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LIAISON COMMITTEE ON
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July 7, 2014

Jose Manuel de la Rosa, MD
Founding Dean, Paul L. Foster School of Medicine
Texas Tech University Health Sciences Center
5001 El Paso Drive
El Paso, TX 79905

RE: Status Report, March 28, 2014

Dear Dean de la Rosa:

At its June 16-19, 2014 meeting, the Liaison Committee on Medical Education (LCME) voted to acknowledge receipt of the status report submitted on March 28, 2014 on behalf of the medical education program leading to the MD degree at the Paul L. Foster School of Medicine Texas Tech University Health Sciences Center.

This report addressed the following standards: *IS-16 (diversity)*, *ED-8 (comparability across instructional sites)*, *ED-31 (mid-course feedback)*, *ED-35 (systematic review and revision of the curriculum)*, *ED-38 (monitoring duty hours)*, *MS-3 (information about selection criteria and procedures)*, *MS-31-A (learning environment and professionalism)*, *ER-6 (resources for clinical instruction)*, and *ER-9 (affiliation agreements)*.

**As a reminder, at its February 2014 meeting, the LCME also voted to change the policy related to the timing of full survey visits after the initial grant of full accreditation. Effective immediately, the first full survey will take place five years after the date when full accreditation was granted.** The next full survey of the medical education program at Paul L. Foster School of Medicine Texas Tech University Health Sciences Center will take place during the 2017-2018 academic year.

## I.   COMPLIANCE

The LCME determined that the medical education program is currently in compliance with the following accreditation standards and that no additional information regarding these items is required at this time:

A.   *ED-31 (mid-course feedback)*

B.   *ED-35 (systematic review and revision of the curriculum)*

    C.    *ED-38 (monitoring duty hours)*

    D.    *MS-3 (information about selection criteria and procedures)*

    E.    *MS-31-A (learning environment and professionalism)*

    F.    *ER-6 (resources for clinical instruction)*

    G.    *ER-9 (affiliation agreements)*

## II.   COMPLIANCE, WITH A NEED FOR MONITORING

The LCME determined that the medical education program is in compliance with the following accreditation standards, but that ongoing monitoring is required to ensure continued compliance:

    A.    *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.*

    B.    *ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.*

## REQUIRED FOLLOW-UP

In order to address the compliance issues mentioned above, the LCME has requested that the dean submit a status report by April 15, 2015 containing the information listed below. Please refer to http://www.lcme.org/survey-connect-followup-reports.htm for current LCME submission requirements.

## STATUS REPORT DUE APRIL 15, 2015

## I.   COMPLIANCE, WITH A NEED FOR MONITORING

    A.    *IS-16 (diversity)*

        1.  Describe steps taken during the 2014-2015 academic year to enhance the diversity of the Paul L. Foster School of Medicine.

        2.  Based on the institution's definition of diversity, report in the table below information the percentage of enrolled students, employed faculty, and staff in

each of the categories included in the institution's specific definition of diversity during the 2014-2015 academic year.

| Diversity Category | First-Year Students | All Students | Employed/ Full-time) Faculty | Staff* (define) |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

3. Complete the following two tables that illustrate recruitment efforts.

| Offers of Admission Made to Medical School Applicants | | | | | | |
|---|---|---|---|---|---|---|
|  | 2013 entering class | | | 2014 entering class | | |
| School Identified Diversity Categories | Number of Offers Declined | Number of Students Enrolled | 2013 Total Offers | Number of Offers Declined | Number of Students Enrolled | 2014 Total Offers |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Offers of Employment Made to Applicants for Faculty Positions | | | | | | |
|---|---|---|---|---|---|---|
|  | 2013 | | | 2014 | | |
| School Identified Diversity Categories | Number of Offers Declined | Number of Faculty Hired | 2013 Total Offers | Number of Offers Declined | Number of Faculty Hired | 2014 Total Offers |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

      B.      *ED-8 (comparability across instructional sites)*

          1.    Describe the role of the Curriculum and Educational Policy Committee (CEPC), the clerkship directors, and the senior associate dean for medical education in the following:

            a.  Determining what data related to comparability across instructional sites should be collected at what intervals,

            b.  Reviewing data on comparability across sites by clerkship and over the third year, and

            c.  Making decisions about comparability and needed follow-up in the case of identified inconsistencies.

          2.    Provide sample minutes from the CEPC over the past two years illustrating the committee's role in ensuring comparability across instructional sites.

## COMPLIANCE TERMINOLOGY

In reviewing the compliance determinations above, 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.

## NOTIFICATION POLICY

The LCME is required to notify the United States Department of Education and the relevant regional accrediting body of all of its final accreditation determinations, 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 Web site at http://www.lcme.org/standard.htm. Programs asked to submit status reports are responsible for aligning the follow-up items in the report with the *Functions and Structure of a Medical School* document that is current at the time the status report is due.

## CHANGES THAT REQUIRE NOTIFICATION TO THE LCME

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 may lead the LCME to re-evaluate a program's accreditation status. More specific information about notification requirements is available on the LCME Web site at http://www.lcme.org/change-notification.htm.

Sincerely,

Barbara Barzansky, PhD, MHPE
LCME Co-Secretary

Dan Hunt, MD, MBA
LCME Co-Secretary

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

# 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* (implemented October 2011). 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 October 2012