



LIAISON COMMITTEE ON
MEDICAL EDUCATION

RULES OF PROCEDURE

March 2016

LCME® Rules of Procedure
Liaison Committee on Medical Education

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Table of Contents

INTRODUCTION	1
<i>Scope of LCME Responsibility</i>	1
<i>Overview of Accreditation.....</i>	1
<i>Accreditation of Medical Education Programs Outside of the United States</i>	2
I. LCME MEMBERSHIP AND ORGANIZATION.....	2
A. Composition of the LCME	2
<i>Members</i>	2
<i>Criteria for Membership on the LCME</i>	3
B. LCME Leadership	4
C. Training of LCME Members	4
D. LCME Secretariat.....	4
<i>Functions of the Secretariat</i>	4
E. Information on LCME Members and Principal Staff Made Available to the Public.....	5
F. Standing and <i>Ad Hoc</i> Committees of the LCME	5
<i>Executive Committee</i>	5
<i>Subcommittee on Standards</i>	5
<i>Subcommittee on Planning</i>	5
<i>Subcommittee on Policy</i>	5
<i>Subcommittee on International Relations</i>	5
<i>Nominating Committee</i>	6
<i>Ad Hoc Committees and Work Groups</i>	6
II. POLICES ON ACCREDITATION OF MD-GRANTING PROGRAMS	6
A. Term of Accreditation	6
B. Entities Eligible for LCME Accreditation	6
C. Fees for Accreditation Reviews.....	7
D. The Accreditation Survey Process.....	8
<i>Responsibility for Survey Visit Expenses.....</i>	8
<i>The Survey Process for Complete Accredited Medical Education Programs</i>	8
<i>The Survey Process for New or Developing Programs</i>	10
E. Survey Teams.....	13
<i>Selection and Training of Surveyors</i>	13
<i>Survey Team Size and Composition</i>	13
F. Survey Reports	14
III. CONDUCT AND OUTCOMES OF LCME MEETINGS	15
A. Organization, Timing, and Conduct of Meetings	15
<i>Regular Meetings</i>	15
<i>Special Meetings.....</i>	15

<i>Parliamentary Procedures and Quorum</i>	15
<i>Observers at LCME Meetings</i>	15
B. Accreditation Actions	15
<i>Types of Accreditation Actions</i>	15
<i>Requirements of the U. S. Department of Education for Prompt Correction of Deficiencies</i>	16
<i>Warning</i>	16
<i>Accreditation with Probation</i>	17
<i>Withdrawal of Accreditation</i>	17
<i>Accreditation Actions Subject to Reconsideration or Appeal</i>	17
<i>Identification and Training of Appeals Panel Members</i>	18
<i>Follow-up Activities</i>	18
C. Reporting of LCME Accreditation Actions	19
<i>To Institutions</i>	19
<i>To External Groups and the Public</i>	19
<i>Responses to Actions of Other Oversight and Accrediting Bodies</i>	20
IV. CIRCUMSTANCES THAT MAY LEAD TO AN UNPLANNED ACCREDITATION REVIEW OR SURVEY VISIT	21
A. Changes in the balance of educational resources and class size, including class size increases	21
B. Changes in ownership or governance	21
C. Creation of new or expansion of regional campuses	21
D. Major modification of the curriculum, including the creation of a new parallel curriculum (track)....	22
E. Validated complaints about educational program quality.....	22
F. Willful deception.....	22
V. OTHER POLICES AND PROCEDURES	22
A. Development and Review of Accreditation Standards	22
<i>Creation, Review, and Modification of Accreditation Standards or Elements</i>	22
B. Conflicts of Interest	23
<i>Participation in Survey Visits, Accreditation Decisions, or Appeals</i>	23
<i>Consultations</i>	24
C. Research and Confidentiality of Information Collected During the Accreditation Process	24
<i>Research</i>	24
<i>Confidentiality of Information Collected During the Accreditation Process</i>	24
D. Complaints, Third-Party Comments, and Information from Public Sources about Program Quality	25
<i>Complaints about Program Quality</i>	25
<i>Third-Party Comment</i>	25
<i>Complaints about LCME Accreditation Standards, Policies, Procedures, and Operations</i>	25
APPENDIX A. OBSERVERS AT LCME MEETINGS AND ON LCME SURVEY VISITS	27

APPENDIX B. RECONSIDERATION AND APPEAL PROCEDURES FOR ACTIONS AFFECTING ACCREDITATION.....	28
APPENDIX C. PROCEDURES FOR CHANGING ACCREDITATION STANDARDS AND ELEMENTS	35
APPENDIX D. PROCEDURES FOR COMPLAINTS AND THIRD-PARTY COMMENTS AND ELEMENTS .	36

INTRODUCTION

At the discretion of the LCME and for good cause shown in specific circumstances, the LCME may, by majority vote, modify the application of these *Rules of Procedure*.

These *Rules of Procedure* 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 so as to provide information to the public and to promote transparency and consistency in LCME actions.

Scope of LCME Responsibility

The Liaison Committee on Medical Education (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 or Canada¹ for their education, and which are offered by universities or medical schools that are chartered and operated in the United States or Canada. The LCME is recognized by the U.S. Department of Education as the reliable authority for the accreditation of programs of medical education leading to the MD degree.

Overview of Accreditation

As practiced in the United States today, accreditation is a process by which institutions and programs voluntarily undergo an extensive peer-based evaluation of their compliance with accepted standards for educational quality. Through accreditation, 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, 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 educational program quality are contained in the document *Functions and Structure of a Medical School*, available electronically from the LCME website (www.lcme.org).

The LCME makes periodic evaluations of medical education programs in the United States and its territories. It also evaluates MD-granting programs in Canada in cooperation with the Committee on Accreditation of Canadian Medical Schools (CACMS). 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 on the LCME website.

Programs judged by the LCME to meet national standards of quality are designated as “accredited” for a usual term of eight years. Existing accredited programs that are found to be not in substantial compliance with LCME standards are designated as “accredited, on probation.” Programs whose accreditation has been withdrawn, those applying for accreditation and not meeting the standards, and those that have not applied for accreditation, are considered “not accredited.” Approved new programs under development are designated as first holding

¹ A medical education program will be considered by the LCME 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 appropriate legal authority in the United States or Canada, and exhibits sufficient structure (educational objectives, curriculum, student evaluation and grading system, faculty, etc.) and resources to be able to comply with all LCME accreditation requirements (“independent”). The terms “United States” and “Canada” refer to those geographic locations where citizens are issued passports by the governments of the United States and Canada respectively.

“preliminary accreditation” and then “provisional accreditation” until they demonstrate compliance with all accreditation standards, at which time their status changes to “accredited.”

Accreditation of Medical Education Programs Outside of the United States

Since its inception 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), sponsored by the AFMC and the Canadian Medical Association.

Collaborative efforts between the U.S. and Canada have been fostered by shared standards of performance (i.e., the accreditation process). This situation has been maintained through joint accreditation survey visits by the CACMS and the LCME. The final accreditation status and the nature of follow-up after a review are determined using a process based on a Memorandum of Understanding signed by the American Medical Association, Association of American Medical Colleges, Association of Faculties of Medicine of Canada, and the Canadian Medical Association. This joint accreditation process is facilitated by reciprocal participation in the CACMS and the LCME by the chairs and secretaries of the organizations and by the chairs of the relevant subcommittees.

The procedures followed in the accreditation of Canadian programs of medical education leading to the MD degree are comparable to those within the U.S. and its territories, including completion of a Data Collection Instrument (DCI), an Institutional Self-study, and an Independent Student Analysis (ISA). Each team assigned to survey a Canadian medical education program includes, if possible, a participant from the U.S. The U.S. member on a Canadian survey team is selected by the LCME Secretariat; the Canadian members are selected by the CACMS Secretariat.

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

I. LCME MEMBERSHIP AND ORGANIZATION

A. Composition of the LCME

Members

The LCME consists of 19 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, seven who are nominated by the AMA and seven who are nominated by the AAMC. There must be at least three “practitioner” members and at least three “educator” members of the LCME at any one time, as defined below. The chair of the CACMS occupies the remaining professional member position. Each U.S. professional member is elected to a three-year term renewable once, allowing a maximum term of six years.

Student Members: There are two student members. Student members serve a one-year, nonrenewable term.

Public Members: There are a minimum of two public members who represent the interests and perspective of the general public. Each public member is elected to serve for a three-year term, renewable once, allowing a maximum term of six years.

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

1. Professional Members

- a. Professional members must hold the MD degree or its recognized foreign equivalent, or an advanced degree in basic medical, behavioral, social or population health science; educational science; or hospital or healthcare administration.
- b. A practitioner professional member must hold or recently have held an active medical license and, if licensed, must be actively and significantly engaged in the clinical practice of medicine while he or she is a member of the LCME.
- c. An educator professional member must hold an administrative or faculty position at an LCME-accredited medical education program and must be significantly engaged in teaching or supervising medical students and/or resident physicians while he or she is a member of the LCME.
- d. Regardless of their educator or practitioner status, professional members must be knowledgeable about and experienced with the processes of medical education and accreditation in the United States.

2. Student Members

- a. Student members should be entering their final year at an LCME-accredited medical education program when their term on the LCME begins.
- b. Student members must be in good academic standing, which would not be jeopardized by the time needed to discharge responsibilities to the LCME. They should be student leaders with a demonstrated interest in medical education.

3. Public Members

- a. Public members must, by virtue of 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.
- b. In order to ensure the requisite impartiality to represent the public at large, members of the medical profession or their spouses, 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.
- c. The LCME will not appoint as a public member any person who is (1) an employee, member of the governing board, owner, 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.

In electing members, 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.

B. LCME Leadership

The LCME is led by a Chair and a Chair-elect, both of whom are U.S. professional members of the LCME and are elected according to LCME procedures. The Chair-elect and the Chair each serve one-year terms. The Chair serves as the LCME voting representative at meetings of the Committee on Accreditation of Canadian Medical Schools, with the Chair-elect designated as the alternate representative.

C. Training of LCME Members

New members of the LCME are supplied with all relevant LCME policy and procedure documents and are individually counseled by the Secretariat staff on the accreditation process prior to assuming their duties. Formal orientation sessions for new members are held prior to the first meeting they will attend as voting members; they also participate as a non-voting observer at an LCME meeting prior to assuming their roles as full voting members.

In addition, all LCME members are expected to attend orientation sessions and webinars conducted by the LCME Secretariat staff for survey team members. In their roles as members of LCME survey teams, all LCME members receive orientation to LCME policies, procedures, and the meaning and interpretation of standards and elements in writing, during conference calls, during LCME meetings, and at in-person workshops.

D. LCME Secretariat

The formal responsibilities for managing the LCME are shared between two Co-Secretaries, one appointed by the AAMC and one by the AMA. Both Secretariat offices continuously engage in the conduct of LCME business and collaboratively support LCME activities.

The Co-Secretaries are experienced medical educators who have been senior faculty members and/or administrators at accredited U.S. medical schools. Each Co-Secretary is responsible for recruitment and training of additional professional and administrative staff. There are regular Secretariat retreats and conference calls that serve as a source of orientation and training for members of the Secretariat.

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

Functions of the Secretariat

The two LCME Secretariat Offices support the operation of the LCME and manage the accreditation system, including development of LCME documents and maintenance of the LCME website, design and implementation of orientation activities for programs undergoing accreditation review, selection of survey teams, and ongoing training programs for survey team members.

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 and organizational affiliations of the LCME professional Secretariat staff.

F. Standing and *Ad Hoc* Committees of 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. The Executive Committee advises the Secretariat on the business and affairs of the LCME between regularly-scheduled meetings. Recommendations arising from the deliberations of the Executive Committee are presented to the LCME for discussion and action.

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 sections of *Functions and Structure of a Medical School* and the document as a whole, consideration of ideas for new standards/elements, and drafting of new standards/elements. Recommendations for changes from this Subcommittee are presented for review and discussion by the Executive Committee and the LCME. If the revision changes the requirements placed on schools, the change is made available to the public through the LCME website, opened for public comment, and returned to the LCME for final action.

Subcommittee on Planning

This standing subcommittee of the Executive Committee is responsible for regular and ongoing 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, and then forwarded for consideration by the LCME Council and the sponsoring organizations. The LCME Council, which consists of members appointed by the LCME, the AMA, and the AAMC, provides an integrated structure to enable the sponsoring organization to engage collaboratively with each other, and with the LCME, in support of the LCME.

Subcommittee on Policy

This standing subcommittee of the Executive Committee is responsible for development and revision of LCME policies referred to it by the Executive Committee or by the LCME as a whole, periodic review of the policy document *Rules of Procedure*, and monitoring of changes in the environment of academic medicine that may affect LCME policies or procedures. Recommendations of the Subcommittee on Policy are presented for review and discussion by the Executive Committee and then to the LCME. Policy issues related to LCME finances are addressed by the subcommittee as directed or consistent with direction provided by the LCME Council. Policy issues touching on the LCME's accreditation function are sent to the LCME Council on behalf of the LCME's sponsoring organizations for review and comment and then to the LCME for final action.

Subcommittee on International Relations

This standing subcommittee of the Executive Committee is responsible for discussion and recommendation of LCME policies and activities related to international consultations and support of international quality assurance activities. Recommendations of the Subcommittee on International Relations are presented for review and

discussion by the Executive Committee and then by the LCME. Issues touching on LCME policy are forwarded to the LCME Council for review.

Nominating Committee

This standing subcommittee of the LCME is responsible for reviewing and recommending to the LCME nominees for LCME professional and public member positions. The Nominating Committee also recommends individuals to fill the position of chair-elect and to receive LCME honorary awards.

Ad Hoc Committees and Work Groups

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

II. POLICES ON ACCREDITATION OF MD-GRANTING PROGRAMS

A. Term of Accreditation

Medical education programs are normally subject to review on an eight-year cycle. However, the LCME may vote to advance the date of a full survey visit, so that the school has a full review in less than eight years, if there are questions about the sustainability or quality of the medical education program.

New programs seeking LCME accreditation undergo a stepwise review process (described below) until full accreditation is awarded. When a new program receives full accreditation, that status will be reviewed by means of a full survey five years after the initial award of full accreditation.

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 accreditation action. Accreditation status does not change until a formal action taken by the LCME is final. When the LCME withdraws accreditation, the letter transmitting that decision specifies the date at which accreditation ceases.

B. Entities Eligible for LCME Accreditation

The LCME accredits only complete and independent medical education programs where students are geographically located in the United States or Canada for their education and that are operated by universities or medical schools that are chartered and located in the United States or Canada. Accreditation is awarded to the educational program leading to the MD degree at entities that provide such programs.

Existing and developing medical education programs must meet and maintain the following eligibility requirements by the times specified.

1. Receipt of Degree-Granting Authority

In order to apply for LCME accreditation, the sponsoring institution of a medical education program must have applied for authority to grant the MD degree from the entity that grants such authorization in the institution's home state. Before a developing medical education program admits its charter class, it must be legally authorized under applicable law in the United States or Canada to provide medical education leading to the MD degree and must have received degree-granting authority.

2. Accreditation by a Regional Accrediting Body

In order to receive full accreditation from the LCME, a developing medical school in the U.S. must (a) be within the scope of regional accreditation granted to its parent institution or (b) have been granted at least candidate status by the relevant regional accrediting body and must receive full regional accreditation within the time specified by the relevant regional accrediting body. Once full accreditation by a regional accrediting body has been granted, an accredited medical school must maintain full regional accreditation in order to be eligible to retain accreditation by the LCME.

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.

A regional campus of an MD-granting medical school² is not eligible for LCME accreditation separate from the accreditation awarded to the parent institution 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 educational programs (for example, two-year basic science programs) or distinct parallel curricula (“tracks”) within an educational program.

If a medical school or college in the U.S. or Canada 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 Canada, 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. or Canadian 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 to assure that it will not be confused with the program accredited by the LCME.

The LCME interpretation of a complete MD-granting program assumes that all required instructional units (courses and clerkships) are provided under the auspices of the institution which offers the accredited program, thus ensuring the institution has control over educational program quality and maintains responsibility for compliance with relevant accreditation standards. The LCME recognizes that accredited programs may wish to broaden learning opportunities for their students, which could include education in programs not accredited by the LCME. While educational 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 assure ongoing compliance with accreditation standards, programs must restrict learning opportunities in non-accredited programs to elective courses, and not required courses or clerkships.

C. Fees for Accreditation Reviews

New programs seeking preliminary accreditation, and unaccredited programs seeking full accreditation, must pay an application fee of \$25,000 if the program has never applied for accreditation or has not been reviewed in the preceding three years.

For programs granted applicant status after March 1, 2014, if a DCI for preliminary accreditation is not submitted within 18 months of the initial grant of applicant status, that status will lapse and the school must re-apply for applicant status and submit a \$25,000 reapplication fee.

A developing medical education program granted applicant status after July 1, 2013 may have a total of three reviews for candidate status. If candidate status is not granted after the third review, the program must re-apply

² A regional campus is defined by the LCME as a site apart from the central (administrative campus) where medical students spend at least six consecutive months. The campus may offer one year of the curriculum, the entire pre-clerkship or clerkship phase of the curriculum, or the curriculum as a whole.

for applicant status and submit \$10,000 fee. 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 a reapplication fee of \$10,000. See the section on the “Survey Process for New and Developing Programs.”

D. The Accreditation Survey Process

Medical education programs are reviewed solely to determine compliance with LCME accreditation standards. LCME accreditation standards are stated in terms that respect the diversity of missions of U.S. medical schools, including religious missions.

Responsibility for Survey Visit Expenses

Developing programs applying or reapplying for accreditation are responsible for all expenses related to survey visits until full accreditation is awarded.

For full surveys of accredited programs, the LCME pays the expenses of all team members except 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 arranging for survey team meals during the day, and for arranging and funding any transportation to affiliated hospitals and to regional campuses. As of July 1, 2014, programs will be charged a reasonable rate set by the LCME for other types of visits and for consultations.

Survey team members cannot accept gifts of any type from programs.

The Survey Process for Complete Accredited Medical Education Programs

The evaluation process for complete and independent but unaccredited medical education programs and for existing accredited programs consists of a comprehensive institutional self-study, on-site evaluation by a team of peer reviewers, and LCME review of the report of the survey team and any other relevant documentation.

For programs that are already accredited, the LCME Secretariat will contact the institution by 18 months before the anticipated date of the next accreditation survey to establish specific dates for the on-site review. For unaccredited complete medical education programs, the review process begins with the receipt of a written request for evaluation and the accompanying fee of \$25,000.

Already-accredited medical schools with full surveys will be granted access to a Data Collection Instrument (DCI) by about 12-15 months before a survey visit. The Secretariat also will provide the medical education program with access to all information needed to conduct an institutional self-study. Instructions for conducting the self-study and information on the complete survey package are contained in the LCME document *Guide to the Institutional Self-Study*, available on the LCME website. Both the self-study guidebook and DCI are subject to annual review and revision. Programs undergoing the self-study process must use the documents for the academic year in which their survey visit is scheduled. LCME Secretariat staff are available to answer questions about the conduct of the self-study or completion of the DCI.

To assist schools in preparing for upcoming accreditation surveys, the Secretariat staff provides monthly webinars, annual orientation sessions, and information sessions in conjunction with the annual meeting of the AAMC. Secretariat staff are also available for pre-survey consultations either on-site or at one of the Secretariat offices. Schools requesting on-site consultation from the Secretariat staff are responsible for travel and related expenses associated with the consultation (see Responsibility for Survey Visit Expenses).

Schools must submit their complete survey package by 12 weeks before the date the survey visit is due to begin. If that date falls on a weekend or holiday, submission can be the next non-holiday business day. Soon after the

program's submission, the Secretariat will provide information to both the program being reviewed and survey team members regarding the program's recent accreditation history, the composition of the survey team, and background materials regarding conduct of the survey visit and preparation of the survey report.

If the dean of a program being reviewed has reason to believe that any survey team member has a conflict of interest that should disqualify the person from evaluating the program, he or she must contact the Secretariat immediately on receiving the team list to determine if an alternate member can be appointed. Final decisions about survey team membership are made by the Secretariat.

The survey visit for a full accreditation survey typically begins on Sunday evening with an entrance conference with the dean and concludes early Wednesday afternoon at exit conferences with the dean and with the chief executive or academic officer of the university. Schools with regional campuses may have an additional day added to the visit. The purpose of the exit conference is to report the team's findings to institutional officials.

After concluding the survey visit, survey team members compile a written report of their findings related to 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 the purview of the LCME.³ A draft version of the report is sent by the survey team secretary to both Secretariat offices for a preliminary review to verify that the report is complete, internally consistent, and adequately documents the team's findings. It is then circulated to team members and to the dean for review.

The dean has 10 business days to respond to the draft report in writing (in hard copy and/or electronic format) with areas he or she believes are errors of fact or concerns about the "tone" of the report. Information provided as part of the dean's response must be referenced to information contained in the DCI or provided to the team while it is on-site and must refer to the time of the survey visit. Events occurring or actions taken by the school after the survey visit or information available but not provided to the team will not be considered in mitigation of the findings identified in the survey report. The team secretary will respond to the dean, in writing, about the changes that were or were not made. 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. Except in extraordinary circumstances, as determined by the Secretariat, neither the dean's letter nor the team secretary's response to the dean's correspondence will be shared with the LCME.

If the dean has remaining concerns either about the process of the visit or the tone of the report, he or she 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 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 will be provided to the LCME.

The LCME reviews the final report of the survey team and any other relevant documentation and makes determinations about the final status of elements (satisfactory, satisfactory with a need for monitoring, unsatisfactory), compliance with accreditation standards (in compliance, in compliance with a need for monitoring, in noncompliance) and the accreditation status of the program. 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." When awarding full accreditation to a previously unaccredited program, the LCME will also make a determination regarding the date upon which the accreditation status takes effect. The effective date cannot precede the date of the LCME action in awarding full accreditation status.

³ The LCME uses the following terminology for findings:

Performance in elements: satisfactory, satisfactory with a need for monitoring, unsatisfactory

Compliance with standards: compliance, compliance with a need for monitoring, noncompliance

LCME® *Rules of Procedure*

The LCME Secretariat communicates the outcome of the LCME's deliberations, including the program's accreditation status and any required follow-up actions, in writing to the university's chief executive officer, with a copy to the dean. A copy of the survey report is included with the letter communicating the LCME decision. After the report of the survey visit has been reviewed by the LCME and an accreditation action taken, the Secretariat will send the survey team chair and secretary a form for evaluating the on-site review and the accreditation process in general. Results of such evaluations are used internally by the Secretariat staff to review the performance of team members and the effectiveness of the accreditation process.

The Survey Process for New or Developing Programs⁴

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 medical education program (see below). Accreditation granted following LCME review will apply to the first class entering in the year after accreditation is awarded or to a later class if desired by the institution.

Initiation of Review

New programs seeking LCME accreditation should contact the Secretariat for advice and consultation. 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 admissions applications; schedule interviews for potential matriculants; or issue letters of admission. Programs engaging in any of the above actions, 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 accreditation until the educational program is complete and at least one class has graduated.

The process begins formally when the chief executive officer of the institution planning to offer the new program submits a written request to the Secretariat stating the goal of seeking LCME accreditation and submits the appropriate application fee as described under "Fees for Accreditation Reviews." As part of the application, the chief executive officer must affirm that the educational program meets the following initial 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 or Canada and where students will be geographically located in the United States or Canada for their education.
- The sponsoring institution of the medical education program must have begun the process to apply for authority to grant the MD degree from the entity that grants such authorization in the institution's home state. Before a developing medical education program admits its charter class, it must be legally authorized under applicable law in the United States or Canada to provide medical education leading to the MD degree and must have received degree-granting authority.
- A medical education program in the United States must a) be within the scope of regional accreditation granted to its parent institution or b) have initiated the process to apply for candidate status from the relevant regional accrediting body.

If these eligibility criteria are met, the program will be listed on the LCME web site as an "applicant."

In the case of failure to meet any or all of these initial eligibility criteria, the LCME will not consider the program for preliminary accreditation. Denial of an application based on failure to meet LCME initial eligibility criteria is not subject to appeal.

⁴ The process described here for new programs assumes a four-year curriculum. For programs of different duration, the Secretariat will develop alternative timetables and deadlines to adjust for differences in program length.

Secretariat staff are available for consultation with the program, as requested. Institutions are encouraged to take advantage of such opportunities, in order to facilitate orderly development of the program and full understanding of the accreditation process and standards of evaluation.

Step 1: Consideration for preliminary accreditation

Upon written request for evaluation and payment of the application fee, applicant program will receive instructions from the Secretariat regarding the conduct of a planning self-study and completion of a modified DCI. The planning self-study is a self-evaluation of the educational program's progress and timelines for achieving compliance with accreditation standards. The self-study should be conducted based on the *Guide for the Planning Self-study for Preliminary Accreditation*. The modified DCI includes those accreditation elements and standards that are deemed by the LCME to be essential prerequisites to the admission of a charter class.

If a developing program granted applicant status after March 1, 2014 does not submit a DCI/planning self-study within 18 months, its applicant status will lapse and it must re-apply with the payment of a reapplication fee (see "Fees for Accreditation Reviews").

The LCME will review the modified DCI and the planning self-study to determine if sufficient progress has been made to warrant an on-site survey. If the survey visit is authorized by the LCME, the school will be granted "candidate" status. A developing medical education program granted applicant status after July 1, 2013 may have a total of three reviews for candidate status. For these programs, the timing between reviews for candidate status will be no sooner than 12 months and no longer than 18 months from the last date of denial. If candidate status is not granted after the third review, the program must re-apply for applicant status and submit resubmission fee, as described under "Fees for Accreditation Reviews." Denial of candidate status with an opportunity to reapply is not subject to appeal.

The survey visit to a candidate program will be conducted according to a specified format, as set forth in the "Schedule for a Survey Visit for Preliminary Accreditation," which is available on the LCME website, concluding with exit conferences with the dean and with university leadership. The survey team will prepare a report of its findings for consideration at the next regularly scheduled meeting of the LCME. The review process for this report will be the same as for the review of a full survey report.

If the LCME determines that the school has made sufficient progress toward compliance with relevant accreditation standards and developed satisfactory plans for its educational program, it will grant preliminary accreditation. If minor issues related to performance in elements are noted, the LCME may grant preliminary accreditation but require written status reports addressing the noncompliance issue(s). Once preliminary accreditation is awarded, the program may begin accepting applications for enrollment.

If the LCME denies preliminary accreditation to the program, the decision may be appealed according to the "LCME Appeal Process for Adverse Actions" contained in Appendix B. A program that has been 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 as a new program and will not be permitted to apply for LCME accreditation until its educational program is complete and at least one class has graduated.

Step 2: Evaluation for provisional accreditation

After receiving preliminary accreditation and admitting a charter class, the program must update its planning self-study and complete the DCI for Provisional Accreditation in time for a survey visit to take place while the charter class is at the midpoint of the second year of the curriculum. The purpose of this visit is to review progress in the implementation of the educational program to date and the status of planning for later stages of the program.

After review of the survey report, if the LCME determines that the program has exhibited satisfactory performance in all elements or has made sufficient progress toward such performance, it will grant the program provisional accreditation. If minor performance or noncompliance issues are noted, the LCME may grant provisional accreditation but require written status reports addressing the identified issue(s).

If the LCME determines that there are issues related to performance in elements and compliance with standards that could be resolved within a relatively limited period of time, it may continue the program's preliminary accreditation. If continuation of preliminary accreditation is granted, the program may be required to delay plans for a class size increase and/or cease admitting new students and focus its resources on students already enrolled. The program also may be placed on probation. The specific actions taken by the LCME will determine the timing of further reviews. The LCME will schedule a second survey for provisional accreditation at a time of its choosing. If the program demonstrates satisfactory performance and compliance, it may then be granted provisional accreditation.

If the LCME determines that there are issues that cannot be resolved within a relatively limited period of time, or that a program whose preliminary accreditation has been continued has failed to remedy the problems identified at the time initial accreditation was continued, it will give notice that it intends to withdraw preliminary accreditation. A decision to withdraw preliminary accreditation is subject to appeal. If preliminary accreditation is withdrawn after 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 such 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 accreditation as a complete medical education program

After receiving provisional accreditation, the program must complete a full DCI and Institutional Self-study. The LCME Secretariat will schedule an accreditation survey to take place when the charter class is early in the fourth year of the curriculum to review performance in all elements. If, upon review of the survey report, the LCME determines that the program demonstrates satisfactory performance in elements and complies with all accreditation standards, accreditation will be granted for a period of five years from the time that the LCME awarded such accreditation. If minor performance/noncompliance issues are found, the LCME may grant accreditation but require additional status reports as necessary.

If the LCME determines that there are substantial performance and noncompliance issues that could be resolved within a relatively limited period of time, it may continue the program's provisional accreditation status for a period of time. If continuation of provisional accreditation is granted, the program may be required to delay plans for a class size increase and/or to cease admitting new students and focus its resources on students already enrolled. At a time of its choosing, the LCME may schedule a status report or a survey visit. If the program then demonstrates satisfactory compliance performance in accreditation elements and compliance with accreditation standards, it may be granted accreditation as a complete medical education program, and it may again enroll new students if it had been required to suspend new admissions.

If the LCME determines that there are substantial issues that cannot be resolved within a relatively limited period of time, or that a program whose provisional accreditation has been continued has failed to remedy the problems identified at the time provisional accreditation was continued, it will give notice that it intends to withdraw provisional accreditation. A decision to withdraw provisional accreditation is subject to appeal. If provisional accreditation is withdrawn, 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 such 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."

Accreditation as a complete medical education program must be achieved within five years from the date the decision is made to grant provisional accreditation. If this does not occur, the current accreditation status achieved by the medical education program will be withdrawn and the program will be required to wait one year to submit a new application for accreditation, along with a new application fee, as described under “Fees for Accreditation Reviews.”

E. Survey Teams

Selection and Training of Surveyors

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

Medical education programs with upcoming full accreditation surveys are asked to designate a senior faculty member with leadership responsibilities who can participate in a full survey as a “faculty fellow” before the nominating school begins its own self-study process. Apart from faculty fellows, deans of schools to be surveyed within the following year or two and newly appointed deans are given particular consideration for survey team assignment. The Co-Secretaries may also solicit nominations for new survey team members when there is a perceived need for specific kinds of surveyor expertise (for example, experience with regional campuses or in student or faculty affairs).

The Secretariat staff holds training webinars for new and experienced surveyors. All new surveyors are expected to take part in one or more of these training webinars before participating in a survey visit; experienced surveyors are expected to participate at least every two years and more frequently when there have been significant changes to LCME policies, procedures, or standards/elements. Such training also provides surveyors with practice in interpreting the meaning and application of accreditation standards/elements. Additional training for specific categories of survey team members (for example, team chairs or team secretaries) is held through specific workshops and webinars, as well as conference calls and the provision of guidebooks and other information through the LCME website.

Survey Team Size and Composition

The selection of survey teams for any type of visit will take into account the LCME’s policies related to conflict of interest, as described elsewhere in this document. In addition, an individual will not be assigned to a survey team if he/she has served as a survey team member to that program in the last full survey visit or in any limited or consultation visits since the last full survey.

For full accreditation surveys

For programs undergoing a full accreditation survey (requiring self-study and completion of the DCI), the survey team will normally consist of five or six members. The team typically will include at least one representative of the LCME (either voting member or member of the professional Secretariat staff), at least one physician actively engaged in medical practice (“practitioner”), and one or more medical educators who possess a doctoral-level graduate or professional degree and hold or have held a faculty appointment at an LCME-accredited medical school (“educator”).

One of the team members is designated as the chair of the team. The team chair functions as the official voice of LCME® *Rules of Procedure*

the team and leads its deliberations. Another member is designated as team secretary, and is responsible for visit preparations and logistics and the compilation of the survey report. The remaining team members will generally include a “faculty fellow” (as noted previously) 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 (focused) accreditation surveys

For programs undergoing limited (focused) accreditation surveys, the survey team will typically consist of three members, including one or more medical educators who possess a doctoral-level graduate or professional degree and hold or have held a faculty appointment at an LCME-accredited medical school and at least one practitioner. As with full survey teams, one of the team members will be designated as chair and another as team secretary. When circumstances allow, the members of limited survey teams will include a representative of the LCME.

Observers on survey visits

The LCME occasionally may be requested 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 dean of the program being reviewed will be asked to authorize the participation of the observer on the survey visit. Senior staff members of the LCME’s sponsoring organizations also may serve as observers as part of their orientation to the LCME and the accreditation process, upon approval by the Co-Secretaries, the LCME Chair, and the dean of the program involved. 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 program involved. All observers must affirm that they will adhere to the LCME’s confidentiality policies. Guidelines for participation by observers are contained in Appendix A.

F. Survey Reports

The reports of accreditation survey teams constitute the formal record of the survey visit and are the source of information used by the LCME in making decisions regarding a program’s accreditation status. The report of a full accreditation survey includes a detailed narrative about the program’s compliance with each accreditation standard/element (including the program’s performance with respect to student outcomes and achievement). The report also includes information from the DCI/Institutional Self-study/Independent Student Analysis. This documentation from the school is used by the LCME to independently judge performance in accreditation elements and compliance with accreditation standards. Reports of limited surveys include background information, the team’s description of the program’s progress in addressing noncompliance issues and areas in compliance with a need for monitoring, and supporting documentation selected from data supplied by the program as a “briefing book.”

The LCME will review the final report of a survey visit at its next regularly scheduled meeting, provided that its members have had at least three weeks to review the 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 a year, in the months of February, June, and October, unless the members agree to a different schedule.

Special Meetings

The Chair and Chair-elect, in consultation with the Co-Secretaries, may call a special in-person meeting or conference call to deal with any issue(s) that they determine cannot wait until the next scheduled regular meeting.

Formal action may be taken without an in-person meeting according to the following process:

- Through the use of a telephone conference call or other communications medium by means of which all members participating can simultaneously communicate with each other. Participation and voting at such a meeting will follow the same rules as those followed at LCME meetings.
- By mail, facsimile, electronic mail ballot, or other asynchronous communications medium, providing that such actions will require the affirmative vote of all LCME members.

Parliamentary Procedures and Quorum

All meetings of the LCME are conducted in accordance with the current edition of Sturgis' *The Standard Code of Parliamentary Procedure*. A quorum shall consist of a majority of the voting members of the LCME.

Observers at LCME Meetings

U.S. and international medical educators, and individuals from other disciplines involved in higher education or the accreditation process, may request to attend a meeting of the LCME. Requests must be made in writing to the 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

Types of Accreditation Actions

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

- Grant an accreditation status (accredited; accredited, preliminary status; accredited, provisional status)
- Continue an accreditation status, with or without specifying the term of accreditation
- 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, consultations, and/or status reports) if it determines that the program is not in compliance with all accreditation standards, has unsatisfactory

performance in one or more elements, 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.

Requirements of the U. S. Department of Education for Prompt Correction of Deficiencies

Noncompliance with any accreditation standard must be corrected promptly. The LCME is bound by the regulations of the United States Department of Education to ensure that each area of noncompliance cited in a letter of accreditation has been brought into compliance within two years. If the LCME determines that a program is out of compliance with any standard, the Department of Education requires that the LCME must:

- Require the program to take appropriate action to bring itself into compliance with the standard within two years, or
- Immediately initiate an adverse action against the program.

For purposes of meeting this regulatory requirement, the Department of Education defines an adverse action as denying or withdrawing the accreditation of a program. Probation is not considered an adverse action that would satisfy the Department of Education requirement.

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

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

- The program has demonstrated significant progress towards the resolution of its non-compliance issues (for example, a program addressing non-compliance with multiple standards has achieved compliance with the majority of those standards).
- The program has provided written and compelling evidence describing its plans to come into compliance within the period of extension (for example, a program has documented the commitment of financial and human resources to resolve all remaining non-compliance issues within the period of extension).
- The program has provided written and compelling evidence that the nature of the change that must be made (such as facilities construction or renovation, fundraising for scholarships) reasonably requires a time period exceeding twenty-four months; and/or
- 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).

The LCME may, at its sole discretion, extend the period for achieving compliance for “good cause” for twelve months beyond the standard two-year period. In its communication with a medical education program, the LCME will specify the reason(s) that an extension for good cause has been granted and the period within which the medical education program must come into compliance with the cited standard(s).

Warning

Warning is an action that may be taken based on identification of: (1) one or more areas of noncompliance with standards of recent origin that will, if not corrected promptly (within 12-24 months), seriously compromise the ability of the school to conduct the educational program; or (2) one or more areas of noncompliance identified in a

previous survey visit that have not been adequately addressed in the interim or have re-emerged as areas of noncompliance.

Warning is not subject to reconsideration. An educational program is not required to notify students and the public about a “warning” action, but is free to do so. The LCME must notify the U. S. Department of Education and the relevant regional (institutional) accreditor that a program has been placed on warning.

An educational program placed on warning by the LCME will be informed of the timeframe for correction of identified areas of noncompliance with accreditation standards. At the conclusion of that time, the LCME will make a decision about accreditation status. If in the judgment of the LCME, sufficient progress has not been made in a U.S. program by the time specified for correction, probation or withdrawal of accreditation will be imposed.

Accreditation with Probation

Accreditation with probation is an action based on a determination by the LCME that an accredited program is not in substantial compliance with accreditation standards. Such a determination may be based on the LCME’s judgment that the areas of noncompliance have seriously 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 ample 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 noncompliance issues are not satisfactorily addressed by the completion of a period not to exceed twenty-four months, unless the period for achieving compliance is extended for good cause by the LCME. Any program placed on probation must promptly notify all enrolled students, those newly accepted for enrollment, and those seeking enrollment, of this accreditation status; failure to do so may result in withdrawal of accreditation.

Withdrawal of Accreditation

Withdrawal of accreditation is an action based on the determination by the LCME that an accredited program exhibits substantial deficiencies in compliance with accreditation standards. The deficiencies are sufficiently serious, in the LCME’s judgment, to raise concern about the sustainability of the program and/or the program’s quality so that it is uncertain that graduates of the program are 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 takes action to withdraw accreditation. However, an action for withdrawal of accreditation may be taken whether or not a limited visit or probationary period has preceded such action if the LCME determines that there has been significant degradation in the quality of the medical education program.

Accreditation Actions Subject to Reconsideration or Appeal

The following actions by the LCME affecting accreditation are subject to reconsideration:

- Action to grant accreditation with probation.

The following actions by the LCME affecting accreditation are subject to appeal:

- Adverse actions (denial of accreditation and withdrawal of accreditation)

Details of the reconsideration and appeal processes are included in Appendix B. Such actions are not considered final until either (1) the program has indicated in writing its acceptance of the action, (2) the time for filing a request for reconsideration or appeal has lapsed, or (3) the reconsideration or appeal has been concluded and the school has been notified in writing of the outcome.

Identification and Training of Appeals Panel Members

Pursuant to the LCME Appeal Process for Adverse Actions, members of LCME Appeals Panels may be former members of the LCME or individuals who have the experience and qualifications to be LCME members. The Appeals Panel will be appointed by the LCME Secretariat in consultation with the Chair and Chair-elect of the LCME. 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. An Appeals Panel will include a current educator, a current or former practitioner, and a public member. There will be three alternate members, including a representative of the public, who will be called upon to participate if an Appeals Panel member must be excused.

Appeals Panel members are subject to the same conflict of interest provisions as LCME and survey team members (see Conflict of Interest Guidelines).

At the beginning of an appeal hearing, Appeals Panel members will receive orientation to their roles from the LCME legal counsel.

Follow-up Activities

Any program that has been cited for noncompliance with one or more accreditation standards, 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 an on-site limited (focused) survey.

Status Reports

A program may be asked to submit one or more status reports documenting steps taken to correct specific areas of noncompliance or of unsatisfactory performance in elements, or to resolve areas deemed to be in compliance/satisfactory with a need for monitoring, along with the outcomes of these activities. Status reports generally are reviewed at the next regularly scheduled LCME 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 documentation is inadequate (either because requested information was not provided or the information provided was insufficiently detailed or ambiguous), the LCME will defer action pending receipt of additional or clarifying information for consideration at the next LCME meeting.

Limited (Focused) Surveys

Limited surveys are on-site evaluations conducted by *ad hoc* survey teams to evaluate a medical education program where the program was previously found to be in noncompliance/unsatisfactory performance or to be in compliance/satisfactory performance with a need for monitoring. Generally, the Secretariat will provide the program with instructions regarding the documentation required for the limited survey about 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 noted in the pre-survey materials require evaluation and may include findings regarding those additional areas in the survey report for action by the LCME. The findings of limited surveys and supporting 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.

Post-probation surveys and Secretariat fact-finding visits are types of limited surveys. Both result in the production of a report for consideration by the LCME. In both cases, the Secretariat will provide the program with a description of the information that must be compiled as background for the survey team.

- A **post-probation survey** will assess areas previously found to be in noncompliance/unsatisfactory performance or to be in compliance/satisfactory performance with a need for monitoring subsequent to a decision to place the program on probation.
- A **Secretariat fact-finding visit** is conducted by Secretariat staff for purposes of fact-finding and assessment of compliance with accreditation standards and resolution of areas found to be in compliance with a need for monitoring.

Action plan

A medical education program may be asked to complete an action plan following, for example, an LCME action to place the program on warning or probation or to award an indeterminate term of accreditation. The action plan includes the steps the program plans to take and the outcomes it expects to achieve for each element identified as unsatisfactory or satisfactory with a need for monitoring. The Secretariat provides the dean with a template to complete the action plan. The LCME Secretariat typically conducts a consultation visit to the medical education program before the action plan is due to be submitted to provide feedback and to answer questions.

- A **Secretariat consultation** is a purely consultative activity between Secretariat staff and representatives of the program, and does not result in the preparation of a report for review and LCME action. Such consultations may be initiated at the request of the LCME or by the program.

C. Reporting of LCME Accreditation Actions

To Institutions

Within 30 days of any final LCME action on the reports of full or limited surveys, the Secretariat will send: a Letter of Accreditation conveying the LCME action, and a copy of the final survey team report to the president or equivalent chief executive of the institution, with a copy to the dean of the medical school. The Letter of Accreditation includes the LCME accreditation action, its findings regarding the program's compliance with accreditation standards, performance related to accreditation elements, and any required follow-up. The Letter of Accreditation and final team report are held confidential by the LCME, but may be disclosed by the program at its discretion.

Within 30 days of any LCME action on status reports, the Secretariat will send a letter to the dean of the medical school conveying the LCME action and any required follow-up.

To External Groups and the Public

The LCME Secretariat will notify the United States 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 days of the meeting, including the decision to award initial accreditation or to renew a program's accreditation status. For actions subject to reconsideration (probation) or appeal (denial of accreditation or withdrawal of accreditation), the Secretary of Education, the relevant state medical licensing board, and the relevant regional (institutional) accrediting body will be notified of the final action at the same time as the program is notified, but no later than 30 days after the decision is made final. Such decisions will be conveyed to the public by posting of the accreditation action on the LCME website within 24 hours of the notification to the institution or program. In decisions to deny or withdraw accreditation, the LCME will provide the 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 days after the decision is made final, along with any comments made by the program or the statement that the program has been offered the opportunity to make comments. The LCME website also will reflect that the program has

been offered the opportunity to provide comments. If an accredited program withdraws its accreditation status voluntarily or otherwise allows its accreditation status to lapse, the Secretariat will inform the Department of Education and the relevant regional accrediting body and state licensing agency within 30 days of the date of withdrawal or lapse.

The current accreditation status of all accredited programs is posted publicly on the LCME website (www.lcme.org) and generally will be updated after LCME meetings, except in the case of reconsideration of a probation decision or appeal of an adverse action where the status will be posted when the reconsideration or appeal decision is final.

The accreditation information made available to the general public includes the current accreditation status of an accredited program and the date and type of its next accreditation survey, if it has been set, but does not include survey reports, correspondence with or documentation submitted by a program in connection with its accreditation status, nor the basis for LCME actions regarding a program's accreditation status.

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 reasonably believes may constitute a threat of litigation, including:

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

If a school makes a public disclosure of its accreditation status, the program must disclose that status accurately. Any incorrect or misleading statements made by a program about accreditation actions or accreditation status must immediately be corrected or clarified by an official notification announcement. Failure to make timely correction or clarification may result in reconsideration of the program's accreditation status. The public information 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, addresses, and telephone numbers of the Secretariat staff.

Responses to Actions of Other Oversight and Accrediting Bodies

The LCME will not grant accreditation to, or continue the accreditation of, programs within institutions where a state chartering authority or a regional accrediting agency has made a decision to 1) deny accreditation, pre-accreditation, or a charter to operate to the institution, or 2) to suspend, revoke, withdraw, or terminate the institution's accreditation or charter to operate.

The LCME will reconsider the accreditation status of a program when the institution offering the program has been placed on probation by a regional accrediting agency or state chartering authority. In the case of a probation decision, the LCME will determine whether to grant or continue accreditation based on a review to determine if the areas cited by the regional accreditation agency or state chartering authority as the reasons for the probation action represent noncompliance with one or more LCME accreditation standards.

If the LCME decides to grant or continue accreditation, it will provide to the Secretary of Education, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, of why the actions of the other agency to place the institution on probation do not preclude the granting of LCME accreditation.

IV. CIRCUMSTANCES THAT MAY LEAD TO AN UNPLANNED ACCREDITATION REVIEW OR SURVEY VISIT

A. Changes in the balance of educational resources and class size, including class size increases

Accreditation is awarded to a program of medical education based on the 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. Prior notification to the LCME is required when an accredited program plans to modify the educational program, becomes aware that the resources supporting it 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, programs must complete the “Class Size Increase Notification Form” available on the LCME website by December 1st, at least 18 months before the anticipated increase if: (1) the entering class size will increase by 10% or greater or by at least 15 students OR there is a cumulative increase of 20% or more over three years and/or (2) the school accepts a total of at least 10 transferring students into any year(s) of the curriculum in any given academic year. Notification of unanticipated increases in the entering class size should occur before the expanded class matriculates. Changes in the balance between educational resources and class size may trigger a request for additional written information or an unplanned accreditation review or survey visit. After reviewing the notification form, the LCME will determine if any changes in the program’s accreditation status or term are warranted, or if any additional follow-up is needed.

B. Changes in ownership or governance

The LCME must receive prior notification of any anticipated significant changes in the ownership or governance of a 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). Programs must complete the “Change in Ownership or Governance Notification Form” available on the LCME website. After reviewing the notification form, the LCME will determine if any changes in the program’s accreditation status or term are warranted, or if any additional follow-up is needed.

C. Creation of new or expansion of regional campuses

Programs must complete the “New or Expanded Regional Campus Notification Form” available on the LCME website by December 1st, at least 18 months before the change if a new regional campus is being created or the educational program at an existing campus is expanded to include more years of the curriculum (for example, 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 the program’s accreditation status or term are warranted, or if any follow-up is needed. Schools planning to create or expand a regional campus should contact the Secretariat before submitting the notification form. There typically will be a Secretariat consultation visit to the developing campus by the

LCME Secretariat.

D. Major modification of the curriculum, including the creation of a new parallel curriculum (track)

The LCME must be notified of plans for a major reorganization of one or more years of the curriculum or the medical education program as a whole. Programs must complete the “Major Curricular Modification Notification Form” available on the LCME website by December 1st, one year before the implementation of the curriculum change. After reviewing the notification form, the LCME will determine if changes in the program’s accreditation status or term are warranted, or if any follow-up is needed. No notification is required for changes such as revisions to individual courses or individual clerkships or the introduction of a new course.

The LCME also expects notification of the planned introduction of a new parallel curriculum (track) for a segment of the student body. Programs must complete the “New Parallel Curriculum (Track) Notification Form” available on the LCME website by December 1st, one year before the implementation of the change. After reviewing the notification form, the LCME will determine if changes in the program’s accreditation status or term are warranted, or if any follow-up is needed.

E. Validated complaints about educational program quality

If, after review of a valid complaint regarding educational program quality, the LCME determines that a program is not in compliance with relevant accreditation standards/performance in relevant elements is unsatisfactory, it may request a status report, conduct a limited survey, or direct a survey team to review the issue(s) as part of an upcoming full survey (see policies relating to complaints and third-party comments elsewhere in this document).

F. Willful deception

The provision of false or misleading information or the failure to provide material information may affect accreditation status. If the LCME determines that a program knowingly has 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 Independent Student Analysis, or status reports), the LCME will reconsider the 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. Similar action may be taken if a program knowingly takes actions that result in misleading information being provided to the LCME or survey teams, makes misleading or incorrect public statements or disclosures regarding its accreditation status, or fails to notify interested parties of an adverse accreditation action.

V. OTHER POLICES AND PROCEDURES

A. Development and Review of Accreditation Standards

Creation, Review, and Modification of Accreditation Standards or Elements

Suggestions for new standards/elements or modifications to existing standards/elements may come from any source. Recommended changes most commonly originate from the medical education community (educational program leadership, faculty, students) or from organizations interested in the improvement of medical education quality. Anyone who wishes to propose a new or revised standard or element should contact the LCME Secretariat.

The LCME conducts planned reviews of all accreditation standards over a five-year cycle. In planned reviews of accreditation standards, the LCME may solicit review and comment from the sponsoring organizations, as well as feedback from appropriate stakeholder groups, including medical school leadership and faculty, medical students, LCME® *Rules of Procedure*

residents, and others in the U.S. regarding the validity and clarity of the standards and elements. In addition to planned reviews of accreditation standards, the LCME may also re-evaluate any existing standards and elements when circumstances warrant. If the LCME determines that such reviews indicate a need to revise one or more standards/elements, the LCME will take action within 12 months, including seeking review and comment from its sponsoring organizations and the public, to initiate the needed change(s).

Substantive changes to existing standards and elements (which impose new or additional requirements on programs) must undergo review by the public, including the LCME's sponsoring organizations, and be considered at a public hearing, as described in Appendix C, before being adopted. Public notice of the time and location of the public hearing generally 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. There will be public notification of the deadline for submission of written comments.

Minor or technical modifications to existing standards and elements (i.e., changes to clarify the intent or focus of the standard or element by rewording it) are developed by the Subcommittee on Standards for consideration by the Executive Committee and the LCME; such modifications do not require public hearing.

New or revised standards that have been finally approved will be published in *Functions and Structure of a Medical School* and in the relevant version of the DCI, which will indicate when the new/revised standard or element becomes effective.

B. Conflicts of Interest

Conflict of interest statements are collected from LCME members, survey team members, Appeals Panel members, and Secretariat staff. To avoid actual or perceived conflicts of interest, LCME members, Secretariat staff, survey team members, and Appeals Panel members must agree in writing to abide by the following policies:

Participation in Survey Visits, Accreditation Decisions, or Appeals

No LCME representative (defined as a member of the LCME, the Secretariat staff, a survey team, or an Appeals Panel) will participate in a survey visit, in discussions or voting at LCME meetings, or in an appeal if the program being visited or discussed is:

1. One in which the representative or an immediate family member (defined as a spouse, life 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.
2. One in 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.
3. 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 (for example, in the operation of hospitals or clinics operated by the programs).
4. Part of a university system where the representative is employed.
5. Engaged in substantial cooperative or contractual arrangements with the program or institution of the representative or an immediate family member.
6. One 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.
7. One in 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.

8. One in which the representative believes that there may be a conflict due to other circumstances, such as participation in accreditation or review of the program for other agencies, close personal relationships with individuals at the program, etc.
9. One in which the program has reason to believe, and can document to the satisfaction of the 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 surveyor will not act as a consultant on LCME accreditation matters to a school the surveyor 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. Research and Confidentiality of Information Collected During the Accreditation Process

Research

LCME Secretariat staff may conduct research based on confidential information contained in DCIs, self-study documents, and survey 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 and, thereby, reducing morbidity and mortality. Such 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 program. Therefore, all information collected in preparation for accreditation surveys or collected on site is held in strict confidence by the Secretariat and the LCME. Such information includes the contents of the DCI, the program's self-study summary report, and correspondence regarding the program's prior accreditation history.

Survey team members must sign a confidentiality statement agreeing to abide by the LCME's confidentiality requirements as a condition for participating in the survey visit. All information received by the LCME that relates to a school's accreditation status (including survey reports and status reports) is also treated as confidential data, and LCME members and staff must also 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 also includes a requirement related to the confidential disposal of materials after survey visits, LCME meetings, or appeals.

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

Complaints about Program Quality

The LCME will consider complaints about program quality which, if substantiated, would represent noncompliance with one or more LCME accreditation standards or unsatisfactory performance in elements. The LCME will not, however, intervene on behalf of a complainant to achieve redress of 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 Secretariat and complainants must sign a form allowing the complaint to be disclosed to the medical education program. Anonymous complaints will not be considered.

If, at any time through the public media, the LCME is informed of circumstances at an educational program that might indicate noncompliance with accreditation standards/unsatisfactory performance in elements, the information will be treated as a complaint about program quality.

The 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 elements. If the Secretariat determines that the complaint presents such evidence, the program's dean will be sent a copy of the complaint and will be given an opportunity to respond in writing.

For complaints received between nine and three months before the date of an educational program's scheduled accreditation survey, the issue(s) raised in the complaint will be investigated by the team conducting the on-site survey. For complaints received more than nine months or less than three months before an on-site survey, the issue(s) raised in the complaint and the program's response will be reviewed by an *ad hoc* Subcommittee on Complaints appointed by the LCME Secretariat. Details of these procedures are included in Appendix D.

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

The survey team conducting a full survey visit will receive documentation of student complaints that have been found to relate to areas of noncompliance with accreditation standards or unsatisfactory performance in elements. Survey team members also will receive information on the final LCME action related to these complaints.

Third-Party Comment

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 academic year in which such review 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/elements or other related matters that could impact the school's ability to provide a quality medical education program. Comments must be submitted to the LCME Secretariat at least three months before a scheduled visit. Anonymous comments will not be accepted.

Comments will be handled in accordance with the procedures set forth in Appendix D of these *Rules of Procedure*.

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

Complaints about the LCME's accreditation standards, policies, procedures, or operations are reviewed by the Executive Committee of the LCME. Such complaints must be submitted in writing to the Secretariat and will not be considered if they are submitted anonymously. If a member of the Secretariat staff 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 the 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 will be investigated by the LCME Secretariat and the results will be presented to the Chair and Chair-elect of the LCME for appropriate action.

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 to schools within their jurisdictions. Such agencies (e.g., the Commission on Accreditation of the Middle States Association of Colleges and Schools, the New York State Department of Education) sometimes request permission to appoint an observer to gather information by participating in survey team meetings with medical school administrators, faculty members, and students. The U.S. Department of Education may also request permission to designate an observer as part of their review process for recognition of the LCME. The 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 discussions during meetings with medical school parties 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 surveyors.

The program being reviewed will be asked to send a copy of its LCME self-study summary report and Data Collection Instrument to the observer. Generally, the observer will attend the LCME team's pre-survey caucus and the meetings of surveyors with medical school administrators, faculty members, and students. The observers will not attend the survey team's evening working sessions or the exit conferences with the dean and president. Draft survey reports will not be shared with regional/state accrediting agencies or their representatives. Schools may provide the appropriate agencies with copies of final survey reports and letters of accreditation from the LCME.

Observers from U.S. or International Institutions or Organizations, and from Staff of the LCME's Sponsoring Organizations

Individuals from appropriate U.S. or international organizations with an interest in the LCME 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 or program evaluation. The request will be considered by the LCME at its next regularly-scheduled meeting.

If the LCME grants the request, the Secretariat will identify a school where the observer may be included on the survey team. Permission for the observer to participate must be obtained from the school. 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.

Staff from the sponsoring organizations of the LCME may participate as observers on a survey visit with the consent of the dean of the institution being reviewed and the approval of both LCME Secretaries.

Individuals from U.S. accrediting bodies and the U.S. Department of Education and from international institutions or organizations may request to attend an LCME meeting by contacting the Secretariat. The request will be considered by the LCME at its next regularly-scheduled meeting. Observers must agree in writing to hold confidential all information obtained during the meeting; there may be sections of the meeting (such as a reconsideration hearing) that visitors may not observe.

APPENDIX B. RECONSIDERATION AND APPEAL PROCEDURES FOR ACTIONS AFFECTING ACCREDITATION

FOR MEDICAL EDUCATION PROGRAMS IN THE UNITED STATES

The following actions affecting accreditation by the LCME are subject to reconsideration:

- Actions to grant accreditation with probation

The following actions affecting accreditation by the LCME are subject to appeal:

- Adverse actions (denial of accreditation and withdrawal of accreditation)

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, status report, etc.) and shall be based solely on the information contained in the final survey or status report. Descriptions of changes made since that time will not be considered.

Notice of LCME Action

Upon a finding that a program of medical education is not in substantial compliance with the LCME's published accreditation standards, and an action by the LCME to grant accreditation with probation, the LCME Secretariat shall promptly notify the sponsoring institution in writing of the action and of the specific areas of noncompliance that support the imposition of the action. The Secretariat also shall inform the sponsoring institution 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 independent *ad hoc* review committee and (2) LCME review with or without a hearing. The institution may waive review by an independent *ad hoc* review committee by providing a written waiver to the LCME Secretariat. **At the end of the reconsideration process, the LCME will make a final decision whether to affirm, modify, or reverse its initial accreditation decision.**

Request for Reconsideration

If the sponsoring institution wishes to request reconsideration of the LCME's decision to grant accreditation with probation, it must notify the LCME Secretariat within thirty (30) calendar days from the date of receipt of the notice of the LCME action. Such Request for Reconsideration must be addressed to the LCME Secretariat and must contain a concise statement of why the institution believes that the LCME's action was improper.

If a Request for Reconsideration is not received by the LCME within thirty (30) days, the LCME's initial action shall constitute the final action by the LCME.

Step 1: Review by an Independent Review Committee

The first step in the reconsideration process is review by an independent *ad hoc* Review Committee, which will be advisory to the LCME. The 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 membership on the LCME. No person shall be included on a 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, progress 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 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 Review Committee shall make one of the following recommendations to the LCME:

1. Affirm the initial LCME action; or
2. Recommend that the LCME modify its action.

If the Review Committee determines that there is no reason to alter the initial LCME action, it shall recommend that the action be affirmed. If the 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 Review Committee shall forward a written report of its recommendation, and the reasons therefore, to the LCME.

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

Step 2: 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 hearing if he or she has a conflict of interest as determined under the LCME Conflict of Interest Guidelines.

LCME Hearing

The LCME Secretariat shall schedule the reconsideration hearing in conjunction with a regularly scheduled LCME meeting.

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

1. it may send representatives to appear before the LCME;
2. it may be represented by legal counsel; and
3. it may submit a written response to the LCME's cited areas of noncompliance. Such response must be based solely on the information contained in the final survey report unless otherwise provided herein; and
4. the reconsideration will be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit, status report, etc.) and will be based solely on the information contained in the final survey

report or status report). 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 hearing, and the institution's written response to the cited areas of noncompliance must be received by the LCME Secretariat no later than twenty-one (21) calendar days before the scheduled date of the hearing.

The Secretariat shall send to each member of the LCME who shall participate in the hearing the following materials, which shall constitute the Reconsideration Record: the Review Record and the Review Committee's report and recommendation, and the institution's request for review and written response to the LCME's cited areas of noncompliance.

Conduct of the Hearing Before the LCME

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

The 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 hearing shall follow the following general format:

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

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

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

Decision of the LCME

At the conclusion of the 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 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 with accreditation standards. The LCME then will determine whether the initial LCME action should be affirmed, modified or reversed. **Such determination shall constitute final action by the LCME.**

The LCME Secretariat shall notify the institution in writing of the LCME decision, including the reasons therefore, within thirty (30) calendar days after the hearing.

LCME Review Without A Hearing

An institution may inform the LCME in writing that it does not wish to appear before the LCME. In such event, the LCME will consider the accreditation status of the program at the next regularly-scheduled meeting. The LCME shall rely on the Reconsideration Record for information. 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 therefore, within thirty (30) calendar days after the LCME meeting. **Such determination shall constitute the final action by the LCME.**

LCME APPEAL PROCESS FOR APPEALABLE ADVERSE ACTIONS

The appeal shall be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit, status report, etc.) and shall be based solely on the information contained in the final survey 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 program of medical education is not in substantial compliance with the LCME's published accreditation standards, and imposition of an appealable action affecting accreditation by the LCME, the LCME Secretariat shall promptly notify the sponsoring institution in writing of the action and of the specific areas of noncompliance that support the imposition of the action. The Secretariat also shall inform the sponsoring institution of the right to appeal.

Notice of Appeal

If a sponsoring institution wishes to appeal the LCME's decision, it must notify the LCME Secretariat within thirty (30) calendar days from the date of receipt of the 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 (1) was based on a procedural error that materially affected the outcome of the accreditation review process, or (2) 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) days, the LCME's initial action shall constitute final action by the LCME.

APPEAL AT A HEARING BEFORE AN INDEPENDENT APPEALS PANEL

The appeal process consists of a hearing before an independent Appeals Panel. The Appeals Panel shall be appointed by the LCME Secretariat in consultation with the Chair and Chair-elect and shall include individuals who are former LCME members or who otherwise meet the qualifications for membership on the LCME, such as educator or practitioner as defined by the LCME. There will be three members of the Appeals Panel, including an educator, a current or former practitioner, and a representative of the public. Three alternate members will be identified, who will be called upon to participate if an Appeals Panel member must be excused.

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.

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

Information Presented to the Appeals Panel

The LCME Secretariat shall forward to each member of the Appeals Panel the following materials, which shall constitute the Appeal Record: the program's accreditation history, the survey report that was available to the LCME and upon which the LCME relied in the action that is the subject of the appeal, , a copy of the Letter of Accreditation 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 and supporting documentation. No new information will be presented to or will be considered by the Appeals Panel, provided that, if (1) the adverse action that is the subject of appeal was based **solely** upon a failure by the institution to meet 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, that information also will 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 hearing. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the institution that it:

1. may send representatives to appear before the Appeals Panel;
2. may be represented by legal counsel;
3. may submit a written response to the LCME's cited areas of noncompliance. Such 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 final survey report. Descriptions of actions taken or changes made since that time may not be submitted and will not be considered unless otherwise provided herein.

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 hearing, and the program's response to the cited areas of noncompliance 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 hearing.

The institution will be notified that failure to appear without good cause or failure to notify the Chair of the Appeals Panel at least ten (10) calendar days before the scheduled date of the 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 hearing, the LCME will be represented by the Chair or, in his or her absence, the Chair-elect, one member of the Secretariat, and LCME legal counsel.

Conduct of the 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 hearing shall be made by a certified court reporter.

Decision of the Appeals Panel

At the conclusion of the 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 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, and whether the adverse action should be affirmed, modified, reversed, or remanded.

The Appeals Panel shall take one of the following actions:

1. Affirm the adverse action; or
2. Reverse or modify the adverse action; or
3. Remand the matter 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 reverse or modify the adverse action, or remand the matter back to the LCME for further consideration, identifying specific issues that the LCME must address.

The Appeals Panel decision, the reasons therefore, 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) days from the time that the institution files its Notice of Final 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 therefore, in a timely manner.

NOTIFICATION OF ACCREDITATION STATUS

The prior accreditation status of a program shall remain in effect until the LCME's action becomes final pursuant to the provisions of this Appendix B.

If the LCME's final action is to assign probationary status, 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. The program shall provide the LCME Secretariat with a copy of such notification promptly after receiving notice of the final action by the LCME assigning probationary status, withdrawing accreditation, or denying or refusing to consider for accreditation. The program also shall notify others, on request, of its accreditation status.

RESPONSIBILITY FOR THE COST OF RECONSIDERATIONS AND APPEALS

The costs of the 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 Review Committee or Appeals Panel.
2. The institution or program appealing an LCME decision shall bear all of the costs involved in its presentation at the reconsideration or appeal hearing, as well as the travel and other expenses of its representatives present for the hearing.
3. The LCME shall bear the cost of transcribing the 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 to both LCME Secretaries at the following addresses:

LCME Co-Secretary
Association of American Medical Colleges
655 K Street, NW
Suite 100
Washington, DC 20001-2399

and

LCME Co-Secretary
Council on Medical Education/American Medical Association
330 North Wabash Avenue
Suite 39300
Chicago, IL 60611

APPENDIX C. PROCEDURES FOR CHANGING ACCREDITATION STANDARDS AND ELEMENTS

Requests for new or revised accreditation standards or elements may arise 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 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 LCME conducts regular reviews of its standards and elements. Such reviews involve collecting information from external stakeholder groups. If the LCME determines that reviews indicate a need to revise one or more standards and/or elements, the LCME will take action within 12 months to initiate the needed change(s).

The Subcommittee on Standards develops draft language for new and amended standards and elements and forwards them 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 of medical schools will be approved and adopted immediately by the LCME. New standards and elements, as well as revisions to existing standards and elements which alter their content or requirements for compliance, are forwarded to the sponsoring organizations of the LCME and released to the public for comment. Comments are accepted in writing or at a public hearing.

Announcements of the public hearing are disseminated through the LCME website and in various AMA and AAMC publications. The public hearing usually is held in conjunction with scheduled AMA or AAMC meetings. Designated LCME members (usually the Chair or the Chair-elect), supported by the Secretariat professional staff, preside at public hearings. Comments made during a 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 Secretariat to prepare a revised draft for reconsideration by the LCME or will withdraw the standard or element. Should the LCME approve 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 document *Functions and Structure of a Medical School*, along with the academic year in which the standard/element will be effective.

APPENDIX D. PROCEDURES FOR COMPLAINTS AND THIRD-PARTY COMMENTS AND ELEMENTS

(PROCESS ALSO APPLIES TO THIRD-PARTY COMMENTS AND INFORMATION FROM PUBLIC SOURCES)

The LCME will consider complaints about program quality, third-party comments, and information from public sources (hereinafter, “Complaints”), **which, if substantiated, may constitute noncompliance with accreditation standards or unsatisfactory performance in one or more 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 a Complaint

Complaints must be made in writing, and may come from any source. Anonymous submissions will not be considered.

The written submission 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, the LCME Secretariat will contact the author 1) to obtain additional documentation or corroboration, if needed, and 2) to request a signed release form. If the complainant does not comply with either request, the file will be closed and no further action will be taken.

The LCME and the CACMS shall attempt to maintain the confidentiality of complaints 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.
- The complainant and any corroborators will be required to sign an authorization to release 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 complainant and any corroborators also will be required to authorize the school to release any information deemed necessary by the LCME.

Investigating a Complaint

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 elements.

If the LCME Secretariat determines that the complaint does raise such issues, the Secretariat will provide the dean with the complaint and corroborating information, and describe the information that the dean should provide in response.

Review of Complaint

Complaints (including any corroborating materials) received no more than nine months and not less than three months before a scheduled accreditation survey, and the dean's response, will be forwarded to the survey team for investigation as part of their evaluation of the program. Any findings of the team regarding the comment will be included as part of the survey report.

Complaints not submitted in conjunction with an impending survey visit together with corroborating materials and the response from the dean, will be reviewed by an *ad hoc* Subcommittee on Complaints that is appointed by the LCME Secretariat.

The subcommittee will review the complaint and any response from the school, and present a report of its findings related to compliance with accreditation standards and recommendations to the LCME for discussion at the next regularly scheduled LCME meeting. The LCME will make a final determination, including the nature and timing of any required follow-up, and will direct the Secretariat to notify the dean of its decision.

Response to Complainant

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.