

**UGME REPORT TO DEAN'S OFFICE MEDICINE  
LCME ACCREDITATION 2009 – 2011**

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### **About the Liaison Committee on Medical Education (LCME)**

The LCME is the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools. Accreditation of Canadian programs is undertaken in cooperation with the Committee on Accreditation of Canadian Medical Schools (CACMS).

### **The Purpose of LCME Accreditation**

There are two general aims:

1. To certify that a medical education program meets prescribed standards
2. To promote institutional self-evaluation and improvement.

The accreditation process requires educational programs to provide assurances that their graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training, and that serve as the foundation for lifelong learning and proficient medical care.

Accreditation assures medical education programs are in compliance with defined standards and asks:

1. Has the program clearly established its mission, goals, and institutional learning objectives?
2. Are the program's curriculum and resources organized to meet its mission, goals, and objectives?
3. What is the evidence that the program is currently achieving its mission, goals, and objectives and is likely to continue to meet them in the future?

### **Standards**

LCME standards for Canadian medical education programs are contained in the document *Functions and Structure of a Medical School*, available from the LCME web site ([www.lcme.org](http://www.lcme.org)). These standards have been endorsed by the medical education community and by the organizations that sponsor the LCME and its Canadian counterpart, the Committee on Accreditation of Canadian Medical Schools (CACMS).

There are a total of 126 individual standard statements with associated database under five categories:

- |   |                          |
|---|--------------------------|
| 1. Institutional Setting  | 3. Medical Students      |
| 2. Educational Program for the M.D. Degree<br>(includes Required Course & Clerkship<br>Forms) | 4. Faculty               |
|   | 5. Educational Resources |

### **Self-Study Process & Task Force**

Completion of a "self-study" is central to the accreditation process and is directly linked to the standards for accreditation. To that end, a Faculty of Medicine, "LCME Accreditation Task Force" was established in July 2009 to oversee and lead the accreditation process and ensure appropriate follow up and ongoing, continuous quality improvement. The Task Force will ensure completion of the LCME medical education database and compilation of other supporting documents; collect and review data about the medical school and its educational programs. Each section of the database should be completed by the persons most knowledgeable about the corresponding topics.

A Core Group of this Task Force will continue after the survey is completed and become a permanent accreditation reporting, educating and coordinating group reporting to Faculty Executive Council (FEC).

Five subcommittees, one for each standard category noted above, were also established to ensure completion of the standards documentation, and for ongoing, continuous improvement in that area of the standards.

### **The LCME Accreditation Task Force and Self Study SubCommittees will:**

1. Determine the objectives of the self-study (purposes, studies, reports, and issues)
2. Set the timetable for the completion of activities.
3. Ensure completion of the required independent Student Assessment.

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4. Analyze the completed database and other information collected - identify institutional strengths and issues requiring action, and define strategies to ensure strengths are maintained/problems addressed.
5. Create a summary report from the self-study process and submit to the LCME offices prior to the survey visit. The report provides an evaluation of the quality of the medical education program and the adequacy of resources that support it and identifies next steps.

The self study process is initiated approximately 12-15 months prior to the survey to allow sufficient time to complete the documentation, review the outcomes and initiate planning for improvement as required.

### **Student Assessment**

A compilation of student opinion data that includes the independent student analysis of the medical school is a required component. Part I of the student survey has been completed. The students will be running a second iteration of the survey during this academic year and using both data sets to create a final report for LCME/CACMS. They will be presenting their preliminary report and recommendations to UGME Standing Committees in the Fall 2009 and are aiming to have their final report completed for June 2010. Link to survey tool:[http://www.surveymonkey.com/s.aspx?sm=UvR0\\_2bbKjp78Anwb2YEfaeQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=UvR0_2bbKjp78Anwb2YEfaeQ_3d_3d)

### **The Survey Visit and Survey Report**

The Faculty's self-study summary report is submitted to the LCME offices and to the survey team, along with the completed database and other documents, about three months prior to the survey visit. An LCME survey team usually visits for 2 ½ days. The survey team will develop a list of strengths, areas of partial or substantial noncompliance with accreditation standards, and any "areas in transition" (i.e., activities currently in compliance with standards, but for which possible future events could affect compliance).

Within one to two months after the visit, a draft survey report is prepared and sent to the Dean for correction of any factual errors before it is submitted to the LCME. The final survey report is considered by the LCME at its next regular meeting (in October, February, or June), at which time a decision about the program's accreditation status is made.

### **Outcome of Survey**

Accreditation is typically granted or renewed for a period of eight years. As a condition for granting or renewing accreditation, the LCME may:

1. Require that the Dean submit one or more written status reports;
2. Schedule a limited site visit;
3. Direct its Secretariat to conduct a visit;
4. Order another full survey before the completion of the eight-year term.
5. Decide to place the program on warning of probation or probation and it may withdraw accreditation if major problems exist which are not corrected within a reasonable period of time.

### **IMPORTANT DATES**

- **Consultation Visit – February/March 2010 – focused visit requested by the Dean & UGME**
- **The Dean's Update Report to LCME – May 2010**
- **Students' Final Survey Report – June 2010**
- **Mock Accreditation Survey – October - November 2010**
- **Self Study & Documentation to LCME – January 2011**
- **Survey Visit – April 2011**

**Concluding Notes:** All we do can be linked back to meeting and supporting accreditation standards. We each have a responsibility to understand how these standards are incorporated into our activities and job responsibilities. Review the Faculty of Medicine website and the Accreditation link. Questions about UGME accreditation can be directed to: Dr. Diane Biehl, Faculty Lead, UGME Accreditation; Karen Howell, UGME Accreditation Project Manager, or Dr. Bruce Martin, Associate Dean, UGME.