



THE SECRETARY OF EDUCATION  
WASHINGTON, D.C. 20202

APR 30 2001

SENT BY FACSIMILE TRANSMISSION

Dr. David Hawkins  
Executive Director and Secretary  
Committee on Accreditation of  
Canadian Medical Schools  
774 Echo Drive  
Ottawa, ON  
Canada K1S 5P2

Dear Dr. Hawkins:

In February 1995, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the medical accreditation standards used by Canada were comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. On March 9, 2001, the NCFMEA reviewed the information recently provided by the Committee on Accreditation of Canadian Medical Schools (CACMS) on its current medical accreditation standards to reassess the comparability of those standards.

I am pleased to inform you that the NCFMEA, at its March meeting, determined that the accreditation standards used by the CACMS to evaluate medical schools in Canada remain comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and procedures for accrediting medical schools in Canada are still comparable to the accreditation standards applied to medical schools in the United States. If so, its previous determination of comparability will be extended for another period.

In an effort to keep apprised of the accreditation activities of the CACMS, the NCFMEA has requested that the CACMS submit annual reports, with the first report scheduled for review at the March 2002 NCFMEA meeting. The purpose of the annual report is to provide the NCFMEA with a summary of accreditation activities, including the following information:

- *Overview of accreditation activities:* A summary of key activities by the CACMS during the past year (January 2001-December 2001), such as accreditation reviews conducted, meetings held and accreditation decisions reached, accreditation conferences or training sessions held.

- *Summary of any changes or developments in the following areas:*
  - *Laws and Regulations:* Any changes in your country's laws or regulations affecting the accreditation of your medical schools.
  - *Standards, Processes and Procedures:* Any changes in the accreditation standards, processes or procedures that the CACMS uses to evaluate and accredit medical schools.
- *Schedule of upcoming accreditation activities:* A listing of accreditation meetings and listing of on-site visits to medical schools planned for January 2002 – December 2002.

Please send the annual report by January 7, 2002, to the Executive Director of the NCFMEA at the address below:

Bonnie LeBold  
Executive Director, NCFMEA  
U.S. Department of Education  
1990 K Street, NW – Room 7007  
Washington, D.C. 20006-7563  
U.S.A.

If you have any questions, please do not hesitate to contact Ms. LeBold at (202) 219-7009 (telephone), (202) 219-7008 (fax), or [Bonnie\\_LeBold@ed.gov](mailto:Bonnie_LeBold@ed.gov) (e-mail).

As a result of the determination of continued comparability by the NCFMEA, any medical school in Canada that is accredited or approved by the CACMS may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program. If a medical school's application is approved, otherwise eligible students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive loans to finance their medical education through the FFEL program. Medical schools that wish to participate in the FFEL program may obtain the proper application forms from the Foreign Schools Team at the following address:

Foreign Schools Team  
U.S. Department of Education  
Room 3674, ROB-3  
7<sup>th</sup> & D Streets, S.W.  
Washington, D.C. 20407  
U.S.A.

Please note that it is not necessary for medical schools that are currently participating in the FFEL program to contact the Foreign Schools Team at this time; the status of those schools remains unchanged by the NCFMEA's decision of continued comparability.

Page 3 - Dr. David Hawkins

I want to thank you for taking the time to respond to our requests for information about your standards and processes for accreditation of medical schools. I very much appreciate the interest you have taken in this matter.

Sincerely,  
  
Rod Paige

**U.S. Department of Education**



**Staff Analysis  
of the  
Standards Used by**

**Canada**

**for the Evaluation of Medical Schools**

**March 9, 2001**



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Rod Paige

**U.S. Department of Education**



**Staff Analysis  
of the  
Standards Used by  
Canada**

**for the Evaluation of Medical Schools**

**March 9, 2001**

**U.S. Department of Education**

**Staff Analysis  
of the Standards Used by  
Canada  
for the Evaluation of Medical Schools**

**Prepared February 2001**

**Background**

The National Committee on Foreign Medical Education Accreditation (NCFMEA) originally determined that the Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation standards and processes were comparable to the standards of accreditation applied to M.D. programs in the United States during its February 1995 meeting. The NCFMEA reviews the comparability of countries' standards on a periodic basis, and in June 2000, Canada was provided a copy of the NCFMEA's new guidelines and requested to provide information to demonstrate compliance with those guidelines. The information provided by the CACMS in response to that request is the subject of this analysis.

**Summary of Findings**

The standards of accreditation used by Canada to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are the same standards of accreditation that are applied to M.D. programs in the United States.

**Staff Analysis**

The National Committee on Foreign Medical Education and Accreditation is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are comparable to standards of accreditation applied to M.D. programs in the United States.

Canada's current request for redetermination of comparability consisted of a letter from Dr. David Hawkins, the Executive Director and Secretary of CACMS, dated August 4, 2000, and a copy of the May 2000 edition of the LCME publication, "Functions and Structure of a Medical School." The "Functions and Structure" document officially covers the CACMS. The letter formally provided the CACMS's assurance that "...since NCFMEA last reviewed our standards for

medical school evaluation in February 1995, nothing has changed, and if anything the links with LCME have become even stronger.”

All Canadian medical schools are accredited by both the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME), the accrediting agency recognized by the Secretary for the accreditation of programs leading to the M.D. degree in the United States.

CACMS is jointly sponsored by the Association of Canadian Medical Colleges, the Canadian counterpart of the Association of American Medical Colleges, and the Canadian Medical Association. LCME is jointly sponsored by the Executive Council of the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association. The published accreditation standards and processes of the LCME apply to both Canadian and American medical schools.

For many years, there has been cross representation between LCME and CACMS. There is one full voting Canadian member on the LCME, and the Secretary of CACMS attends all meetings of the LCME. Conversely, there is a full voting member from the LCME who sits on the CACMS, and the two co-Secretaries of the LCME attend all meetings of the CACMS. An American appointed by the LCME participates in all Canadian on-site evaluations, and survey reports concerning Canadian schools are reviewed and acted upon by both the LCME and the CACMS.

The accreditation standards and processes used to evaluate medical schools in the United States and Canada are identical. This means that the key LCME document, "Functions and Structure of a Medical School," which specifies the LCME accreditation standards and processes, applies to both Canadian and American medical schools. As the title page of the "Functions and Structure" document makes clear, changes to the accreditation standards and/or processes go through an identical process of consultation and formal ratification by both the LCME and the CACMS.

The guidelines used by the National Committee on Foreign Medical Education and Accreditation to determine whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree were developed after thorough review and consideration of the LCME standards (since the LCME is the recognized accrediting agency for M.D. programs in the United States). As the Canadian system is in fact the LCME system, the Canadian system clearly meets the comparability test.

Documentation:

Letter from the Executive Director and Secretary of the Committee on Accreditation of Canadian Medical Schools to Dr. Karen Kershenstein,

Director, Accreditation and State Liaison, US Department of Education, dated  
August 4, 2000  
LCME publication, "Functions and Structure of a Medical School," edition of May  
2000



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2001	S (W)

000160

Doc Number (Bates Stamp here)

### Document Class

circle one

01 Agenda

Country Materials for 9

Enter country-code number from the Master List.

- 21 Staff Analysis
- 23 Agency Response
- 24 Addendum
- 29 Secretary's Decision Letter

- 02 Decision Memo
- 04 Federal Register Notices
- 05 General Correspondence
- 06 Handouts
- 07 Minutes
- 08 Readers/Recusals
- 09 State Department Notice
- 10 Transcripts

Date        -        -         
          yyyy      mm      dd

30 By-Laws

- 62 Appointment Letters
- 64 Membership Lists
- 66 Guidelines
- 68 Miscellaneous

*Country  
Response  
to draft  
Staff  
analysis*

*for file*

**Griffiths, Carol**

---

**From:** CAME/ACEM [came@acmc.ca]  
**Sent:** Wednesday, February 14, 2001 9:38 AM  
**To:** carol\_griffiths@ed.gov  
**Subject:** Analysis

Dear Ms. Griffiths:

Thank you for your fax of February 9th, 2001. Mr. Porcelli's analysis seems excellent and does not require any response on our part.

I will inform Ms. Bonnie LeBold that we will not be attending the NCFMEA Meeting on March 9th, 2001.

Yours sincerely,

David Hawkins MD

Secretary, Committee on Accreditation of Canadian Medical Schools  
Executive Director, ACMC



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2001	S (W)

000159  
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### Document Class

circle one

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Date        -        -         
 yyyy    mm    dd

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*Country Submission*

**The Association of Canadian Medical Colleges  
L'Association des facultés de médecine du Canada**

774 Echo Drive, Ottawa, ON Canada K1S 5P2  
Tél.: (613) 730-0687 Fax.: (613) 730-1196  
www.acmc.ca



774, promenade Echo, Ottawa, ON Canada K1S 5P2  
Tél.: (613) 730-0687 Téléc.: (613) 730-1196  
www.afmc.ca

August 4<sup>th</sup>, 2000

Dr. Karen Kershenstein, Director  
Accreditation and State Liaison  
US Department of Education  
Office of Post-Secondary Education  
- The Assistant Secretary  
1990 K Street, NW, Room 7105  
Washington DC 20006-8509  
USA

Dear Dr. Kershenstein:

I am responding on behalf of the Association of Canadian Medical Colleges and the Committee on Accreditation of Canadian Medical Schools (CACMS) to your letter of June 19<sup>th</sup>, 2000 with respect to the National Committee on Foreign Medical Education and Accreditation (NCFMEA). That letter was addressed to my predecessor, Dr. Harvey Barkun, who retired in July 1995.

I hope I may be forgiven for trying to suggest an expedited way to deal with this request. As you probably know medical schools in Canada are accredited by both the Committee on Accreditation of Canadian Medical Schools and the Liaison Committee on Medical Education (LCME). In fact, since NCFMEA last reviewed our standards for medical school evaluation in February 1995, nothing has changed, and if anything the links with LCME have become even stronger.

We continue to use all the documentation generated by the LCME and specifically the accreditation standards outlined in "Functions and Structure of a Medical School" (enclosed). These standards are generated jointly by both accrediting organizations and by our parent bodies, the American Medical Association and the Association of American Medical Colleges in the United States, and the Canadian Medical Association and the Association of Canadian Medical Colleges in Canada. At least one US member appointed by the LCME is part of the team for every on-site survey at a Canadian medical school and that includes full accreditation surveys, limited surveys and secretariat visits. Reports of accreditation surveys of Canadian medical schools are discussed by the full LCME acting independently of CACMS, although the Chair of CACMS sits on the LCME as a voting member and I sit as a non-voting, ex-officio member. Similarly, one of the co-chairs of the LCME and at least one member of the secretariat staff attend meetings of the CACMS.

Dr. K. Kershenstein

- 2 -

August 4<sup>th</sup>, 2000

I'm sure that either of the LCME Co-Secretaries, Dr. David Stevens in Washington or Dr. Frank Simon in Chicago would be pleased to provide any additional information or perspective from the United States point of view that you might wish to have.

I trust that this abbreviated response will suffice for the purpose of NCFMEA's activities.

Yours sincerely,

A handwritten signature in cursive script that reads "David Hawkins". The signature is written in black ink and ends with a horizontal line.

David Hawkins, MD  
Executive Director, and Secretary,  
Committee on Accreditation of  
Canadian Medical Schools

enclosure

DH/cj

# FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

Accreditation and the Liaison Committee on Medical Education

Standards for Accreditation of Medical Education Programs  
Leading to the M.D. Degree

Explanatory Annotations For Selected Accreditation Standards

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**LCMIE**

LIAISON COMMITTEE ON MEDICAL EDUCATION

MAY 2000

# FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

Accreditation and the Liaison Committee on Medical Education

Standards for Accreditation of Medical Education Programs  
Leading to the M.D. Degree

Explanatory Annotations For Selected Accreditation Standards

**For further information, contact:**  
LCME Secretariat  
Association of American Medical Colleges  
2450 N Street, N.W. Washington, D.C. 20037  
Phone: 202-828-0596 Fax: 202-828-1125

LCME Secretariat  
American Medical Association  
515 North State Street  
Chicago, IL 60610  
Phone: 312-464-4933 Fax: 312-464-5830

Secretariat  
Committee on Accreditation of Canadian Medical Schools  
Association of Canadian Medical Colleges  
774 Echo Drive  
Ottawa, Ontario, Canada K1S 5P2  
Phone: 613-730-0687 Fax: 613-730-1196

Visit the LCME Web site at:  
[www.lcme.org](http://www.lcme.org)

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# INTRODUCTION

The Liaison Committee on Medical Education (LCME) was formed in 1942 by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association for the purpose of accrediting medical education programs leading to the M.D. degree in the United States and Canada. In the 1970s, a linkage was formed with the Committee on Accreditation of Canadian Medical Colleges (CACMS) to jointly accredit M.D. programs in Canada.

Over the years, there has been substantial change in medical education across the United States and Canada. In response to advances in science and medicine, medical schools have expanded their programs and partnerships in research and clinical care, and broadened the educational experiences of students through the addition of new pedagogical approaches and sites of training. The LCME believes that educational programs leading to the M.D. degree are best conducted in these enriched environments.

The historic and unique responsibility of a medical school is the selection and education of medical students, culminating in the award of the M.D. degree. To do this, a school must provide resources, including faculty and facilities, sufficient to support a curriculum offered in an intellectual environment that enables the program to meet the standards set forth in this document. The curriculum must be designed to instill in its graduates the knowledge, skills, and behaviors fundamental to the practice of medicine. In addition, the curriculum must instill lifelong habits of learning, dedication to service, and the values and attitudes consistent with a compassionate physician.

The extent of responsibility of a medical school for other educational programs depends on its resources and the educational resources of the community of the individual school. The LCME considers it important for the education of medical students that each school provide, or be affiliated with institutions that provide, programs in graduate medical education (residencies) and that the faculty of each school actively contributes to the development and transmission of new knowledge. The curriculum for the M.D. degree must be supplemented by a period of graduate medical education in order to prepare a physician for independent medical practice. Residents in graduate training programs are important resources for the clinical education of medical students. A medical school also must

contribute to the intellectual growth of its students and faculty through scholarly activity, including research in the biomedical sciences, the cultural and behavioral aspects of medicine, health services, health policy, preventive medicine and health maintenance, and the process of medical education itself.

Other educational programs conducted by medical schools or their affiliated institutions that contribute to an enriched environment for undergraduate medical education include postdoctoral fellowships, graduate education in the basic medical sciences, continuing education for physicians, and education in other health professions and allied health occupations. While graduate medical education is crucial for the teaching of clinical medicine, postdoctoral fellowships in biomedical sciences and in the clinical subspecialties contribute to the advancement of knowledge and to the development of future physician faculty members. Future faculty members and investigators in the basic medical sciences are developed through programs in graduate education leading to the Master of Science, Doctor of Philosophy, or Doctor of Science degrees. Many programs have emerged that offer additional opportunities for medical students to expand their options, including M.D./J.D., M.D./M.B.A., and M.D./M.P.H. programs. Medical schools provide leadership for programs of continuing education to maintain and increase the knowledge and skills of practicing physicians. Medical schools also participate in programs of education of other professionals in the health fields, in the education and training of allied health personnel, and in other programs of the general university.

In addition to conducting or participating in educational programs other than those leading to the M.D. degree, medical school clinical faculty members, where consistent with their academic responsibilities and professional training, commonly provide professional services to patients. These may include direct patient care in and out of the hospital, and indirect care, such as providing special tests or procedures. This activity not only contributes to the maintenance and enhancement of the skills of clinicians, but it is also of fundamental importance in the development of those skills in the physician-in-training; clinical education involves the student in gradually increasing responsibility for the care of patients under supervision. The foregoing constitutes the necessary environment for medical students to learn the practice of medicine, and assists as well in meeting local, regional, and national needs for patient services.

# PART ONE

ACCREDITATION AND  
THE LIAISON COMMITTEE ON  
MEDICAL EDUCATION

## Part One

# ACCREDITATION AND THE LIAISON COMMITTEE ON MEDICAL EDUCATION

### Purpose and Responsibility

The process of accreditation is designed to determine and to certify the achievement and the maintenance of minimum standards of education throughout the geographic area defined by the scope of responsibility of the accrediting agency. In the United States and Canada, accreditation is voluntary and is conducted by non-governmental bodies at the request of institutions or programs desiring accreditation.

The scope of responsibility of the Liaison Committee on Medical Education (LCME) is to accredit programs of medical education leading to the M.D. degree in the United States and territories and, in cooperation with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada. The LCME is recognized as the accrediting body for these programs by the medical schools and their parent universities. It also is recognized for this purpose by the United States Secretary of Education, by the United States Congress in various health-related laws, and by U.S. state, provincial (Canada), and territorial licensure boards.

The primary responsibility of the LCME is to attest to the educational quality of accredited programs, directly serving the interests of the general public and of the students enrolled. The interests of the general public are served in a variety of ways. Historically, licensing bodies of the United States and Canada have accepted the M.D. degree from a program accredited by the LCME as a prerequisite for licensure. The list of accredited programs published annually by the LCME provides information that may be used when individuals select a personal physician or when premedical students select a medical school. The process of evaluation

and accreditation by the LCME assists institutions in determining effective allocation of their efforts and resources. The LCME further serves the public interest by encouraging institutions with accredited programs leading to the M.D. degree to support, to the extent of their available resources, other educational programs, including graduate and continuing physician education, allied health education, graduate education in the biomedical sciences, public health, research, and other related disciplines.

The scope of responsibility of the LCME is limited to evaluation and accreditation of the medical school's program leading to the M.D. degree in institutions licensed, incorporated, or chartered in the U.S. or Canada. In doing so, the LCME focuses on one set of activities in the matrix of multiple activities in a medical school or an academic health center, but it also considers the impact of these other activities on the quality of the program leading to the M.D. degree. Other educational programs conducted by a school or an academic health center are accredited by appropriate programmatic accrediting bodies and by regional accrediting associations that accredit entire institutions.

The LCME considers for accreditation only complete programs of medical education leading to the M.D. degree. The LCME evaluates new basic and clinical science components in branch locations of schools conducting complete accredited programs when the program of basic or clinical science is a component of the complete program of the institution granting the M.D. degree. The basic and clinical science components of a developing medical school are evaluated for accreditation when the degree-granting institution is committed to establishing a complete program and the procedures leading to initial provisional accreditation have been completed.

### Composition of the LCME

The 17 members of the LCME are medical educators and administrators, practicing physicians, public representatives, and medical students. The Association of American Medical Colleges and the Council on Medical Education of the American Medical Association each appoint six professional members and one voting student member. The LCME itself appoints two voting public members, and a voting member is appointed by the CACMS. Members of LCME accreditation survey teams are invited to serve on the basis of interest in, and

knowledge of, current medical education. Members of the LCME and its survey teams, excluding full and part-time staff, serve the LCME without compensation, except for limited compensation to non-staff survey team secretaries. The LCME usually meets for two days quarterly. Site visits customarily require three to four days. The LCME may meet as needed to deal with special problems.

## **Process of Accreditation**

The process of accreditation entails an institutional self-assessment, preparation of a database cataloging the program of medical education, and a site visit by a team of knowledgeable professionals selected by the LCME Secretariat. Generally, this process is repeated at seven-year intervals; limited accreditation surveys may be conducted to address identified areas of concern.

Sponsors of accredited programs of medical education leading to the M.D. degree are not charged for accreditation surveys, and the expenses of site visit teams are reimbursed by the LCME. For programs in the process of development but not yet awarded initial provisional accreditation, the LCME charges a fee for administration of the survey and requires reimbursement of the site visit expenses. Expenses for consultation visits to schools contemplating application for accreditation also will be reimbursed by the schools.

## **About the Standards**

The accreditation status of programs leading to the M.D. degree is determined solely by the Liaison Committee on Medical Education. To be accredited, programs must meet the national standards set forth in this document, as judged by the LCME. These standards sometimes are stated in a fashion that is not susceptible to quantification because the nature of the evaluation is qualitative in character and can be accomplished only by the exercise of professional judgement by qualified persons. The LCME has begun to provide explanatory "annotations" to assist schools and surveyors in interpreting standards (see Part 3, p. 21).

In this document, the words "must" and "should" have been chosen with care. Use of the word "must" indicates that the LCME considers meeting the standard to be absolutely necessary if the program is to be accredited. Use of the word "should" indicates that the LCME considers an attribute to be highly desirable and makes a judgement as to whether or not its absence may

compromise substantial compliance with all of the requirements for accreditation.

The LCME develops its standards for accreditation through a process of study and debate, including public hearings. To ensure wide input, participants include the public; students; medical school faculty members; practicing physicians; and administrators of medical schools, hospitals, and universities. The LCME's Subcommittee on Standards is charged with the ongoing development and evaluation of standards. Substantive changes in standards must be approved by the Executive Council of the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association, and in Canada by the Association of Canadian Medical Colleges and the Council on Medical Education of the Canadian Medical Association.

## **Types of Accreditation and Actions Subject to Appeal**

The types of accreditation awarded by the LCME are full or provisional. Established programs are eligible for full accreditation for a seven year term. Developing programs are eligible for provisional accreditation, usually for one year subject to renewal. In the year that the charter class of a provisionally accredited program is scheduled to graduate, the developing program becomes eligible for full accreditation.

**Provisional Accreditation** - The LCME responds to requests for information and assistance from sponsors of new programs of medical education leading to the M.D. degree by providing printed materials, consultation meetings, and consultation site visits. For evaluation for initial provisional accreditation, the school must submit documentation, including a medical education database, to demonstrate that its proposed program can be expected to meet the standards for accreditation at the time the stated number of first-year students will be admitted. After review and acceptance of the documents, the LCME makes a determination of the readiness for the scheduling of a survey team visit. Based on the completed pre-survey database questionnaire and the report of the survey team, the LCME determines whether or not to award initial provisional accreditation. Initial accreditation determinations cannot be applied retroactively.

Once provisionally accredited, a school's M.D. program is reevaluated annually for continued

provisional accreditation in similar fashion until the year of graduation of the charter class. A full survey is conducted at that time; in preparation, the school must conduct an institutional self-study and prepare a complete database. Based on consideration of the database, self-study, and findings of the survey, the LCME decides whether or not to award full accreditation.

**Full Accreditation** - The standard term of accreditation is seven years. Toward the end of the term, programs that have been fully accredited are required to submit a database and to conduct an institutional self-study in advance of a site visit by a survey team. The LCME determines the accreditation of the program after consideration of the database, the self-study, and the report of the survey team. During the term of accreditation, the LCME may require one or more progress reports, or may conduct short-duration interim re-visits to assess areas of special concern.

**Actions Subject to Appeal** - Actions subject to appeal are denial of provisional or full accreditation, probation, and withdrawal of accreditation. The LCME assigns probation for a specified period of time during which it expects the deficiencies of the program to be corrected. There are explicit procedures for appeal, described in the *LCME's Rules of Procedure*.

When the LCME has placed a program on probation or denied or withdrawn accreditation, the program must notify all students enrolled, those newly accepted for enrollment, and those seeking enrollment, of the resulting change in accreditation status.

## **Monitoring of Accredited Programs**

Provisionally accredited programs submit an updated database and are surveyed by a site visit team each year until eligible for full accreditation.

Fully accredited programs, in the interval between surveys, may be required to have an interim site visit or submit reports about progress addressing problems identified during the previous survey, or in response to the LCME's annual program review by questionnaire. Detailed financial and educational questionnaires are sent annually to each school under the auspices of the LCME. Aggregate data derived from this questionnaire are analyzed by the staff of the AMA and the AAMC and are published in the annual education issue of the *Journal of the*

*American Medical Association*. The AAMC publication, *Directory of American Medical Education*, as well as the LCME Web site ([www.lcme.org](http://www.lcme.org)), list the accredited programs in the United States and Canada.

The LCME Executive Committee annually reviews descriptive data comparing each school with all other schools, evaluates each school's longitudinal data over a period of several consecutive years, and reports items requiring action to the LCME.

## **The Secretariat**

Further information about accreditation can be obtained from the LCME Secretary at either the American Medical Association, 515 North State Street, Chicago, Illinois, 60610, or at the Association of American Medical Colleges, 2450 N Street, N.W., Washington, D.C., 20037. Information on accreditation in Canada may be obtained from the Secretary of the Committee on Accreditation of Canadian Medical Schools at the Association of Canadian Medical Colleges, 774 Echo Drive, Ottawa, Ontario, Canada, K1S 5P2.

# PART TWO

STANDARDS FOR ACCREDITATION OF  
MEDICAL EDUCATION PROGRAMS  
LEADING TO THE M.D. DEGREE

