The 2015 LCME Standards Reformatting Project
Approved by the LCME on June 6, 2013

PREAMBLE

This document is the most recent in a decade-long series of revisions to LCME accreditation standards designed to clarify the meaning and utility of standards by reducing the overlap of content across standards, consolidating standards that are related conceptually, and using consistent language throughout the LCME standards document. As with previous versions of accreditation standards, the LCME’s and the CACMS’ overarching priority in publishing this revision is to promote the highest standards of quality in programs that educate the physicians of the future, mindful of the effects of the learning environment and the ultimate impact of future physicians on the health of all people.

Prior to 2002, LCME accreditation standards were presented in a narrative format. Thereafter, the LCME revised the format of accreditation standards to include a numerical listing of standards in the five relevant categories: Institutional Setting, Educational Program for the MD Degree, Medical Students, Faculty, and Educational Resources. When necessary, annotations were added to provide additional guidance regarding the meaning of various standards.

In 2010, the LCME again revised its standards document with an emphasis on the consistent use of terms (e.g., program evaluation vs. student assessment, singular vs. plural nouns, etc.) and on the use of terms that have identical meanings in the United States and Canada, as well as to incorporate constituent feedback resulting from the LCME’s consideration of constituents’ comments submitted on annual LCME surveys.

This current revision was initiated in 2011-2012 to address various issues facing medical education programs and the LCME and the CACMS, including:

- Enhancing the efficiency of the accreditation process for medical education programs and the LCME and the CACMS by distilling the total number of standards from 132 to 12 and uniting the medical education community around those 12 standards.
- Refining standards by establishing meaningful groupings of relevant “elements” under the appropriate “parent” standard.
- Streamlining standards by consolidating standards with similar purposes.
- Eliminating unnecessary redundancy across standards and deleting standards for which measures of compliance are inadequate.
- Resolving issues associated with U.S. Department of Education regulations.
- Incorporating critical portions of existing annotations into standards and/or elements, when appropriate.
- Aligning the format of LCME accreditation standards with formats used by accrediting organizations for other professional education programs.
- Increasing the emphasis on broad and shared educational values implicit in standards by replacing
prescriptive (“should” and “must”) language with simple declarative sentences.

- Ensuring that the language of standards and elements is consistent with current interpretation by the LCME and the CACMS.

Each of the 12 LCME accreditation standards includes a concise statement of the principles that represent the standard. The elements of each standard specify the components that collectively constitute the standard; they are statements that identify the variables that need to be examined in evaluating a medical education program’s compliance with the standard. The LCME and the CACMS will consider the totality of a program’s responses to each of the elements associated with a specific standard in their determination of the program’s compliance with that standard.

**Standard 1:** Mission, Planning, Organization, and Integrity
**Standard 2:** Leadership and Administration
**Standard 3:** Academic and Learning Environments
**Standard 4:** Faculty Preparation, Productivity, Participation, and Policies
**Standard 5:** Educational Resources and Infrastructure
**Standard 6:** Competencies, Curricular Objectives, and Curricular Design
**Standard 7:** Curricular Content
**Standard 8:** Curricular Management, Evaluation, and Enhancement
**Standard 9:** Teaching, Supervision, Assessment, and Student and Patient Safety
**Standard 10:** Medical Student Selection, Assignment and Progress
**Standard 11:** Medical Student Academic Support, Career Advising, and Records
**Standard 12:** Medical Student Health Services, Personal Counseling, and Financial Aid Services

**Standard 1: Mission, Planning, Organization, and Integrity**
A medical education program has a written statement of mission and goals for the program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the program demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

1.1 [IS-1]. STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT. An institution that sponsors a medical education program engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the program’s compliance with accreditation standards.

1.2 [IS-5/FA-8]. BOARD/FACULTY/STAFF COI POLICIES. An institution that sponsors a medical education program has effective policies and procedures in place regarding circumstances in which the private interests of a board member, faculty member or staff member may be in conflict with his or her official institutional or programmatic responsibilities. The institution has and follows formal and effective policies and procedures to avoid the impact of conflicts of interest of its members in the operation of the program, its associated clinical facilities, and any related enterprises.

1.3 [FA-13/FA-14]. MECHANISMS FOR FACULTY PARTICIPATION. A medical education program ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

1.4 [ER-9/ER-10]. AFFILIATION AGREEMENTS. In the relationship between an institution that sponsors a medical education program and the program’s clinical affiliates, the educational program for medical students at each location remains under the control of the institution’s faculty, as specified in written affiliation agreements that define, at a minimum, the responsibilities of each party related to the educational program. Written agreements are necessary with clinical affiliates that are used regularly for core clinical
clerkship rotations; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum:

- The assurance of medical student and faculty access to appropriate resources for medical student education.
- The primacy of the medical education program over academic affairs and the education/assessment of medical students.
- The role of the institution in the appointment and assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
- The shared responsibility with the medical education program for creating and maintaining an appropriate learning environment.
- Confirmation of the authority of the department heads of the medical education program to ensure faculty and medical student access to appropriate resources for medical student education when those department heads are not also the clinical service chiefs at affiliated institutions.

1.5 [IS-4]. BYLAWS. An institution that sponsors a medical education program promulgates bylaws that describe the responsibilities and privileges of its administrative officers, faculty, medical students, and committees.

**Standard 2: Leadership and Administration**

An institution that sponsors a medical education program includes a sufficient number of qualified administrators with the skills, time, and administrative support necessary to achieve programmatic goals and to ensure the functional integration of all programmatic components.

2.1 [IS-7]. ADMINISTRATIVE OFFICER APPOINTMENTS. Administrative officers and members of the faculty of an institution that sponsors a medical education program are appointed by, or on the authority of, the governing board of the institution.

2.2 [IS-10]. DEAN’S QUALIFICATIONS. The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the program.

2.3 [IS-8/IS-9]. ACCESS AND AUTHORITY OF THE DEAN. The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the program and to other institutional officials in order to fulfill his or her responsibilities; there is a clear definition of the dean’s authority and responsibility for the medical education program.

2.4 [IS-11]. SUFFICIENCY OF ADMINISTRATIVE STAFF. An institution that sponsors a medical education program has in place a sufficient number of associate or assistant deans, leaders of organizational units, and staff who are able to commit the time necessary to accomplish its missions.

2.5 [ED-39/ED-40]. RESPONSIBILITY OF AND TO THE DEAN. The dean of a medical school is administratively responsible for the conduct and quality of the medical education program at each location, including ensuring the adequacy of faculty at those locations. The principal academic officers at each location are administratively responsible to the dean.

2.6 [ED-41]. FUNCTIONAL INTEGRATION OF THE FACULTY. The faculty in each discipline at each location of a medical education program are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and sharing of data and feedback regarding faculty performance of their educational responsibilities).
Standard 3: Academic and Learning Environments
A medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments that recognize the benefits of diversity and that promote students’ attainment of the knowledge, skill, attitudinal, and behavioral competencies required of future physicians.

3.1 [ER-8]. RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION. Required clerkship rotations at a medical education program are conducted in health care settings in which resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching medical students.

3.2 [IS-13/IS-14]. COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES. A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities of its faculty.

3.3 [IS-16/MS-8]. DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS. An institution that sponsors a medical education program has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, administrative staff, and other members of its academic community. These activities include the development of programs and/or partnerships aimed at broadening diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

3.4 [MS-31]. ANTI-DISCRIMINATION POLICY. An institution that sponsors a medical education program does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

3.5 [MS-31-A]. LEARNING ENVIRONMENT/PROFESSIONALISM. The learning environment of a medical education program effectively promotes the ongoing development of explicit and appropriate professional attributes in its medical students, faculty, and staff at all locations. The medical education program and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

3.6 [MS-32]. STUDENT MISTREATMENT. A medical education program defines and publicizes the standards of conduct for the faculty-student relationship, develops effective written policies that address violations of those standards, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of these standards (e.g., incidents of harassment or abuse) are well understood by students and ensure that the violation can be registered and investigated without fear of retaliation.

Standard 4: Faculty Preparation, Productivity, Participation, and Policies
The faculty members of an institution that sponsors a medical education program are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution’s educational, research, and service goals.

4.1 [FA-2]. SUFFICIENCY OF FACULTY. An institution that sponsors a medical education program has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the curriculum and to meet the other needs and fulfill the other missions of the institution.

4.2 [FA-5]. SCHOLARLY PRODUCTIVITY. A medical school faculty member demonstrates a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.
4.3 [FA-7/FA-9]. FACULTY APPOINTMENT POLICIES. An institution that sponsors a medical education program has clear policies in place for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean, and provides each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, and, if relevant, the policy on practice earnings.

4.4 [FA-10]. FEEDBACK TO FACULTY. A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure.

4.5 [ED-30/FA-4/FA-11]. FACULTY PROFESSIONAL DEVELOPMENT. An institution that sponsors a medical education program provides opportunities for professional development to each faculty member (e.g., in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and or research) to enhance his or her skills and leadership abilities in these areas.

4.6 [FA-12]. FACULTY/DEAN RESPONSIBILITY FOR EDUCATIONAL PROGRAM POLICIES. At an institution that sponsors a medical education program, the dean and a committee of the faculty determine programmatic policies.

Standard 5: Educational Resources and Infrastructure
An institution that sponsors a medical education program has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

5.1 [ER-2]. ADEQUACY OF FINANCIAL RESOURCES. The present and anticipated financial resources of an institution that sponsors a medical education program are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

5.2 [ED-36]. DEAN’S AUTHORITY/RESOURCES FOR CURRICULUM MANAGEMENT. The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

5.3 [ER-3]. PRESSURES FOR SELF-FINANCING. Pressures for institutional self-financing do not compromise the educational mission of the medical education program or cause it to enroll more medical students than its total resources can accommodate.

5.4 [ER-4]. SUFFICIENCY OF BUILDINGS AND EQUIPMENT. A medical education program has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

5.5 [ER-6]. RESOURCES FOR CLINICAL INSTRUCTION. A medical education program has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatients settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

5.6 [ER-7]. CLINICAL INSTRUCTIONAL FACILITIES/INFO RESOURCES. Each hospital or other clinical facility of a medical education program that serves as a major location for medical student education has sufficient instructional facilities and information resources.

5.7 [ER-5]. SECURITY AND DISASTER PREPAREDNESS. A medical education program has adequate security systems in place at all locations and publishes policies and procedures that address emergency and
disaster preparedness.

5.8 [ER-11/ER-12]. LIBRARY RESOURCES/STAFF. An institution that sponsors a medical education program provides ready access to well-maintained library facilities sufficient in size, breadth of holdings, and technology to support its educational and other missions; the library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and responsive to the needs of the medical students, faculty members, and others associated with the institution.

5.9 [ER-13/ER-14]. INFORMATION TECHNOLOGY RESOURCES/STAFF. An institution that sponsors a medical education program provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions; the information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

5.10 [MS-12]. RESOURCES USED BY TRANSFER/VISITING STUDENTS. The resources used by a medical education program to accommodate the requirements of any visiting and transfer medical students do not significantly diminish the resources available to already enrolled medical students.

5.11 [MS-37]. STUDY/LOUNGE/STORAGE SPACE. A medical education program ensures that its medical students have adequate study space, lounge areas, and personal lockers or other secure storage facilities at each location.

5.12 [ER-1/ED-9/ER-9]. REQUIRED NOTIFICATIONS TO THE LCME/CACMS. A medical education program notifies the LCME and the CACMS, when applicable, of any substantial change in the number of enrolled medical students; in the resources available to the institution, including faculty, physical facilities, or finances; its plans for any major modification of its curriculum; and/or anticipated changes (i.e., additions or deletions) in the affiliation status of the program’s clinical facilities. If it plans to increase entering medical student enrollment on the main campus and/or in existing functionally separate campuses above the threshold of 10 percent, or 15 medical students in one year or 20 percent in three years, or if it plans to start a new functionally separate campus or to expand an existing functionally separate campus, the program is required to provide prior notification to the LCME and the CACMS.

**Standard 6: Competencies, Curricular Objectives, and Curricular Design**

The faculty of an institution that sponsors a medical education program defines the competencies to be achieved by its medical students with programmatic learning objectives and is responsible for the detailed design and implementation of the components of a curriculum that enables its medical students to achieve those competencies and objectives. [ED-34] The objectives of the medical education program are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement.

6.1 [ED-1-A/ED-3]. FORMAT/DISSEMINATION OF LEARNING OBJECTIVES. The faculty of an institution that sponsors a medical education program defines the program’s learning objectives in outcome-based terms that allow the assessment of students’ progress in developing the competencies that the profession and the public expect of a physician. The program makes these objectives known to all medical students, faculty members, residents, and others with responsibility for medical student education and assessment.

6.2 [ED-2]. REQUIRED CLINICAL EXPERIENCES/MONITORING. The faculty of an institution that sponsors a medical education program defines the types of patients and clinical conditions that students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

6.3 [ED-5-A]. ACTIVE AND LIFE-LONG LEARNING. The faculty of an institution that sponsors a
medical education program ensures that the program’s curriculum includes self-directed learning experiences and time for independent study to allow students to develop the skills of lifelong learning. Self-directed learning involves students’ self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

6.4 [ED-16]. INPATIENT/OUTPATIENT EXPERIENCES. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum includes clinical experiences in both outpatient and inpatient settings.

6.5 [ED-18]. ELECTIVE OPPORTUNITIES. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum includes elective opportunities that supplement required courses and clerkship rotations and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and pursue their individual academic interests.

6.6 [IS-14-A]. SERVICE-LEARNING. The faculty of an institution that sponsors a medical education program ensures that the program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and community service activities.

6.7 [IS-12]. ACADEMIC ENVIRONMENTS. The faculty of an institution that sponsors a medical education program ensures that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate, and professional degree programs and in clinical environments that provide opportunities for interaction with physicians in graduate medical education and continuing medical education programs.

6.8 [ED-4]. EDUCATION PROGRAM DURATION. A medical education program includes at least 130 weeks of instruction.

Standard 7: Curricular Content
The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum provides content of sufficient breadth and depth to prepare medical students for residency education in every specialty and for the subsequent contemporary practice of medicine. [ED-5]

7.1 [ED-10/ED-11]. CURRICULAR CONTENT: BIOMEDICAL, BEHAVIORAL, SOCIAL SCIENCES. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum includes content from the biomedical, behavioral and socioeconomic sciences to support medical students' mastery of the contemporary scientific knowledge, concepts, and methods fundamental to acquiring and applying science to the health of individuals and populations.

7.2 [ED-10/ED-13/ED-14/ED-15]. CURRICULAR CONTENT: ORGAN SYSTEMS/LIFE CYCLE/PRIMARY CARE/PREVENTION/WELLNESS/SYMPTOMS/SIGNS/DIFFERENTIAL DIAGNOSIS. TREATMENT PLANNING, IMPACT OF BEHAVIORAL/SOCIAL FACTORS. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum includes:

- Content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:
  - Recognize wellness, determinants of health, and opportunities for health promotion.
  - Recognize and interpret symptoms and signs of disease.
  - Develop differential diagnoses and treatment plans.
  - Recognize the potential health-related impact on patients of behavioral and socioeconomic factors.
  - Assist patients in addressing health-related issues involving all organ systems.
7.3 [ED-12/ED-17-A]. CURRICULAR CONTENT: SCIENTIFIC METHOD/CLINICAL/TRANSLATIONAL RESEARCH. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).

7.4 [ED-6]. CURRICULAR CONTENT: CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use principles and skills effectively in solving problems of health and disease.

7.5 [ED-20]. CURRICULAR CONTENT: SOCIETAL PROBLEMS. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

7.6 [IS-16/ED-21/ED-22]. CURRICULAR CONTENT: CULTURAL COMPETENCE/HEALTH CARE DISPARITIES/PERSONAL BIAS. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum:

- Provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process.
- Includes instruction regarding:
  - The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
  - The basic principles of culturally competent health care.
  - The recognition and development of solutions for health care disparities.
  - The importance of meeting the health care needs of medically underserved populations.
  - The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensionally diverse society.

7.7 [ED-23]. CURRICULAR CONTENT: MEDICAL ETHICS. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients’ families and others involved in patient care.

7.8 [ED-19]. CURRICULAR CONTENT: COMMUNICATION SKILLS. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

7.9 [ED-19-A]. CURRICULAR CONTENT: INTERPROFESSIONAL CURRICULUM. The core curriculum of a medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

Standard 8: Curricular Management, Evaluation, and Enhancement
The faculty of an institution that sponsors a medical education program engages in program evaluation activities
to ensure that medical students achieve programmatic learning objectives and participate in required clinical experiences and settings. The faculty modifies curricular experiences, as necessary, to ensure that students meet all learning objectives and that program quality is maintained and enhanced.

8.1 [ED-34/ED-35/ED-37]. CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING. The faculty of an institution that sponsors a medical education program is responsible for the detailed development, design, and implementation of all components of the program, including the overall learning objectives, the objectives for each curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content, ongoing review and updating of content, and evaluation of course, clerkship rotation, and teacher quality. These objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that programmatic learning objectives are achieved.

8.2 [ED-1]. USE OF PROGRAMMATIC LEARNING OBJECTIVES. The faculty of an institution that sponsors a medical education program ensures that the program’s curriculum uses formally adopted programmatic learning objectives to guide the selection of curriculum content, review and revise the curriculum, and establish the basis for evaluating programmatic effectiveness. The learning objectives of each required course and clerkship rotation are linked to programmatic learning objectives.

8.3 [ED-33]. CURRICULAR MANAGEMENT. A medical education program has in place an institutional body (e.g., a faculty committee) that oversees the program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated curriculum.

8.4 [ED-46]. PROGRAM EVALUATION. A medical education program collects, during program enrollment and after program completion, and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving programmatic learning objectives and to enhance program quality.

8.5 [ED-47]. USE OF STUDENT EVALUATION DATA IN PROGRAM IMPROVEMENT. In evaluating program quality, a medical education program has formal processes in place to collect and consider medical student evaluations of their courses, clerkship rotations, and teachers, and other relevant information.

8.6 [ED-2]. MONITORING OF COMPLETION OF REQUIRED CLINICAL EXPERIENCES. A medical education program has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences and remedies any identified gaps.

8.7 [ED-8]. COMPARABILITY OF EDUCATION/ASSESSMENT. The curriculum of a medical education program includes a core of comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship rotation to ensure that all medical students achieve the same programmatic learning objectives.

8.8 [ED-38]. DUTY HOURS POLICY/MONITORING. The committee responsible for the curriculum at a medical education program and the program’s administration and leadership develop and implement effective policies regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkship rotations.

**Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety**

A medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects students’ and patients’ safety by ensuring that all persons who teach, supervise, and/or assess students are adequately prepared for those responsibilities.

9.1 [ED-24]. RESIDENT PREPARATION. In a medical education program, residents, graduate students,
postdoctoral fellows, and other non-faculty instructors who supervise or teach medical students are familiar with the learning objectives of the course or clerkship rotation and are prepared for their roles in teaching and assessment. The program provides resources to enhance residents’ and non-faculty instructors’ teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

9.2 [ED-25]. FACULTY APPOINTMENTS. Supervision of medical student learning experiences at an institution that offers a medical education program is provided throughout required clerkship rotations by members of the institution’s faculty.

9.3 [ED-25-A]. CLINICAL SUPERVISION OF MEDICAL STUDENTS. A medical education program ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, the level of responsibility delegated to the student is appropriate to his or her level of training, and the activities supervised are within the scope of practice of the supervising health professional.

9.4 [ED-26/ED-27/ED-28]. VARIETY OF MEASURES OF STUDENT ACHIEVEMENT/ DIRECT OBSERVATION OF CORE CLINICAL SKILLS. Throughout a medical education program, there is a centralized system in place for the assessment of medical student achievement that employs a variety of measures, including direct observation of students’ acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in the program's learning objectives, and that ensures that medical students at all locations achieve the same programmatic learning objectives.

9.5 [ED-29]. SETTING STANDARDS OF ACHIEVEMENT. In a medical education program, faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience.

9.6 [ED-30]. FAIR AND TIMELY FORMATIVE/SUMMATIVE ASSESSMENT. A medical education program has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship rotation. Final grades are available within six weeks of the end of a course or clerkship rotation.

9.7 [ED-31]. MID-COURSE AND CLERKSHIP ROTATION FEEDBACK. A medical education program ensures that each medical student is assessed and provided with formal feedback early enough during each required course or clerkship rotation four or more weeks in length to allow sufficient time for remediation. This typically means that formal feedback occurs at least at the midpoint of the course or clerkship rotation. A course or clerkship rotation less than four weeks in length provides alternate means by which a student can measure his or her progress in learning.

9.8 [ED-32]. NARRATIVE ASSESSMENT. In a medical education program, a narrative description of a medical student’s performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship rotation whenever teacher-student interaction permits this form of assessment.

9.9 [ED-42/MS-34]. SINGLE STANDARD FOR PROMOTION/GRADUATION AND APPEAL PROCESS. A medical education program has a single standard for the promotion and graduation of medical students across all locations and a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to promotion, graduation, or dismissal.

Standard 10: Medical Student Selection, Assignment, and Progress
A medical education program establishes and publishes admission requirements for potential applicants and uses
effective policies and procedures for medical student selection, enrollment, and assignment.

10.1 [MS-1/MS-2]. PREMEDICAL EDUCATION/REQUIRED COURSEWORK. Through its requirements for admission, a medical education program encourages potential applicants to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its premedical course requirements to those deemed essential preparation for successful completion of its curriculum.

10.2 [MS-4/MS-7]. FINAL AUTHORITY OF ADMISSION COMMITTEE. The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

10.3 [FA-6/MS-3/MS-11/MS-33]. POLICIES REGARDING STUDENT SELECTION/PROGRESS AND THEIR DISSEMINATION. The faculty of an institution that sponsors a medical education program establishes criteria for student selection and develops and implements effective policies and procedures regarding, and makes decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The institution makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

10.4 [MS-5/MS-6]. CHARACTERISTICS OF ACCEPTED APPLICANTS. A medical education program selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

10.5 [MS-9]. TECHNICAL STANDARDS. A medical education program develops and publishes technical standards for the admission, retention, and graduation of applicants or students with disabilities, in accordance with legal requirements.

10.6 [MS-10]. CONTENT OF INFORMATIONAL MATERIALS. A medical education program’s catalog and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the program, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkship rotations offered by the program.

10.7 [MS-13/MS-14]. TRANSFER STUDENT QUALIFICATIONS. A medical education program ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join.

10.8 [MS-15]. TRANSFER INTO THE FINAL YEAR. A medical education program accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

10.9 [MS-16]. VISITING STUDENT PROCESSING. A medical education program verifies the credentials of each visiting medical student, maintains a complete roster of visiting students, approves each visiting student’s assignments, and provides a performance assessment for each visiting student, as well as establishes health-related protocols for such visiting student.

10.10 [MS-17]. VISITING STUDENT QUALIFICATIONS. A medical education program ensures that any visiting medical student demonstrates qualifications comparable to those of the medical students he or she
would join in those experiences and identifies the administrative office that fulfills this responsibility.

10.11 [ED-43]. STUDENT ASSIGNMENT. A medical education program assumes ultimate responsibility for the selection and assignment of medical students to all locations and/or educational tracks and identifies the administrative office that fulfills this responsibility. A process exists whereby a student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

**Standard 11: Medical Student Academic Support, Career Advising, and Records**

A medical education program provides effective academic support and career advising to medical students at each location to assist them in achieving programmatic learning objectives. Medical students at each location have the same rights and receive comparable services. [ED-44]

11.1 [MS-18]. ACADEMIC ADVISING. A medical education program has an effective system of academic advising for medical students that integrates the efforts of faculty members, course directors, and student affairs officers with its counseling and tutorial services and ensures that students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

11.2 [MS-19]. CAREER ADVISING. A medical education program has an effective career advising system in place to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

11.3 [MS-20]. OVERSIGHT OF EXTRAMURAL ELECTIVES. If a medical student at a medical education program is permitted to take an elective under the auspices of another medical education program, institution, or organization, a centralized system exists in the dean’s office at the home program to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the program in order to inform the student’s and the program’s review of the experience prior to its approval:

- Potential risks to the health and safety of patients, students, and the community;
- The availability of emergency care;
- The possibility of natural disasters, political instability, and exposure to disease;
- The need for additional preparation prior to, support during, and follow-up after the elective;
- The level and quality of supervision; and
- Any potential challenges to the code of medical ethics adopted by the home institution.

11.4 [MS-22]. PROVISION OF MSPE/MSPR. A medical education program provides a Medical Student Performance Evaluation (or, in Canada, a Medical Student Performance Record) required for the residency application of a medical student only on or after October 1 of the student's final year.

11.5 [MS-35]. CONFIDENTIALITY OF STUDENT RECORDS. At a medical education program, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

11.6 [MS-36]. STUDENT ACCESS TO RECORDS. A medical education program has policies and procedures in place that permit a medical student to review and to challenge his or her records if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

**Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services**

A medical education program provides effective student services to medical students at each location to assist them in achieving the program’s goals for its students. Medical students at each location have the same rights and receive comparable services. [ED-44]
12.1 [MS-23/MS-24]. FINANCIAL AID/DEBT MANAGEMENT COUNSELING/ STUDENT EDUCATIONAL DEBT. A medical education program provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

12.2 [MS-25]. TUITION REFUND POLICY. An institution that offers a medical education program has clear, reasonable, and fair policies for the refund of a medical student’s tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

12.3 [MS-26]. PERSONAL COUNSELING/WELL-BEING PROGRAMS. A medical education program has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

12.4 [MS-27]. STUDENT ACCESS TO HEALTH CARE SERVICES. A medical education program provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

12.5 [MS-27-A]. NON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT. The health professionals at a medical education program who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services. Records of those services are stored in a secure environment appropriate for personal health information.

12.6 [MS-28]. STUDENT ACCESS TO HEALTH AND DISABILITY INSURANCE. A medical education program makes health insurance available to each medical student and his or her dependents and provides each medical student with access to disability insurance.

12.7 [MS-29]. IMMUNIZATION GUIDELINES. A medical education program follows accepted guidelines in determining immunization requirements for its medical students.

12.8 [MS-30]. STUDENT EXPOSURE POLICIES/PROCEDURES. A medical education program has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:

- The education of students about methods of prevention.
- The procedures for care and treatment after exposure, including a definition of financial responsibility.
- The effects of infectious and environmental disease or disability on student learning activities.

All registered students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.