

Barbara Barzansky, PhD, MHPE
LCME Secretary, 2011-2012
Council on Medical Education
American Medical Association
515 North State Street
Chicago, Illinois 60654
Phone: 312-464-4933
Fax: 312-464-5830
E-mail: barbara.barzansky@ama-assn.org



LIAISON COMMITTEE ON
MEDICAL EDUCATION

www.lcme.org

Dan Hunt, MD, MBA
LCME Secretary, 2012-2013
Association of
American Medical Colleges
2450 N Street, NW
Washington, DC 20037
Phone: 202-828-0596
Fax: 202-828-1125
E-mail: dhunt@aamc.org

June 22, 2012

Robert C. Nerhood, MD
Interim Dean
Joan C. Edwards School of Medicine
Marshall University
1600 Medical Center Drive
Huntington, WV 25701-3655

RE: March 28, 2012 Action Plan

Dear Dean Nerhood:

At its June 12-14, 2012 meeting, the Liaison Committee on Medical Education (LCME) reviewed and accepted the action plan submitted on March 28, 2012 on behalf of the medical education program leading to the MD degree at the Marshall University Joan C. Edwards School of Medicine.

This report addressed the following areas and accreditation standards: IS-16 (diversity), ED-5-A (active learning and independent study), ED-33 (curriculum management), MS-19 (career counseling), MS-23 (financial aid and debt counseling), MS-24 (student educational debt), MS-26 (personal counseling and student well-being), FA-5 (faculty scholarly productivity), and ER-9 (affiliation agreements).

The LCME voted to accept the action plan and to schedule a limited (focused) survey visit within the next 12 months. The visit will review the areas of noncompliance cited above, the area determined to be in compliance with a need for monitoring during the October 2011 reconsideration hearing (standard ED-21) and the areas cited as being in transition in the June 15, 2011 letter of accreditation sent to President Kopp: succession planning for institutional leadership (standard IS-11) and resources for the educational program in the context of increased class size (standards ER-6 and MS-37). The LCME Secretariat will be in touch with you to discuss the timing of the visit. A letter detailing the information that should be submitted to the survey team and the Secretariat prior to the survey will be sent to you approximately six months before the survey visit.

COMPLIANCE TERMINOLOGY

Please refer to the attached memorandum for an overview of LCME compliance terminology and note the October 2011 implementation of a new category of compliance called *compliance, with a need for monitoring*, which indicates that the program is in compliance with the cited accreditation standard, but that monitoring is required to ensure continued compliance. A

determination of *noncompliance* indicates that the program does not meet one or more of the requirements of the cited standard.

UNITED STATES DEPARTMENT OF EDUCATION REGULATIONS

The LCME is bound by the regulations of the United States Department of Education to document compliance with all cited LCME accreditation standards **within two years of a program's initial notification of noncompliance**. As such, the LCME will require timely follow-up on all determinations of *compliance, with a need for monitoring and noncompliance*.

NOTIFICATION POLICY

The LCME is required to notify the United States Department of Education and the relevant regional accrediting body of all final accreditation actions, including determinations of "Accredited," "Accredited, with Warning," and "Accredited, on Probation." The LCME will also make final determinations of "Accredited" and "Accredited, on Probation" available to the public. Note that the determination "Accredited, on Probation" is only final after a program has exercised its right to waive or undergo an official reconsideration by the LCME.

ACCREDITATION STANDARDS

To review the current list of LCME accreditation standards and their annotations, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME website at www.lcme.org/standard.htm. Programs asked to submit future status reports will be responsible for aligning the follow-up items in the report with the *Functions and Structure* document that is current at the time the status report is due.

CHANGES THAT MAY IMPACT ACCREDITATION

Accreditation is awarded to a medical education program based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, facilities, and operating budget.

If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution such that the balance becomes distorted, the LCME expects to receive prior notice of the proposed change. Substantial changes

Robert C. Nerhood, MD
Page 3

may lead the LCME to re-evaluate a program's accreditation status. Please refer to the submission requirements page on the LCME website for details on submitting such notifications: www.lcme.org/submission_requirements.htm.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Dan Hunt, MD, MBA
LCME Co-Secretary

enc: Memorandum regarding categories of compliance with accreditation standards



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Memorandum

SUBJECT: New Category of Compliance with LCME Accreditation Standards and Glossary of Compliance Terminology

In its review of survey reports and follow-up status reports, the Liaison Committee on Medical Education (LCME) determines a medical education program's compliance with individual accreditation standards.

Historically, the LCME has used the terms *compliance* and *noncompliance* to describe a program's conformance with accreditation standards. At its June 2011 meeting, the LCME approved a third term called *compliance, with a need for monitoring*, which falls under the category of *compliance with accreditation standards*. The LCME also adopted formal definitions for the three compliance terms. These three terms are defined below.

COMPLIANCE WITH ACCREDITATION STANDARDS

Compliance:

The required policy, process, resource, or system is in place and, if required by the standard, there is evidence to indicate that it is effective.

Compliance, with a Need for Monitoring:

- 1) The medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved.

OR

- 2) The medical education program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance (*formerly "area in transition"*).

NONCOMPLIANCE WITH ACCREDITATION STANDARDS

The medical education program has not met one or more of the requirements of the standard: The required policy, process, resource, or system either is not in place or is in place, but has been found to be ineffective.

Updated May 2012