



Developing a Continuous State of Accreditation Readiness

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Background

- The Liaison Committee on Medical Education (LCME) accreditation review and site visit process for medical schools within the United States and Canada typically occurs on an every eight year basis (1)
- There are 93 standards and elements defined by the LCME around which a medical school needs to be in compliance
- The LCME recommends that the site visit process start at least two years prior to the site visit (2)

Problem Statement

- Post-accreditation review/site visit complacency (3)
- Withdrawal of vital personnel attention and resources post-accreditation
- Competing priorities for the College minimize the focus on accreditation processes

“Ideally, the self-study process should add value to the robust functioning of the institution. The self-evaluation of the institution should never end and it should be an ongoing process. Here comes the problem, especially in the case of highly rated institutions. When an institution gets a high rating, everyone celebrates the great achievement....The administrative officials feel relieved and return to their daily routine. In brief, all those who might have been deeply involved in the self-study process and have the potential to be “change agents” get locked into the routine. There are institutions that got into this slumber a few years back and wake up now to get ready for the next assessment visit”

Antony Stella (3)

Objectives

The short term objectives of my project during my AY 20/21 Executive Leadership in Academic Medicine (ELAM) fellowship consisted of the following:

- Develop action plans around our three “unsatisfactory” standards/elements and our twelve “satisfactory with monitoring” standards/elements,
- Empower our College’s Academic Council to have the central oversight of our ongoing accreditation needs,
- Form the Accreditation Advisory Group (AAG) which will include our Continuous Quality Improvement team as well as five other key leaders within our College, and
- Develop through our College’s Academic Council a formal monitoring process for all 93 standards on an ongoing basis.



Plan to Address High-Risk LCME Standards

Standard Number and Description				
Responsible Person				
Current Concerns with Meeting the Standard				
Plan for Addressing the Standard (add more rows as needed)	Step	Involved Persons & Units/Departments	Target Deadline	Step Complete?
1.				
2.				
3.				
4.				
Actions Upon Which This Plan Relies				
Other Persons Impacted by Plan				
Additional Resources Needed (human, financial, technological)				
Date of this Draft				

Outcomes/Results

- **Academic Council Accreditation Oversight** – Our Academic Council is a bylaws driven committee which has the oversight of all educational matters for the College. Continuous quality improvement around the accreditation standards/elements is now codified in the purview of committee. Reports pertaining to compliance with the LCME standards are now reviewed at each quarterly meeting.
- **Office of Continuous Quality Improvement** – Our CQI office was created prior to our February 2020 (summer of 2018) LCME site visit and has been prioritized to remain in place to assure a continuous state of readiness around the College’s accreditation processes through monitoring CQI processes, DCI maintenance, and data collection/review.
- **Accreditation Advisory Group Established** – The Accreditation Advisory Group (AAG) was established following our LCME accreditation site visit in February 2020 to 1) coordinate our activities for our monitoring report on the 17 standard elements found to be “unsatisfactory” or “satisfactory with monitoring,” and 2) maintain a continuous state of readiness for accreditation by submitting quarterly reports on LCME standards compliance to the Academic Council. The three members of our CQI Team along with five of our College’s educational leadership team meet monthly to review report progress, data collection processes, and prioritize actions.

Barriers and Lessons Learned

- **Awareness** – While the awareness of the accreditation process is very acute during the two some years leading up to the site visit, the awareness is decreased markedly following a successful process.
- **Engagement** – Post-accreditation, it is difficult to maintain the attention, dedication, and interest in the process with faculty and staff as the sense of urgency and importance is minimized particularly if the process was successful.
- **Prioritization** – Most colleges have so many competing priorities to deal with (e.g. the COVID-19 pandemic) post-accreditation, it is difficult to continue the momentum and focus around the LCME standards/elements.

Discussion

- Having a state of continuous accreditation readiness requires leadership buy-in and prioritization in terms of personnel and resources.
- While the post-accreditation ongoing attention to the process is challenging, in the long run it will likely make the next site visit process that much less stressful and onerous.

Next Steps

- Continue quarterly Academic Council meetings with standing accreditation agenda item
- Continue Accreditation Advisory Group (AAG) monthly meetings
- Continue the Action Item reporting process on an ongoing basis
- Submit our LCME Progress Report December 1, 2021

References:

1. <https://lcme.org/accreditation-preparation/schools/2021-22-academic-year/2021-22-full-survey-visit-preparation/>
2. <https://lcme.org/accreditation-preparation/schools/2021-22-academic-year/2021-22-full-survey-visit-preparation/#Timeline>
3. <https://www.watermarkinsights.com/resources/blog/maintaining-the-assessment-momentum-post-accreditation-visit>