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LIAISON COMMITTEE ON
MEDICAL EDUCATION

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October 10, 2012

Robert L. Caret, PhD
President
University of Massachusetts
225 Franklin Street, 33rd Floor
Boston, MA 02110

RE: Full survey visit, March 4-7, 2012

Dear President Caret:

The purpose of this letter is to inform you of the determinations made by the Liaison Committee on Medical Education (LCME) at its October 2-4, 2012 meeting regarding the accreditation status of the medical education program leading to the MD degree at the University of Massachusetts Medical School and to transmit to you the enclosed report of the LCME survey team that conducted a full survey visit on March 4-7, 2012.

After reviewing the report of the full survey team, the LCME voted to continue accreditation of the educational program leading to the MD degree at the University of Massachusetts Medical School for an eight-year term. The program's next full survey will take place during the 2019-2020 academic year.

DETERMINATIONS REGARDING COMPLIANCE WITH ACCREDITATION STANDARDS

I. 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. *ED-1. The faculty of an institution that offers a medical education program must define the objectives of its program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program.*

Finding: UMMS has implemented the first two years of its new integrated, competency-based curriculum. The stated competencies and educational objectives guided the establishment of curriculum content and will provide the basis for

evaluating educational program effectiveness. A full evaluation of program effectiveness will not be possible until the educational program is completely implemented.

- B. *ED-30. The directors of all courses and clerkship rotations in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship rotation.*

Finding: During the self study year of 2010-2011 average time of the clerkship grades exceeded six weeks in six of the ten required clerkships. The data presented for the first half of the 2011-2012 academic year shows a definite improvement with all clerkships below six weeks; however, given the limited period of this follow-up survey, this should require more monitoring.

- C. *ED-35. The objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty.*

Finding: Systems by which the faculty conduct periodic review of each segment of the curriculum, as well as the curriculum as a whole, are not yet developed completely for the new curriculum. Strategies by which faculty can review the objectives, content and pedagogy of individual courses and clerkships and of years of the new curriculum have been designed and implemented. Although the entire traditional curriculum was reviewed as the precursor to its redesign and renovation, the strategies for continuing, periodic review of the curriculum as a whole will not be designed until implementation of the new curriculum is completed in academic year 2013-2014. Progress in completing the design and installation of all aspects of a curriculum evaluation program should be monitored.

- D. *ED-37. A faculty committee of a medical education program must be responsible for monitoring the curriculum, including the content taught in each discipline, so that the program's educational objectives will be achieved.*

Finding: The school has relied heretofore on a system to monitor curriculum content that is limited in its utility and flexibility. A new curriculum database system is being put into place and populated with the information necessary to conduct efficient reviews of content to determine if standards for content currency, relevance, appropriate redundancies, and gaps are being met. The efficacy of the new curriculum database in supporting appropriate content reviews should be monitored.

II. NONCOMPLIANCE WITH STANDARDS

The LCME determined that the medical education program is currently out of compliance with the following accreditation standards:

- 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..*

Finding: UMMS has implemented many of the steps necessary to achieve appropriate diversity among its students, faculty, staff, and other members of the academic community. However, the school's expectations regarding diversity among the faculty, staff, and students are stated in 10 categories so broadly defined (e.g., nationality, languages spoken) rendering focused efforts to recruit and retain members of these categories difficult to achieve. Although focused programs have been developed to recruit and retain students who represent members of some of these groups, there was no evidence that focused programs for recruitment and retention have been developed and implemented for all of members of all ten categories across students, faculty and staff.

- B. *ED-32. A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship rotation whenever teacher-student interaction permits this form of assessment.*

Finding: Fewer than half of the basic science courses provide narrative feedback, including those with small group sessions. Approximately 40% of the first year classes and 60% of the second year classes have narrative feedback.

- C. *MS-27-A. The health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.*

Finding: The educational policy committee recently approved a policy holding the director of a course or health delivery service responsible for the development of plans to ensure that health professionals who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services. The associate dean for student affairs is charged with oversight for the enforcement of this policy. Vigilance on the part of the associate dean for student affairs will be required to assure that plans are developed by all directors of courses and health delivery services, that each plan that has been developed is appropriate, and that each plan is implemented.

- D. *ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.*

Finding: Wording contained in the majority of clinical affiliation agreements indicates that the “clerkship director” at the site is appointed by and reports solely to the president of the clinical affiliate. This wording is inconsistent with the accreditation standard regarding the primacy of the medical school over academic affairs and the education and assessment of medical students in those settings.

REQUIRED FOLLOW-UP

In order to address the compliance issues mentioned above, the LCME has requested that the dean submit a status report by **August 15, 2013** that includes the information listed below. Please refer to the following Web page for current LCME submission requirements:
http://www.lcme.org/submission_status.htm.

I. COMPLIANCE, WITH A NEED FOR MONITORING

A. ED-1 (educational program objectives)

1. Describe the status of utilizing the educational program competencies and objectives in the evaluation of the segments of the curriculum or the curriculum as a whole.
2. Describe the steps taken to date to determine if students are achieving the desired outcomes of the new curriculum. Note how the results of such evaluations are being used in determining if any changes in educational program objectives or competencies are needed.

B. ED-30 (formative and summative assessment)

1. Provide a copy of the school’s policy for the timing of clerkship grades.
2. Complete the following table for each required clinical clerkship during the 2011-2012 academic year and as much of the 2012-2013 academic year as is available.

Required clerkship	Average time (in weeks) for students to receive clerkship grades		Number (percent) of students who did not receive grades within six weeks	
	2011-12	2012-13	2011-12	2012-13

List clerkships or clerkship sites that are significant outliers.

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

1. Describe plans for the review of segments of the curriculum and the curriculum as a whole, including when and how the plans are being developed and the timing of their implementation. Refer to information in the response to accreditation standard ED-1, if relevant.

D. *ED-37 (monitoring curriculum content)*

1. Describe the status of implementation of the E*Value database system.
2. Describe how the curriculum database system is being used to monitor curriculum content, including identifying any gaps or content redundancies in the new curriculum. Provide examples, if available.
3. Describe how the curriculum database system will be used to support horizontal and vertical content integration.

II. NONCOMPLIANCE WITH STANDARDS

A. *IS-16 (diversity)*

1. Provide a copy of all current institutional (medical school and/or university) policies that are related to assuring a diverse student body, faculty, and staff.
 - i. Describe the process by which these policies were developed, approved, and implemented at the institution.
 - ii. Describe how these policies are made known to current and prospective applicants, students, employees, faculty, and staff.
2. Describe how the institution defines or characterizes diversity for its students, faculty, and staff. What dimensions of diversity are included in the definition of diversity for students, faculty, and staff? If different definitions apply to any of these institutional constituencies, provide each relevant definition.
3. Provide examples of focused programs that are directed at the recruitment and retention of students and faculty from each of the categories of diversity identified above.

B. *ED-32 (narrative feedback)*

1. List the courses in the first and second years of the curriculum where narrative feedback is provided to students. Note any changes from the time of the March 2011 full survey visits.

2. If there are courses with small group sessions or laboratory groups where narrative feedback is not provided, explain the reasons for its absence.

C. *MS-27-A (health care providers' involvement in student assessment)*

1. Describe the policy and the resulting systems that currently are in place to assure that faculty who provide sensitive health services to students have no role in student assessment or decisions about student progress.
2. Describe how faculty, residents, and students are informed about the policy.
3. Describe how the college of medicine assures that the system is functioning appropriately. How and by whom is compliance with the policy monitored?

D. *ER-9 (affiliation agreements)*

1. For each inpatient clinical teaching site used for required clinical clerkships, check if there is a signed affiliation agreement and if the agreement specifies the listed elements:

Clinical Teaching Site	Date of Signed Affiliation Agreement	Agreement Guarantees Student/Faculty Access to Resources	Statement of the Primacy of the Medical Education Program	Role of Medical Education Program in Faculty Appointment/Assignment

Include a copy of the language in each agreement related to the appointment and reporting relationship of the clerkship director/site coordinator.

2. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure the medical school's authority to conduct educational activities for its students.

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.

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**. Therefore, the LCME will require timely follow-up on all determinations of *noncompliance*. Please see the "Required Follow-up" section above for details.

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.

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 future status reports will be 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 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 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/submission_significant_change.htm.

A copy of the survey report is being sent to Dean Terence R. Flotte. The survey report is for the use of the University of Massachusetts Medical School and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Dan Hunt, MD, MBA
LCME Co-Secretary

Enc (2): New Category of Compliance with LCME Accreditation Standards and Glossary of Compliance Terminology Memorandum

Team report of the full survey of the University of Massachusetts Medical School,
March 4-7, 2012

CC: Terence R. Flotte, MD, Dean, Provost, and Executive Deputy Chancellor

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

