



LIAISON COMMITTEE ON
MEDICAL EDUCATION

CONNECTIONS

Institutional Setting (IS) Standard

Updated May 2012

The information provided in this document is developed from the most recent versions of LCME documents (see version information below). Programs that began the accreditation process using previous versions of the standards, database questions, and self-study questions may notice some differences. This is to be expected given that schools generally start their self-study process approximately 15 months before their scheduled survey visit, and so are using the materials in place at that time.

Function and Structure of a Medical School, *May 2011*

Guide to the Institutional Self-study, *for survey visits in 2012-2013*

Medical Education Database, *for survey visits in 2012-2013*

Survey Report Guide, *August 2011*

IS-16

IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

The LCME and the CACMS believe that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment will facilitate physician training in:

- Basic principles of culturally competent health care.
- Recognition of health care disparities and the development of solutions to such burdens.
- The importance of meeting the health care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, social accountability) needed to provide effective care in a multidimensionally diverse society.

The institution should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. The institution should consider in its planning elements of diversity including, but not limited to, gender, racial, cultural, and economic factors. The institution should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others.

DATABASE QUESTIONS

- a. Provide a copy of all current institutional (medical school and/or university) mission statement(s) and policies that are related to assuring a diverse student body, faculty, and staff.
 - i. Describe the process by which these statements and policies were developed, approved, and implemented at the institution.
 - ii. Describe how these statements and policies are made known to current and prospective applicants, students, employees, faculty, and staff.
- b. Describe how the institution defines or characterizes diversity for its students, faculty, and staff. What dimensions of diversity are considered? If different definitions apply to any of these institutional constituencies, provide each relevant definition. In the context of the definition of diversity, describe how institutional policies related to diversity are put into practice in each of the following areas:
 - i. Student recruitment, selection, and retention
 - ii. Financial aid
 - iii. Educational program
 - iv. Faculty/staff recruitment, employment, and retention

- v. Faculty development
- vi. Liaison activities with community organizations

c. Based on the institution’s definition of diversity and the LCME standard that “medical schools should consider in their planning elements of diversity including, but not limited to, gender, racial, cultural and economic diversity,” report in the table below information regarding the percentage of enrolled students and employed faculty and staff in each of the categories included in the institution’s definition of diversity.

Category	First-Year Students	All Students	Faculty	Staff* (define)

* Note that “staff” can include residents and other health professionals.

See also information for standard ED-21 and standard MS-8 in Section III: Medical Students.

SELF-STUDY QUESTIONS

Describe programmatic and institutional goals for diversity. Evaluate the clarity of the medical school’s definition of the specific groups whose representation in the student body and faculty would add value to the learning environment. Evaluate the success of the medical school in developing programs to support the achievement of its goals for appropriate diversity among its students, faculty, and staff. Describe recruitment and support programs related to the school’s diversity goals and assess their effectiveness. Assess how well institutional diversity contributes to the educational environment and prepares students for meeting the health care needs of a diverse society.

SURVEY REPORT GUIDE

Note if diversity is explicitly referenced in medical school policies and/or reflected in the policies of its parent university. Describe whether and how the medical school has characterized

diversity for its students, faculty, and staff. Briefly describe how the policies related to diversity are reflected in: 1) student recruitment, selection, and retention; 2) financial aid; 3) the educational program; 4) faculty and staff recruitment, employment, and retention; 5) faculty development; and 6) community liaison activities. Summarize, by referencing the table on institutional diversity, the school's success in achieving diversity in the categories that it has defined for medical students, faculty, and staff (describe how the school has defined staff).

Note: The survey team report will have, as an appendix, the table on institutional diversity (if not included in the narrative), provided by the school

SECRETARIAT COMMENTS

Standard IS-16, one of two relatively new standards related to diversity (see also standard MS-8), is modeled on, among other sources of information, the AAMC publication entitled, *Roadmap to Diversity: Key Legal and Educational Policy Foundations for Medical Schools* (2008). IS-16, introduced in 2009, requires that a medical education program have a policy that explicitly defines the specific groups whose members the institution seeks to employ among its faculty and staff and to enroll in its student body because representation from those groups would bring “added value” to the learning environment for all participants. Some schools mistakenly provide their affirmative action policy when asked for their diversity policy; this approach is not sufficient and will lead to a non-compliance citation. An affirmative action policy protects against unlawful discrimination in hiring and student selection; a diversity policy is positive in its approach to hiring and selection.

Please note that, in the table in database question c for standard IS-16, the school is asked to report data “regarding the percentage of enrolled students and employed faculty and staff in each of the categories included in the institution’s definition of diversity.” If the school’s policy is not explicit regarding which groups would bring added value to the learning environment, then the school would be unable to complete this table.

This approach replaces prior attempts to address diversity based on remediating historic discrimination against specific societal groups, and it is certainly not about establishing a quota-based system of enrollment or faculty or staff hiring. Both of these approaches are legally untenable. In addition, the fact that IS-19 is located in the Institutional Standards section of the *Functions and Structure of a Medical School* document reflects the fact that this standard is not solely about student diversity, but rather that it requires a school-wide policy defining the desired elements of diversity among students, faculty, and staff. Different types of diversity can be defined for faculty, staff, and students. Exemplary policies will specifically refer to the presence of individuals from these designated groups because their presence will enhance the learning environment for all participants and enhance the potential for physician graduates to choose to address health care inequities in today’s society.

The designated groups may well include persons from groups that are currently underrepresented in medicine, but IS-19 also permits schools to include other groups in its diversity definition (e.g., first-generation college students, financially disadvantaged students, students from rural backgrounds, GLBT students, members of specific racial and ethnic groups, etc.).

This standard does not specifically define “staff”; this is also left up to the school. “Staff” could include residents and house staff and/or members of the support/administrative staff. Standard

MS-8 standard extends this concept by requiring that the school engage in partnerships or pipeline programs to increase the national pool of applicants from these “value added” groups.

[Back to index](#)