

## Accrediting Medical Schools:

Lessons learned from Liaison Committee on Medical Education (LCME) process in the United States

医学部の認証評価:  
米国LCMEの認証評価を受けて学んだこと

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## Learning Goals and Objectives 学習到達目標

- List reasons why accreditation is important  
認証評価がなぜ必要なのか、理由の明確化
- Describe the process of medical school accreditation in the US through the LCME  
米国におけるLCMEを通じた医学部の認証評価のプロセス
- Review two examples of accreditation processes in Asia アジアにおける2つの認証評価実施例
- Provide ideas for incorporation into the Japanese proposal for accreditation  
日本での認証評価提示の際に応用できるアイデア



## Structure of Presentation

- Define and analyze accreditation  
認証評価を定義し分析する
- Describe the LCME process  
LCMEのプロセスを述べる
  - History and infrastructure その歴史と基盤づくり
  - How policies are created ポリシーの形成
  - Conducting a self-study and site-visit  
自己点検と外部視察
- Accreditation considerations for international schools 海外学生の多い大学における認証評価の考察



## Abbreviations

LCME – United States Medical License Examination  
MUSC – Medical University of South Carolina  
AAMC - Association of American Medical Colleges  
AMA – American Medical Association  
CACMS – Canadian Accreditation Council for Medical Schools  
AFMC – Association of Faculties of Medicine in Canada  
WFME – World Federation of Medical Education  
ECFMG – Educational Council on Foreign Medical Graduates  
NCFMEA – National Committee on Foreign Medical Education and Accreditation  
AMEWPR – Association for Medical Education in the Western Pacific Region



## What is Accreditation? 認証評価とは？



## Overview of Accreditation 認証評価の概要

- A voluntary, extensive peer-based evaluation of institutions and programs  
教育機関や教育プログラムの任意かつ広範囲な外部評価
- Assesses degree of compliance with accepted standards for educational quality  
教育の質が基準をどれだけ満たしているか査定する
- Provides assurance 認証の授与
  - Educational program meet standards  
基準に合致したプログラム
  - Graduates of program are prepared for next stage of training そのプログラム履修者は次の段階の教育を受けるに値する



## Why is Accreditation needed?

- To provide quality assurance that an institution or program meets established standards for function, structure, and performance  
教育機関やプログラムに、その設備、組織、教育の遂行能力とともに確立された基準を満たしているという質保証を与える
- To keep programs up-to-date  
プログラムが現状に即している状態を維持する
- To foster institutional and program improvement  
機動的に、またプログラムとしての改善を促す



## Professionalism

- Participation in self-regulation is a hallmark of a profession  
自己規制への参加は専門職にとって品質保証のしるし



## Social Accountability

- The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society.  
医療者のプロフェッショナリズムの原理と責任は医療者側と社会の双方で理解される必要がある
- Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession  
この約定の要点は医師個人と医師という職業全体のふたつが一貫性を保持していることに依頼する医師に対する社会の信用



## External Forces

- LCME accreditation establishes eligibility for selected federal grants and programs, including Title VII funding administered by the Public Health Service  
LCMEの認証評価により連邦政府の研究費・プログラムを受けるのに適格とされる(公衆衛生局が管理するTitle VII funding 基金も該当)
- LCME accreditation of their medical school is a condition for licensure of medical school graduates by State Medical boards  
LCMEの認証評価は、医科大学の卒業者の、その州での医師免許取得に影響する



## Liaison Committee for Medical Education (LCME)

- Founded in 1942 1942年に創設
- Unified accreditation activities formerly being performed by the AAMC and the Council on Medical Education of the AMA 認証評価の活動はかつてはAAMCと米国医師会(AMA)によりおこなわれていた
- Recognized by US Department of Education in 1965 as the reliable authority for medical schools  
1965年、米国の教育官庁により信頼できる諮問機関として、

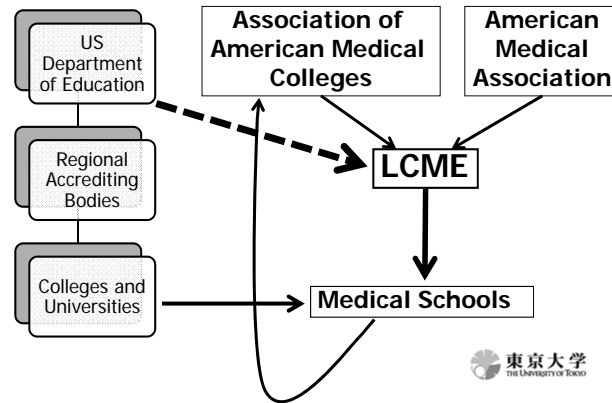


## Scope of LCME Responsibility

- Accredits complete and independent allopathic (MD) medical education programs:
  - students are geographically located in the United States or Canada for their education
  - offered by universities or medical schools that are chartered and operated in the United States or Canada.



## Reporting Structures - Authority



## The LCME and Canada

- Collaborated with Association of Faculties of Medicine in Canada (AFMC) since 1942
- Beginning in 1979, collaborated with CACMS, the agency for the Canadian medical schools (sponsored by CMA and AFMC)
- Procedures and practices are the same as those in the US



## Autonomy of LCME

- Decisions on accreditation are made autonomously
- No input, oversight, review, or participation by sponsoring bodies (AMA and AAMC)
- Retains final decision-making authority on all procedures and policies



## Composition of the LCME

- Nineteen (19) members
  - 15 professional members
    - At least 3 practitioners
    - At least 3 medical educators
    - The chair of the CACMS
  - 2 fourth-year medical students
  - 2 public (non-medical) members



## Management of the LCME

- Shared between two secretariats (at AMA and at AAMC)
- These offices do “the work” of the LCME



## Functions of the Secretariats

- Maintains all records and documents
- Manages the survey process
- Designs and implements orientation, training and review programs and documents for accreditation
- Prepares meetings with the committee and CACMS
- Works with legal counsel
- Communicates with member schools and US governmental agencies (Canadian agencies with CACMS)
- Annual collection of data from accredited programs
- Provides consultation regarding LCME accreditation

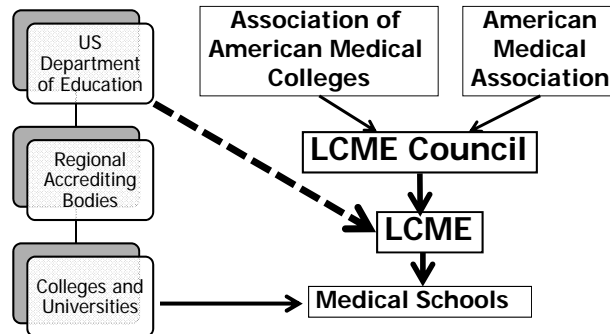
## Committees of the LCME

- Executive Committee
- Subcommittee on Standards
- Subcommittee on Policy
- Subcommittee on Planning
- Nominating committee
- Ad hoc committees

## New LCME Council

- Created in 2013
- Comprised of 9 members
  - AMA 3 members
  - AAMC 3 members
  - LCME 3 members

## Reporting Structures - Authority

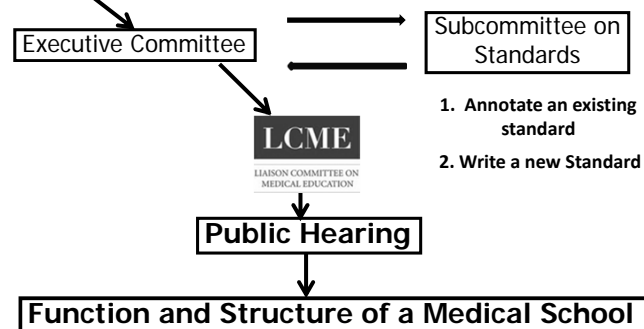


## Development/Review of Standards

- Suggestions for new standards or modification of existing standards
  - Medical Education community
  - From organizations interested in improving medical education quality
- Standards are reviewed at least every 5 years (sooner if needed)

## Adding or changing standards

### New Proposal



## The Accreditation Cycle – Existing Schools

- Normally subject to review on an eight-year cycle
- Fully accredited schools may undergo a full review in less than eight years
  - If there are questions about the sustainability of educational program quality
  - If significant changes to the program have occurred
- No fees for accreditation of an existing school



## Accreditation Survey Process

- Completion of Database
- Institutional Self-Study
- Submission of Self-study Reports and Data-base
  - Institutional
  - Student report
- On-site accreditation visit
- Survey visitors file report to LCME
- LCME makes accreditation decision



## Important LCME Survey Documents

- Guide to the institutional self-study
- Functions and Structure of a Medical School
- The Role of Students in the Accreditation of US Medical Programs
- Rules of Procedure
- AAMC Annual Graduation Questionnaire



## Functions and Structure

- "Must" - indicates that the LCME considers meeting the standard to be absolutely necessary for the achievement and maintenance of accreditation
- "Should" - indicates that compliance with the standard is expected in the absence of extraordinary and justifiable circumstances that preclude full compliance



## Database completion

- All questions from the data base are related to standards in the Functions and Structure document
  - Part a. Key Quantitative Indicators
  - Part b. Narrative data and Tables
  - Required course and clerkship forms
- All supportive documents for the answers need to be compiled



## Database Sections

- I. Institutional Setting
- II. Educational Program for the MD Degree
- III. Medical Students
- IV. Faculty
- V. Educational Resources



## Institutional Setting – 15 standards

- **IS-13.** A medical education program must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars
- **IS-14.** An institution that offers a medical education program should make available sufficient opportunities for medical students to participate in research and other scholarly activities of its faculty and encourage and support medical student participation



## Educational program – 47 standards

**ED-47.** In assessing program quality, a medical education program must consider medical student evaluations of their courses, clerkship rotations, and teachers, as well as a variety of other measures



## Medical Students – 37 Standards

**MS-31-A:** A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity)





## Faculty – 13 Standards

**FA-11.** A medical education program must provide opportunities for professional development to each faculty member to enhance his or her skills and leadership abilities in education and research



## Educational resources – 14 standards

**ER-8.** Required clerkship rotations at a medical education program should be conducted in health care settings in which resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching the medical students



## Institutional Self-Study

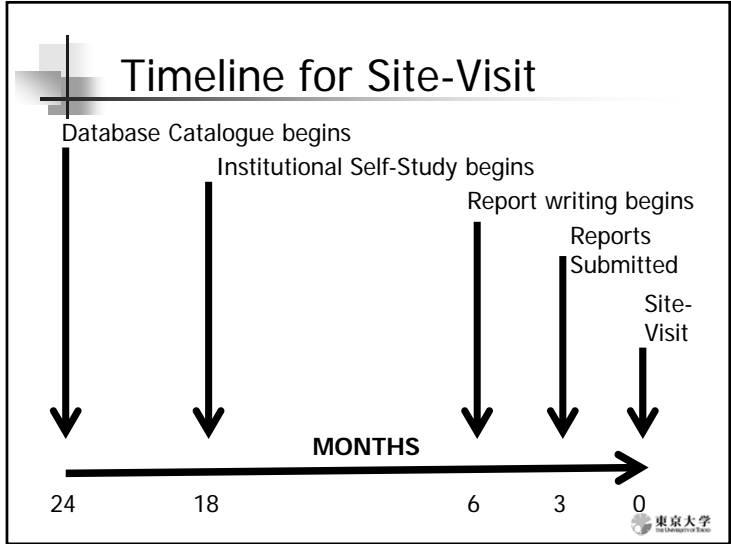
- Usually occurs 18-24 months before site visit survey is scheduled
- Subcommittees are formed for each of the sections of the data base
  - Often the larger sections are subdivided
  - Key faculty members and administrators populate these subcommittees
  - Organized by the Education Dean
- Review, correct, and refine the answers of the database



## Student Self-Study

- The school's medical students must undertake an independent analysis of the medical education program, student services, and the learning environment
- Guided by "Role of Medical Students" document
- Supported, but not overseen by the Deans Office
- Includes a narrative summary of the independent student analysis (prepared by the students themselves)





- ### Site-Visit Teams
- Five or Six person teams
    - Team Leader – Sitting Dean
    - Secretary –
    - One person from LCME
    - Faculty members from different schools
    - Faculty Fellow
- The University of Tokyo logo is located at the bottom right of the slide.

## Submission of Reports

- Copies of the Database, Self-study Report Summary and the Student's self-study report (hard-copy and on CD) sent to every site-visit team member 3 months before survey
- Copies also sent to each Secretariat
- This becomes the submission of record



## Site-Visit Survey

- Usually a three-day affair
  - Sunday evening – meet with the Dean
  - Monday and Tuesday – meet with small groups within the school
- Tuesday evening – prepare preliminary report
- Wednesday – meet with President of School to deliver first impressions



## Site-visit Team – MUSC

- Dean – New Jersey Medical School
- Associate Dean of Medical Education – Uniformed Health Services Medical University
- Associate Dean of Students – University of Texas at Houston
- Professor of Clinical Epidemiology and Public Health – Albert Einstein School of Medicine
- Chair – Department of Family Practice – University of British Columbia
- LCME Staff member



## Site-Visit Schedule - Sunday

- Background, Governance, Administration and Overview
  - Meeting alone with the Dean



## Site-Visit Schedule - Monday

### EDUCATIONAL PROGRAM

- Educational program design, Implementation, Management and Evaluation
- Library and Information Technology
- Walking tour of pre-clerkship learning facilities
- Lunch with pre-clinical medical students
- First-Year Courses
- Second-Year Courses
- Major Required Clerkships



## Site-Visit Schedule - Tuesday

### STUDENTS, RESOURCES, FINANCES, DEPARTMENTS

- Academic Counseling and learning environment
- Career Counseling, Electives, 4<sup>th</sup>-year courses
- Admissions, Financial aids, Debt Management
- Personal Counseling, Health Services
- MD/PhD, Joint degrees, Research Opportunities
- Walking tour of hospital
- Lunch with 3<sup>rd</sup> and 4<sup>th</sup> year students
- Finances and the Clinical Enterprise
- Resources for Clinical Education
- Basic Science Departments
- Clinical Science Departments



## Site-Visit -- Wednesday

### FACULTY, ACADEMIC ENVIRONMENT, EXIT CONFERENCES

- Breakfast with Junior Faculty
- Institutional Faculty Issues
- Graduate Program in Basic Sciences
- Graduate Medical Education
- Exit Conference with the Dean and Administrative officials



## Survey Team's Draft Report

- Sent to the Dean a few weeks after sight visit has been completed
- Dean has 10-days to respond in writing to the draft of the report
- After reconciliation, a report is sent from the site-visit team to the LCME



## Survey Report

- Does NOT make recommendations nor decisions regarding the program's accreditation status
- Factually reports on what was found
- The determination of accreditation status is the purview of the LCME (usually about 4-6 months after survey visit completed)



## Types of Accreditation Actions

- Grant an accreditation status (full, preliminary, or provisional)
- 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



## Other LCME Actions

- In situations where program not in full compliance with a standard or in an area which requires monitoring
- Limited survey visits
  - Consultations
  - Progress/Status Reports



## Accreditation with Warning

- One or more areas of noncompliance of recent origin that will, if not corrected promptly seriously compromise the ability of the school to conduct the educational program
- 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
- The program is not required to notify students and the public about a “warning” action, but is free to do so
- US Department of Education and relevant regional accreditors are notified.



## Accreditation with Probation

- An accredited program is not in substantial compliance with the accreditation standards
  - the areas of noncompliance have seriously compromised the quality of the medical education program
  - that the program has failed to make satisfactory progress in achieving compliance after having been granted ample opportunity to do so
- Subject to withdrawal of accreditation if noncompliance issues are not satisfactorily addressed by the completion of a period not to exceed twenty-four months
- Must notify students (enrolled and newly admitted) of the probationary status



## Out of compliance

- Compliance with each standard must be achieved within 2-years of citation
- If this is not done, the US Department of Education requires the LCME to initiate and adverse action against the school
  - Denying accreditation
  - Withdrawing accreditation



## Withdrawal of accreditation

- Accredited program exhibits substantial deficiencies in compliance with accreditation standards
- The deficiencies are sufficiently serious to raise concern whether graduates of the program are competent to enter the next stage of their training



## Public Notification

- The current accreditation status of all accredited programs is posted publicly on the LCME web site ([www.lcme.org](http://www.lcme.org))
- Updated within two weeks after LCME meetings
- Information includes the current accreditation status of program and the date of its next accreditation survey
- Survey reports, correspondence, documentation, and the basis for LCME actions regarding a program's accreditation status is NOT posted



## ECFMG

- In July 2010, the Educational Commission for Foreign Medical Graduates (ECFMG®) determined that, effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited
- To satisfy this requirement, an applicant's medical school must be accredited through a formal process that uses criteria comparable to those established for U.S. medical schools by the Liaison Committee on Medical Education (LCME) or that uses other globally accepted criteria, such as those put forth by the World Federation for Medical Education (WFME)



## The Problem

- There are presently no universally accepted standards for evaluating undergraduate medical education internationally
- Seeks to enhance protection of the public by incorporating medical school accreditation using globally accepted criteria into ECFMG's requirements for certification of international medical graduates (IMGs).



## Motivation

- Stimulate the development of a meaningful, universally accepted system of accreditation for undergraduate medical education outside the United States and Canada
- Such a system envisions evaluation and “recognition” by an internationally accepted organization, such as WFME, of the various bodies that accredit international medical schools



## Other benefits

- Will also generate much-needed data about undergraduate medical education internationally
- Consistent with efforts underway by other entities to assess the quality of international medical schools



**Preconference Symposium  
on WFME Global Standard  
:Perspectives from East Asian Experiences?**  
*-Adaptation, Reformation or Quality Improvement?*

January 25<sup>th</sup> 2013  
14:00-18:00 (Registration at 13:30)  
Held at Daiwa Roynet Hotel, NAHA, KOKUSAIDORI, Okinawa, Japan  
Language: English and Japanese

1: Special Lectures on Current information and Nation's Experiences  
Duckoum Ahn  
(President, the Association for Medical Education  
in the Western Pacific Region (SCREA))  
Keh-Min Liu  
(Professor, Kaohsiung Medical University, TAIWAN)  
Toshinasa Yoshitaka  
(Professor, Tokyo Women's Medical University, JAPAN)

2: Group/Panel Discussion  
Facilitator: Kyosui Kobayashi (President of IMAE, Japan)  
Moderator: Mutsaers Robert (Member of the WFME, JAPAN)

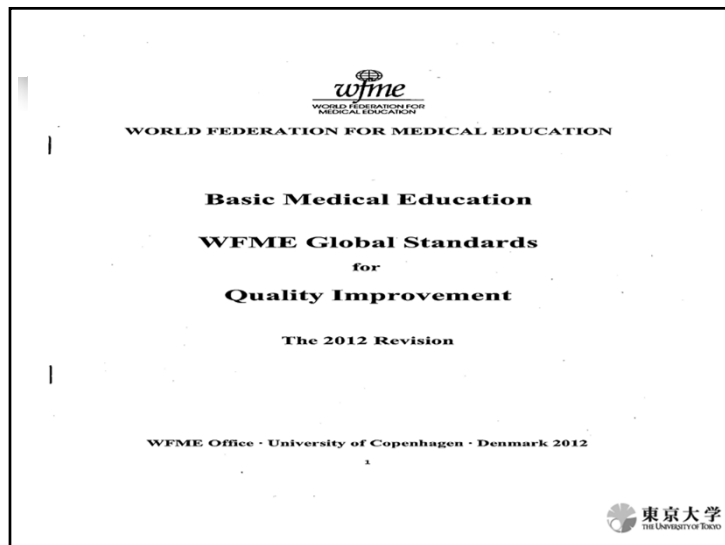
*In the era of physicians' migration and medical tourism, health care services are becoming more internationalized. Many physicians will be working at foreign institutions with different medical staff or practitioners. Mutual economic, cultural, value and patients' equity, as well as physicians' professionalism must be protected, every patient seeks for high quality medical care regardless of their nationality, economical status or diseases. One of the key factors to meet the standard of medical care is, needless to say, the quality of medical education.*

*World Federation for Medical Education had published the Trilogy of 'Global standard for quality improvement' in 2005, a collection of international standards for medical education institutions and programs. In this preconference symposium joined with 47<sup>th</sup> Workshop and Seminars on Medical Education by MEDC, as our honor to create three internationally recognized Asian reports from the Association for Medical Education in the Western Pacific Region. We think for better understanding of the adaptation of the global standard during the time to construct information from the same study and finally presenting a future vision of quality improvement for medical education in Asia.*

This symposium is held in advance to 47<sup>th</sup> Seminars and Workshop on Medical Education at Ryukyuu University in 24-27<sup>th</sup> January. Please see the details and application at: <http://www.gmu-u.ac.jp/mec07/>


**MEDC** MEDICAL EDUCATION DEVELOPMENT CENTER, RYUKYU UNIVERSITY  
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## WFME Project on Int'l Standards

- Approved by the World Health Organization (WHO)
- Approved by the World Medical Association (WMA)



## Three Intentions of Project

- Stimulate medical schools to formulate their own plans for change and for quality improvement in accordance with Int'l medical recommendations
- Establish a system of international evaluation and accreditation of medical schools to assure minimum quality standards
- Safeguard practice in medicine and medical manpower utilization by well-defined international standards of medical education



## Nine Broad Areas

1. Mission and Outcomes
2. Educational Programmes
3. Assessment of Students
4. Students
5. Academic staff/Faculty
6. Educational Resources
7. Programme Evaluation
8. Governance and Administration
9. Continuous Renewal



## Sub-areas and Standards

### SUB-AREAS

Specific aspects within each area corresponding to performance indicators (36 in all)

### STANDARDS

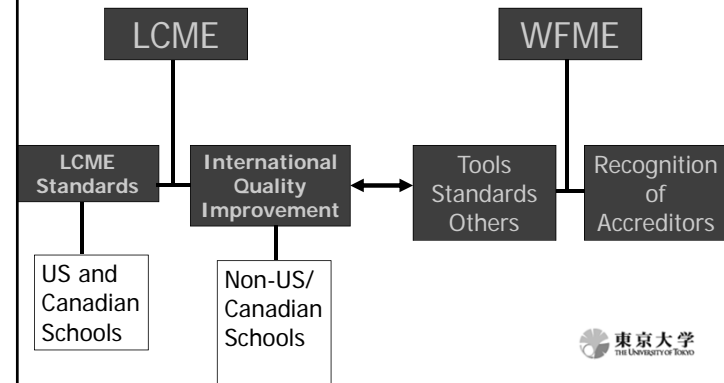
Specified for each sub-area using two levels of attainment

BASIC STANDARD – Expressed by a “MUST” (100)

STANDARD FOR QUALITY DEVELOPMENT – Expressed by a “SHOULD” (91)



## Relations between LCME-WFME



## LCME Clustering Project – July '13

- Standard 1: Mission, Planning, Organization, and Integrity (10 elements)
- Standard 2: Administration (4 elements)
- Standard 3: Academic and Learning Environments (6 elements)
- Standard 4: Faculty Preparation, Productivity and Policies (4 elements)
- Standard 5: Educational Resources (13 elements)
- Standard 6: Curricular Objectives and Design (7 elements)
- Standard 7: Curricular Content (8 elements)
- Standard 8: Curricular Management, Evaluation and Enhancement (8 elements)
- Standard 9: Teaching, Supervision, and Assessment (9 elements)
- Standard 10: Medical Student Selection and Assignment (11 elements)
- Standard 11: Medical Student Academic Support and Career Advising (4 elements)
- Standard 12: Medical Student Services (10 elements)



## Two Asian Examples

- Taiwan
- Korea



## Use of Standards - Taiwan

- Supervising Bodies in Taiwan
  - Ministry of Education
  - Department of Health
- Established Taiwan Medical Accreditation Council (TMAC)
- TMAC drafted accreditation standards
  - Medical education structure in Taiwan
  - LCME
  - Australian Medical Council
  - WFME



## Taiwan Accreditation

- Areas of Assessment
  - Administration and Resources
  - Teaching
  - Research
  - Center for Faculty Development and Service
  - Assessment of Student Affairs and Services
- Visit 3-4 schools/year
- One Accreditation Cycle = 7 years



## Outcomes of Taiwan Accreditation

- Accreditation decisions in 2012
  - 9 schools fully accredited
  - 2 conditionally accredited
  - 0 on probation
  - 1 new medical school (established in 2009)
- Reviewed and deemed “comparable” by the NCFMEA in 2002 and re-determined in 2009

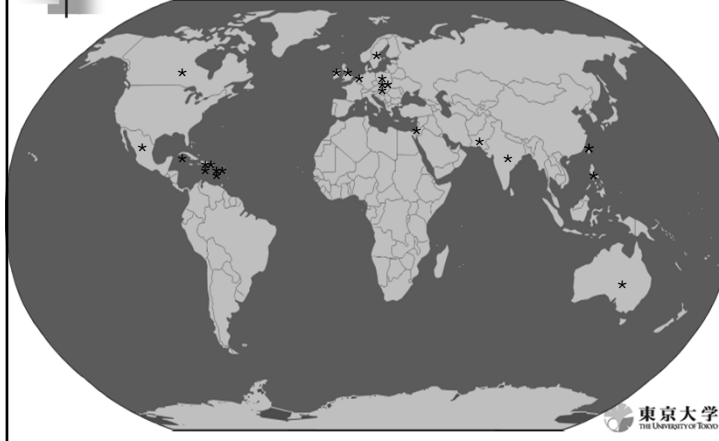


## NCFMEA

- Review the standards used by foreign countries to accredit medical schools and determine whether those standards are comparable to standards used to accredit medical schools in the United States
- Important for American students who want to attend a foreign medical school and wish to receive federal student loans to help them with educational expenses



## NCFMEA Comparability



## Use of Standards - Korea

- Several types of Medical Schools in Korea
  - 36 schools are 2yr-4yr programs
  - 5 schools are post-baccalaureate programs
  - 31 Private Schools
  - 10 Public (government assisted) schools
- Rapid expansion pushed by gov't led to rapid increase in schools but some were low quality
- Accreditation started in 1999



## Korean Accreditation

- Supervising body – Korean Council of Medical Education
  - Form Accreditation Board for Medical Education in Korea (ABMEK) in 1997
  - Consultative evaluation of 10 new medical schools in 1999
  - Tested validity of 50 accreditation standards
  - Became Korean Institute of Medical Education and Evaluation (KIMEE) in 2004



## KIMEE

- Incorporated under the Ministry of Health
- Voluntary Organization waiting for Gov't endorsement
- Accrediting standards for Basic medical education, Post-graduate medical education and continuous professional development/continuing medical education



## Accreditation Model – 1<sup>st</sup> phase

- Followed guidelines for Institutional Evaluation by Korean Council for University Education
- 50 Standards (18 “musts” and 32 “shoulds”)
- Accreditation types
  - Full
  - Conditional
- Accreditation term – 4 years



## Accreditation Model – 2nd phase

- Transition from developing to the developed
- 75 Standards
- From quantitative to qualitative evaluation
- Evaluation method: Team evaluation with site visits to university hospitals
- Final report submitted to KIMEE within 3 days after site visit
- Accreditation term – 3-5 years



## Post 2nd phase – 2007-2017

- 97 Standards
- Improving the training of site-visit team
- Overseas training with AMC, LCME
- Decision-making performed by an independent separate committee
- Delegates from students, society, NGO, government, law and education



## Lessons learned

- SKEPTICAL FACULTY AND ADMINISTRATORS
  - Standards are in place to maximize the educational experience for students
  - Compliance with the standards matters
  - Fulfill professional role that society expects of the medical profession
  - Accreditation can help facilitate needed change by leveraging outside influence



## Lessons learned

- LEGAL FRAMEWORK
  - Accreditation system must operate within a legal framework
  - The statutory instrument should be rules and regulations approved by the government
  - The legal framework must assure autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools and the profession



## Lessons learned

- STANDARDS/CRITERIA USED
  - Standards must be predetermined, agreed upon and made public
  - The criteria to be used as the basis for the accrediting process must be informed by Global Standards (such as those of WFME) with the necessary national and/or regional specifications and modifications included



## Lessons learned

- STRATEGIES FOR ACCREDITATION
  - Do a diligence and complete self-study
  - Do NOT try to hide or minimize problems
  - There are no "perfect" medical schools
  - The ideal site-visit is when the surveyors find everything that you found in your self-study and nothing more
  - Quality improvement is really the key





## REFERENCES

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