LCME®

LIAISON COMMITTEE ON MEDICAL EDUCATION

Functions and Structure of a Medical School

Standards for Accreditation of Medical Education Programs Leading to the MD Degree

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Introduction

Accreditation is a voluntary, peer-review process designed to attest to the educational quality of new and established educational programs. The Liaison Committee on Medical Education (LCME) accredits complete and independent medical education programs leading to the MD degree in the United States, including Puerto Rico, in which medical students are geographically located in the United States for their education and which are operated by universities or medical schools chartered in the United States. By judging whether medical education programs comply with nationally accepted standards of educational quality, the LCME serves the interests of the general public and of the medical students enrolled in those programs.

To achieve and maintain accreditation, a medical education program leading to the MD degree in the U.S. must demonstrate appropriate performance in the standards and elements contained in this document. The accreditation process requires a medical education program to provide assurances that its graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training and that serve as the foundation for lifelong learning and proficient medical care. While recognizing the existence and appropriateness of differing institutional missions and educational objectives, local circumstances do not justify accreditation of a substandard program of medical education leading to the MD degree.

The LCME regularly reviews the content of the standards and elements, and seeks feedback on their validity, importance, and clarity from members of the medical education community, including the LCME's sponsoring organizations. Changes to existing standards and elements that impose new or additional compliance requirements are reviewed by LCME's stakeholders and are considered through a public comment period and at a public hearing before being adopted. Once approved, new or revised standards are published in the *Functions and Structure of a Medical School* and in the relevant version of the *Data Collection Instrument* (DCI), which will indicate when the changes become effective. Such periodic review may result in the creation, revision, or elimination of a specific standard and/or element, or a substantial reorganization of the *Functions and Structure of a Medical School*. It is important, therefore, that school personnel consult the version of these documents specific to the year in which a review (e.g., survey visit, status report) of the medical education program will occur.

The *Functions and Structure of a Medical School* is organized according to 12 accreditation standards, each with an accompanying set of elements. The language of each of the 12 LCME accreditation standards is a concise statement of the expectations of that standard. The elements within a standard specify the components that collectively constitute the standard; they are statements that identify the variables that need to be examined in evaluating a medical education program's compliance with the standard. The LCME will consider performance in all the elements associated with a specific standard in the determination of the program's compliance with that standard.

As you read this document, please note that the 12 standards are organized to flow from the level of the institution to the level of the student. The standards and elements are being reviewed and reworked. As such, some elements have been deleted or merged, resulting in current gaps in numbering.

The **LCME Glossary**, available on the LCME website: lcme.org, provides the LCME's definitions of terms used in the DCI.

Standard 1: Mission, Planning, Organization, and Integrity

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

1.1 Strategic Planning and Continuous Quality Improvement

A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

1.2 Conflict of Interest Policies

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

1.3 Mechanisms for Faculty Participation

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program. There must be opportunities for membership from the general faculty on standing committees and participation by faculty, including members from the general faculty, in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

1.4 Clinical Education Agreements

The scope of authority of the medical education program is codified in written agreements with inpatient and outpatient clinical affiliates and with practitioners with a significant role in required clinical experiences within the medical education program. Such agreements include acknowledgement of the following principles:

1. The assurance of faculty and student access to appropriate resources for medical student education.
2. The medical education program's primacy over the appointment/assignment of faculty members.
3. The medical education's primacy over the education/assessment of medical students.
4. The responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
5. The shared responsibility of the medical school and the clinical site/practitioner for creating and maintaining an appropriate learning environment.

1.5 Bylaws

A medical school promulgates bylaws or similar policy documents that describe the responsibilities of the dean and the faculty and the charges to the school's standing committees.

1.6 Eligibility Requirements

A medical school ensures that its medical education program meets all eligibility requirements of the LCME for initial and continuing accreditation, including receipt of degree-granting authority and accreditation by a regional accrediting body of either the medical school or its sponsoring organization.

Standard 2: Leadership and Administration

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

2.2 Dean's Qualifications

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

2.3 Access and Authority of the Dean

The dean of a medical school has sufficient access to the university president or other institutional officials charged with final responsibility for the medical school and to other institutional officials in order to fulfill decanal responsibilities; there is a clear definition of the dean's authority and responsibility for the medical education program.

2.4 Sufficiency of Administrative Staff

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish effectively the missions of the medical school.

2.5 Responsibility of and to the Dean

The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.

2.6 Functional Integration of the Faculty

At a medical school with one or more regional campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).

Standard 3: Academic and Learning Environments

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments and promotes students' attainment of competencies required of future physicians.

3.2 Community of Scholars/Research Opportunities

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

3.4 Anti-Discrimination Policy

A medical school has a policy in place to ensure that it does not discriminate on the basis of age, disability, gender identity, national origin, race, religion, sex, sexual orientation or any basis protected by federal law.

3.5 Learning Environment

A medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

3.6 Student Mistreatment

A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

Standard 4: Faculty Preparation, Productivity, Participation, and Policies

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

4.1 Sufficiency of Faculty

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.

4.2 Faculty Appointment Policies

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean and provides each faculty member with written information about term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

4.3 Scholarly Productivity

The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

4.4 Feedback to Faculty

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on academic performance and progress toward promotion and, when applicable, tenure.

4.5 Faculty Professional Development

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research to enhance their skills and leadership abilities in these areas.

4.6 Responsibility for Medical School Policies

At a medical school, the dean and a committee of relevant medical school administrators and faculty representatives determine the governance and policymaking processes within their purview.

Standard 5: Educational Resources and Infrastructure

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

5.1 Adequacy of Financial Resources

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.

5.2 Dean's Authority/Resources

The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean's responsibility for the quality and sustainability of the medical education program.

5.3 Pressures for Self-Financing

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

5.4 Sufficiency of Buildings and Equipment for the Pre-clerkship Phase of the Curriculum

A medical school has, or is assured the use of, buildings and equipment to support the medical education program during the pre-clerkship (on campus) phase of the curriculum.

5.5 Resources for Clinical Instruction

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

5.6 Clinical Instructional Facilities/Information Resources

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

5.7 Security, Student Safety, and Disaster Preparedness

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

5.8 Library Resources/Staff

A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

5.9 Information Technology Resources/Staff

A medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

5.11 Study/Relaxation/Storage Space/Call Rooms

A medical school ensures that its medical students have at each campus adequate study space, relaxation space, and personal lockers or other secure storage space. A medical school also ensures that medical students have at each clinical site adequate study space, personal lockers or other secure storage space, and secure on-call rooms if students are required to participate in late night or overnight clinical learning experiences.

5.12 Required Notifications to the LCME

A medical school notifies the LCME of any substantial change in the number of enrolled medical students; of any decrease in the resources available to the institution for its medical education program, including faculty, physical facilities, or finances; of its plans for any major modification of its medical curriculum; and/or of anticipated changes in the affiliation status of the program's clinical facilities. The program also provides prior notification to the LCME if one or more class size increases will result in a cumulative increase in the size of the entering class at the main campus and/or in one or more existing regional campuses of 10% or 15 students, whichever is smaller, starting at the entering class size/campus yearly enrollment in place at the time of the medical school's last full survey; and/or the school accepts a total of at least 10 transfer students into any year(s) of the curriculum.

A medical school makes a public disclosure of its LCME accreditation status and must disclose that status accurately. For developing medical schools that have not achieved accreditation, accurate statements include, but are not limited to, the current accreditation status of the program and the anticipated timing of review for accreditation by the LCME. Any incorrect or misleading statements made by a program about LCME accreditation actions or the program's accreditation status must immediately be corrected or clarified by an official notification announcement. For already-accredited programs, failure to make timely correction or clarification may result in reconsideration of the program's accreditation status. The information provided to the public must include contact information for the LCME so that the information can be verified. Such contact information includes the URL of the LCME website and the LCME email address.

Standard 6: Competencies, Curricular Objectives, and Curricular Design

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

6.1 Program and Learning Objectives

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.2 Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

6.4 Inpatient/Outpatient Experiences

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

6.5 Elective Opportunities

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and expand their understanding of medical specialties, and to pursue their individual academic interests.

6.6 Service-Learning/Community Service

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and/or community service activities.

6.7 Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

6.8 Education Program Duration

A medical education program includes at least 130 weeks of instruction.

Standard 7: Curricular Content

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum provides content and experiences of sufficient breadth and depth to prepare medical students for entry into any graduate medical education program, for the subsequent practice of contemporary medicine, and for applying self-directed learning and critical thinking across the educational program competencies.

7.1 Foundational Medical Knowledge

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of the knowledge and concepts of contemporary medical science knowledge and includes the scientific principles of basic biomedical, clinical, and translational research and how such research is conducted, evaluated, and applied to patient care.

7.2 Patient Care

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum includes content and clinical experiences related to the diagnosis and treatment of disease. This content and these clinical experiences include education and experiential learning in the areas of acute and chronic care, end-of-life care, continuity of care, and rehabilitative care; in understanding the appropriate use of artificial intelligence and other emerging technologies in diagnosis and patient management; and in the development and effective application of the skills of evidence-based critical judgment to solving clinical problems.

7.3 Health Promotion and Health Maintenance

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum includes content focused on factors that affect the ability to promote and maintain health across the life cycle, including the challenges to wellness caused by common societal problems. This content includes the role of nutrition and other health maintenance activities in preventing and managing disease.

7.4 Communication and Interprofessional Collaborative Skills

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum includes specific instruction in the skills of communication with patients and their families, colleagues, and other health professionals, and provides medical students with experiences that prepare them to function collaboratively on interdisciplinary health care teams that provide coordinated patient care.

7.5 Professionalism

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum provides instruction and experiential learning in professionalism, human values, and medical ethics both prior to and during medical students’ participation in patient care activities. The curriculum requires medical students to exhibit professionalism and ethical and culturally sensitive behavior in caring for patients from a variety of backgrounds and in relating to patients' families and others involved in patient care.

7.6 Practice-Based Learning and Improvement

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum ensures that medical students learn, practice, and receive feedback on their progressive acquisition of the skills of self-directed learning, including the ability to self-identify critical gaps in knowledge or understanding and to find, analyze, synthesize, and appraise the credibility of relevant information to fill those gaps. The medical education curriculum also promotes medical students' development of the ability to recognize the strengths, deficiencies, and limitations of their knowledge, skills, behaviors, and attitudes to support their progress in achieving personal professional learning and improvement goals.

7.7 Systems-Based Practice

The faculty of a medical school through its curriculum governance process ensures that the medical education curriculum includes instruction and experiential learning in the factors that contribute to disparate health outcomes, the structure and functioning of healthcare delivery systems, and the resources within and beyond the health care system needed to optimize patient, community, and population health outcomes.

Standard 8: Curricular Management, Evaluation, and Enhancement

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

8.1 Curricular Management

A medical school has in place a standing faculty committee that has authority and responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum. The majority of voting members overall and at each meeting must be faculty with medical school appointments. At least one member from the category defined as general faculty must be present at each decision-making meeting.

8.3 Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.

8.4 Evaluation of Educational Program Outcomes

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after program completion.

8.5 Medical Student Feedback

A medical education program has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

8.6 Monitoring of Completion of Required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

8.7 Comparability of Education/Assessment

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

8.8 Monitoring Student Time

The faculty committee responsible for the medical curriculum, together with the education program's administration and leadership, ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

9.1 Preparation of Resident and Non-Faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities.

9.2 Faculty Appointments

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

9.5 Narrative Assessment

A medical school ensures that a narrative description of a medical student's performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

9.6 Setting Standards of Achievement

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

9.7 Formative Assessment and Feedback

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.

9.8 Fair and Timely Summative Assessment

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

9.9 Student Advancement and Appeal Process

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

Standard 10: Medical Student Selection, Assignment, and Progress

A medical school establishes and publishes admission requirements for potential applicants to the medical education program and uses effective policies and procedures for medical student selection, enrollment, and assignment.

10.2 Final Authority of Admission Committee

The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

10.3 Policies Regarding Student Selection/Progress and Their Dissemination

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

10.4 Characteristics of Accepted Applicants

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

10.5 Technical Standards

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements. A medical school requires student attestation to meeting the technical standards with or without reasonable accommodation as they progress through the years or phases of the curriculum.

10.6 Content of Informational Materials

A medical school's academic bulletin and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education program.

10.7 Transfer Students

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. Transfer students who do not complete all of their required curriculum from medical schools chartered and located in the United States cannot be said to have graduated from an LCME-accredited medical education program. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

10.8 Visiting Students

A medical school does all of the following:

- Ensures the adequacy of resources at the host institution (e.g., faculty and patient volume)
- Verifies the credentials of each visiting medical student
- Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students the visiting student would join in educational experiences
- Maintains a complete roster of visiting medical students
- Approves each visiting medical student's assignments
- Provides a performance assessment for each visiting medical student
- Establishes health-related protocols for such visiting medical students
- Identifies the administrative office that fulfills each of these responsibilities

10.9 Student Assignment

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

11.1 Academic Advising and Academic Counseling

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.

11.2 Career Advising

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

11.3 Oversight of Extramural Electives

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- Potential risks to the health and safety of patients, students, and the community
- The availability of emergency care
- The possibility of natural disasters, political instability, and exposure to disease
- The need for additional preparation prior to, support during, and follow-up after the elective
- The level and quality of supervision
- Any potential challenges to the code of medical ethics adopted by the home school

11.5 Confidentiality of Student Educational Records

At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

11.6 Student Access to Educational Records

A medical school has policies and procedures in place that permit a medical student to review and to challenge the student's educational records, including the Medical Student Performance Evaluation, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.

Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

12.1 Financial Aid/Debt Management Counseling/Student Educational Debt

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.

12.2 Tuition Refund Policy

A medical school has clear policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

12.3 Personal Counseling/Mental Health/Well-Being Programs

A medical school has in place an effective system of counseling services for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

12.4 Student Access to Health Care Services

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

12.6 Student Health and Disability Insurance

A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student's dependents.

12.7 Immunization Requirements and Monitoring

A medical school follows accepted guidelines in determining immunization requirements for its medical students and monitors students' compliance with those requirements.

12.8 Student Exposure Policies/Procedures

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including a definition of financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.