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LIAISON COMMITTEE ON
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March 12, 2014

CC - Sue Rose   emailed 3/19
- FT

Frank M. Torti, MD, MPH
Vice President for Health Affairs and Dean
University of Connecticut School of Medicine
263 Farmington Ave
Farmington, CT 06030-5456

RE: Status Report, December 15, 2013 and addendum to the original status report, February 14, 2014

Dear Dean Torti:

At its February 25-27, 2014 meeting, the Liaison Committee on Medical Education (LCME) voted to acknowledge receipt of the status report submitted on December 15, 2013 and the addendum to the status report submitted on February 14, 2014 on behalf of the medical education program leading to the MD degree at the University of Connecticut School of Medicine.

This report addressed the following standards: *IS-11 (administrative structure)*, *ED-8 (comparability across instructional sites)*, *ED-33 (curriculum management)*, *ED-36 (authority and sufficient resources to manage and evaluate the program)/FA-2 (sufficient faculty)*, *MS-24 (student educational debt)*, and *ER-2 (financial resources)*.

The next full survey of the medical education program at University of Connecticut School of Medicine 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. *IS-11 (administrative structure)*

B. *ED-33 (curriculum management)*

II.   COMPLIANCE, WITH A NEED FOR MONITORING

NOTE: As the revised accreditation standards and elements, approved by the LCME at its February 2014 meeting, are due to go into effect beginning on July 1, 2015, both the current standard and the related element are listed below.

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-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.*

Element 8.7. A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course or clerkship to ensure that all medical students achieve the same medical education program objectives.

B.   *ED-36. The chief academic officer of a medical education program must have sufficient resources and authority to fulfill his or her responsibility for the management and evaluation of the curriculum.*

Element 5.2. The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

AND

FA-2. A medical education program must have a cohort of faculty members with the qualifications and time needed to deliver the curriculum and to meet the other needs and missions of the institution.

Element 4.1. A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

C.   *MS-24. A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.*

Element 12.1. A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

D. *ER-2. The present and anticipated financial resources of a medical education program must be adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.*

Element 5.1. The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

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 1, 2016 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 AUGUST 1, 2016

I.   **COMPLIANCE, WITH A NEED FOR MONITORING**

A.   *ED-8/Element 8.7 (comparability across instructional sites)*

1. Provide the number of medical students assigned to each clinical site for each required Phase 2 clerkship during the 2014-2015 and 2015-2016 academic years. Note significant changes in student complements by site for 2014-2015 as compared with the 2012-2013 academic year. Note any additional changes in required Phase 2 clerkships that were made in 2014-2015 or 2015-2016 to accommodate the increase in class size.

2. Provide data about the comparability of medical student experiences across clinical sites in all required Phase 2 clerkships during the 2014-2015 and 2015-2016 academic years, including data related to comparability in clinical encounters and in student satisfaction. Based on the review of clinical encounters and student satisfaction, evaluate the adequacy of patients and other resources to support the clinical education program.

B.   *ED-36/Element 5.2 (authority and sufficient resources to manage and evaluate the program)*
FA-2/Element 4.1 (sufficient faculty)

1. Describe the status of the renovations and construction to support the increase in class size. If the facilities upgrades have not yet been finalized, provide a timeline for the projects to be completed.

2. Complete the following table with the number of basic science faculty for the indicated academic years.

Academic Year	Number of Full-time Basic Science Faculty	Number of FT Basic Science Faculty Positions Under Recruitment	Number of Part-time Basic Science Faculty	Number of Volunteer Basic science Faculty
2012-2013				
2013-2014				
2014-2015				
2015-2016				

3. Describe the status of funding for any additional faculty recruitments that are underway.

C. *MS-24/Element 12.1 (student educational debt)*

1. Provide a copy of the most recent LCME I-B Financial Aid Questionnaire.

2. Describe the steps taken during 2014-2015 and 2015-2016 to limit medical student debt in the context of the increase in class size.

3. Complete the following table for graduating students with debt in the indicated academic years:

	2013-2014	2014-2015	2015-2016
Tuition and fees for first-year			
In-state students			
Out-of state students			
Average medical school debt of indebted graduates			
% of indebted graduates with medical school debt >$200,000			

D. *ER-2/Element 5.1 (financial resources)*

1. Provide a copy of the most recent LCME part I-A Annual Financial Questionnaire, consisting of the following worksheets: Signature Page, "Revenues_Expenditures," Schedules A-E inclusive and "Rev_Exp History." Also, please provide the school's responses to the Web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the "Overview of Organization and Financial Characteristics."

      2. Describe any effect of the increase in class size on the balance among revenue sources used to support the medical education program.

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

Enc: 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