Private Consultations

The Liaison Committee on Medical Education (LCME) Secretariat staff is available by appointment to meet with representatives from schools who seek guidance on issues unique to their school. These in person meetings could range from 30 to 60 minutes depending on the complexity of the discussion.

Please complete and submit the online consultation request form to request a private consultation during the AAMC Annual Meeting.

To request a consultation, please complete and submit the online consultation request form (link to the form provided below): jotform.com/lcme/lcme-consultation-request



## Email us at <a href="https://www.ic.action.com">lcme@aamc.org</a> or submit anonymously through the online form here:

### www.jotform.com/lcme/lcme-myth-busters

## In your email or form submission, fill in the blank: "But the LCME says we have to

Send us your comments by Tuesday, September 11<sup>th</sup>