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June 15, 2015

M. Roy Wilson, M.D., M.S.
President
Wayne State University
656 W. Kirby, 4200 Faculty/Administration Building
Detroit, MI 48202

RE: Full survey visit, March 8-11, 2015

Dear President Wilson:

At its June 9-10, 2015 meeting, the LCME reviewed the enclosed report of the survey team that conducted a full survey visit on March 8-11, 2015 to the Wayne State University School of Medicine. After reviewing the survey report and the tone and process concerns expressed in the accompanying letter from school leadership, the LCME voted to place the educational program leading to the MD degree at Wayne State University School of Medicine on probation. Probation is an action reflecting the summative judgment that a medical education program is not in substantial compliance with accreditation standards (LCME Rules of Procedure, June 2014). The LCME took this action based on the constellation of standards with which the school is out of compliance, which has compromised the quality of the medical education program.

DETERMINATIONS REGARDING COMPLIANCE WITH ACCREDITATION STANDARDS

I. STRENGTHS

The LCME determined that the following item is an institutional strength:

- A. *IS-14-A. An institution that offers a medical education program should make available sufficient opportunities for medical students to participate in service-learning activities and should encourage and support medical student participation.*

Finding: There is a wide array of service learning opportunities and support for programming that encourages almost universal participation among the student body.

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

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. *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.*

Element 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.

Finding: Implementation of an electronic grading system has led to significant delays in grade availability. In the most recent submission of grades, 98% were received within six weeks but this will require ongoing monitoring.

- B. *ED-46. A medical education program must collect and use a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which its educational objectives are being met.*

Element 8.4. Program Evaluation. 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 medical education program quality. These data are collected during program enrollment and after program completion.

Finding: A new system to collect data on graduates' performance has just been implemented. It is too early to determine the effectiveness of this system.

- C. *ED-47. In assessing program quality, a medical education program must consider medical student evaluations of their courses, clerkship rotations, and teachers, as well as a variety of other measures.*

Element 8.5. Use of Student Evaluation Data in Program Improvement. In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

Finding: Student response rates on course evaluations for the 2013-2014 academic year were low. A new evaluation system was implemented for the current academic year. Long-term outcomes for the system are not yet available.

- D. *MS-8. A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission.*

Element 3.3. Diversity/Pipeline Programs and Partnerships. A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

Finding: New programs are being established to broaden diversity among the medical school applicant pool. It is too early to determine the success of these programs.

- E. *MS-18. A medical education program must have an effective system of academic advising for medical students that integrates the efforts of faculty members, course directors, and student affairs officers with its counseling and tutorial services.*

Element 11.1. Academic Advising. 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 ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

Finding: Professional tutorial services are available at the university. However, students were not aware of these services.

- F. *MS-23. A medical education program must provide its medical students with effective financial aid and debt management counseling.*

Element 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.

Finding: Students have expressed concerns about debt management counseling. Enhancements have been made to the programming. It is too early to determine the effects of these changes.

- G. *MS-32. A medical education program must define and publicize the standards of conduct for the faculty-student relationship and develop written policies for addressing violations of those standards.*

Element 3.6. Student Mistreatment. A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

Finding: In February 2015, the executive committee of the faculty senate approved a policy on a code of professional conduct to support and develop professionalism in the physicians and learners. Final approval of the document by the university is pending.

- H. *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. 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.

Finding: While the present financial resources appear adequate, state and parent support are susceptible to decreases due to the economic climate in the state of Michigan, as is the practice plan. A decline in general fund support due to the university's performance metrics is projected for the next two years. Financial resources will need ongoing monitoring.

III. NONCOMPLIANCE WITH STANDARDS

The LCME determined that the medical education program is 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.*

Element 3.3. Diversity/Pipeline Programs and Partnerships. A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

Finding: Programmatic initiatives available to support recruitment and retention of groups underrepresented in medicine have not been very effective. This is reflected in the percent of underrepresented-in-medicine matriculants. Initiatives to enhance diversity at the staff and faculty levels are only now being addressed.

- B. *ED-5-A. A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.*

Element 6.3. Self-Directed and Life-Long Learning. The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

Finding: The schedule of the first two years of the curriculum affords little time for independent study. In the independent student analysis, students expressed concern about the time available for independent learning. The school has not yet addressed self-directed learning activities.

- C. *ED-24. At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship rotation and be prepared for their roles in teaching and assessment.*

Element 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, with central monitoring of their participation in those opportunities provided.

Finding: A system for central monitoring of resident participation in activities that prepare them for their roles in teaching and assessment is not in place, and there is no specific resident-as-teacher programming for PGY-1 residents.

- D. *ED-26. A medical education program must have a system in place for the assessment of medical student achievement throughout the program that employs a variety of measures of knowledge, skills, behaviors, and attitudes.*

ED-28. A medical education program must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

Element 9.4. Variety of Measures of Student Achievement/Direct Observation of Core Clinical Skills. 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.

Finding: In the first two years of the curriculum, there is little variety in assessment methods beyond multiple choice examinations. Methods to assess skills of problem solving and clinical reasoning are limited in that portion of the curriculum.

- E. *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.*

Element 9.5. Narrative Assessment. A medical school ensures that a narrative description of a medical student's performance, including his or her 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.

Finding: In the first two years of the curriculum, there is minimal narrative assessment, even in the courses where the opportunity exists for this type of assessment.

- F. *ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.*

Element 8.1. Curricular Management. A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

Finding: There are not effective systems in place to ensure that problems identified during curricular reviews receive follow-up, or to sequence segments of the curriculum. There is not a clear understanding among the president of the executive committee of the faculty senate, the vice dean for medical education, and the associate dean for faculty affairs and professional development on whether major curriculum decisions are subject to the approval of the executive committee of the faculty senate.

- G. *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.*

Element 8.3. Curricular Design, Review, Revision/Content Monitoring. The faculty of a medical school 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 faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

Finding: The curriculum committee has not reviewed individual years or segments of the curriculum.

- H. *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.*

Element 8.3. Curricular Design, Review, Revision/Content Monitoring. The faculty of a medical school 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 faculty to ensure that

the curriculum functions effectively as a whole to achieve medical education program objectives.

Finding: There is not a regular process for monitoring content across the curriculum.

- I. *ED-38. The committee responsible for the curriculum at a medical education program, along with the program's administration and leadership, must develop and implement policies 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 during clinical clerkship rotations.*

Element 8.8. Monitoring Student Workload. The medical school faculty committee responsible for the medical curriculum and the 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 during clerkships.

Finding: Clerkships in medicine, surgery and obstetrics and gynecology have duty hour violations. The implementation of the duty hours policy has been ineffective since violations persist in multiple clerkships.

- J. *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.*

Element 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. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

Finding: Students and faculty reported that medical school faculty have provided direct medical care to current students. Student immunization and health records are held in the Office of Registration and Records, and are available to the assistant dean for clinical education, who is also the student health officer. Psychological counseling takes place on a regular basis in an office in the medical education building. The students expressed concern regarding the privacy of this setting.

- K. *MS-37. A medical education program should ensure that its medical students have adequate study space, lounge areas, and personal lockers or other secure storage facilities at each instructional site.*

Element 5.11. Study/Lounge/Storage Space/Call Rooms. A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

Finding: The size of the student lounge in the medical education building is inadequate for the size of the student body. Students expressed dissatisfaction with this facility.

- L. *ER-4. A medical education program must have, or be assured the use of, buildings and equipment appropriate to achieve its educational and other goals.*

Element 5.4. Sufficiency of Buildings and Equipment. A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

Finding: There is no auditorium at the school that allows all members of a class to be present at one time. The largest auditorium seats 280 students, 290 are admitted each year and, due to repeats and remediation, classes are often 300 students.

REQUEST FOR RECONSIDERATION

The LCME's decision to place an educational program leading to the MD degree on probation is subject to reconsideration. The process for reconsideration is described in the enclosed excerpt from *LCME Rules of Procedure*, June 2014, Appendix B. Please review this document carefully. If the medical education program wishes the LCME to undertake a reconsideration of its decision, it must notify both LCME Co-Secretaries **within 30 calendar days** of the receipt of this letter. Please review the first page of the enclosed excerpt from *LCME Rules of Procedure*, June 2014, Appendix B for more information on the requirements for such a notice.

Note that reconsideration is **"limited to the time and circumstances that triggered the LCME action and shall be based solely on the information contained in the final survey or status report. Descriptions of changes made since that time will not be considered"** (*LCME Rules of Procedure*, June 2014, page 28).

If no written notice indicating the intent to request reconsideration is received by the LCME Secretaries within 30 calendar days from the date of receipt of the notice of the LCME action, the LCME action to place the medical education program on probation will be final. The LCME will hold its action confidential until such time as the decision is final.

If the program requests reconsideration, a hearing would likely be held during the October 13-15, 2015 meeting of the LCME in Chicago, IL.

REQUIRED FOLLOW-UP

If no reconsideration is requested, a consultation visit will be conducted in the fall of 2015 to assist the dean in developing an action plan to address the issues described above. If a reconsideration hearing does take place at the October 2015 meeting, the timing of the consultation visit will be determined following the final action of the LCME. **Prompt action to correct the areas of noncompliance is required, whether or not the decision for probation is upheld.**

A medical school on probation remains accredited, with all attendant rights and privileges. However, if the decision to impose probation is finalized, the program must make its accreditation status known to all enrolled students, all students accepted for enrollment, and those seeking enrollment.

UNITED STATES DEPARTMENT OF EDUCATION REGULATIONS

United States Department of Education regulations require that the LCME document compliance with all LCME accreditation standards **within two years of a program's initial notification of noncompliance determinations.** Therefore, the LCME requires timely follow-up on all determinations of *noncompliance*.

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 is required by United States Department of Education to make available to the public all final determinations of "Accredited" and "Accredited, on Probation." 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, 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/publications.htm#standards-section>. Programs that have status reports due to the LCME are responsible for aligning the follow-up items in the reports with the *Functions and Structure of a Medical School* document that is current at the time the status reports are due.

CHANGES THAT REQUIRE NOTIFICATION TO THE LCME

The LCME awards accreditation 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 either student

enrollment or in the resources of the institution such that the balance becomes distorted, the LCME expects to receive advance 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>.

A copy of the survey report is being sent to Interim Dean Jack David Sobel. The survey report is for the use of the Wayne State University School of Medicine 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

Enclosures (2): Team report of the full survey of the medical education program leading to the MD degree at the Wayne State University School of Medicine, March 8-11, 2015

LCME Rules of Procedure, June 2014, Appendix B (excerpt)

CC: Jack David Sobel, M.D., Interim Dean, Wayne State University School of Medicine

APPENDIX B (EXCERPT)
JUNE 2014 LCME RULES OF PROCEDURE

RECONSIDERATION OF ACTIONS TO GRANT ACCREDITATION
WITH PROBATION

The reconsideration shall be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit, status report, etc.) and shall be based solely on the information contained in the final survey or status report. Descriptions of changes made since that time will not be considered.

Notice of LCME Action

Upon a finding that a program of medical education is not in substantial compliance with the LCME's published accreditation standards, and an action by the LCME to grant accreditation with probation, the LCME Secretariat shall promptly notify the sponsoring institution in writing of the action and of the specific areas of noncompliance that support the imposition of the action. The Secretariat also shall inform the sponsoring institution of the right to reconsideration.

The LCME process for reconsideration of actions to grant accreditation with probation consists of two steps: (1) review by an independent *ad hoc* review committee and (2) LCME review with or without a hearing. The institution may waive review by an independent *ad hoc* review committee by providing a written waiver to the LCME Secretariat. **At the end of the reconsideration process, the LCME will make a final decision whether to affirm, modify, or reverse its initial accreditation decision.**

Request for Reconsideration

If the sponsoring institution wishes to request reconsideration of the LCME's decision to grant accreditation with probation, it must notify the LCME Secretariat within thirty (30) calendar days from the date of receipt of the notice of the LCME action. Such Request for Reconsideration must be addressed to the LCME Secretariat and must contain a concise statement of why the institution believes that the LCME's action was improper.

If a Request for Reconsideration is not received by the LCME within thirty (30) days, the LCME's initial action shall constitute the final action by the LCME.

Step 1: Review by an Independent Review Committee

The first step in the reconsideration process is review by an independent *ad hoc* Review Committee, which will be advisory to the LCME. The Review Committee shall be appointed by the LCME Secretariat in consultation with the Chair and Chair-elect of the LCME and shall consist of three individuals who are former LCME members or who otherwise meet the qualifications for membership on the LCME. No person shall be included on a Review Committee for a given program if he or she has participated in a survey visit that triggered the LCME action; has reviewed recent survey findings, progress reports, or other LCME findings or conclusions regarding that program on behalf of the LCME; or has a conflict of interest as determined under the LCME Conflict of Interest Guidelines.

The LCME Secretariat shall forward to each of the members of the Review Committee the following materials, which shall constitute the Review Record: a complete file of all documents concerning the program that were available to the LCME and upon which the LCME relied in the action that is the subject of the reconsideration.

The Review Committee shall make one of the following recommendations to the LCME:

- a. Affirm the initial LCME action; or
- b. Recommend that the LCME modify its action.

If the Review Committee determines that there is no reason to alter the initial LCME action, it shall recommend that the action be affirmed. If the Review Committee determines that the LCME's action is not supported by the evidence, or was not made in substantial accordance with LCME policies and procedures, it shall recommend that the modify its action. The Review Committee shall forward a written report of its recommendation, and the reasons therefore, to the LCME.

The institution shall not receive a copy of the report or recommendation of the Independent Review Committee.

Step 2: Hearing before the LCME

The second step of the reconsideration process is a hearing before the LCME. No person shall be present for or participate in a hearing if he or she has a conflict of interest as determined under the LCME Conflict of Interest Guidelines.

LCME Hearing

The LCME Secretariat shall schedule the reconsideration hearing in conjunction with a regularly scheduled LCME meeting.

The LCME Secretariat shall notify the institution in writing of the date, time and place of the hearing. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the institution that:

- (1) it may send representatives to appear before the LCME;
- (2) it may be represented by legal counsel; and
- (3) it may submit a written response to the LCME's cited areas of noncompliance. Such response must be based solely on the information contained in the final survey report unless otherwise provided herein; and
- (4) the reconsideration will be limited to the time and circumstances that triggered the LCME action (e.g., a survey visit, status report, etc.) and will be based solely on the information contained in the final survey report or status report). Descriptions of changes made since that time will not be considered.

The institution's written intent to send representatives to appear before the LCME, the names of the representatives and, if any, the legal counsel who will attend the hearing, and the institution's written response to the cited areas of noncompliance must be received by the LCME Secretariat no later than twenty-one (21) calendar days before the scheduled date of the hearing.

The Secretariat shall send to each member of the LCME who shall participate in the hearing the following materials, which shall constitute the Reconsideration Record: the Review Record and the Review

Committee's report and recommendation, and the institution's request for review and written response to the LCME's cited areas of noncompliance..

Conduct of the Hearing Before the LCME

The hearing before the LCME shall be chaired by the LCME Chair or, at his or her discretion, the Chair-elect.

The hearing will be limited to a consideration of the time and circumstances that triggered the initial LCME decision. Descriptions of changes made since that time shall not be considered.

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

- a. Introductory statement of the Chair.
- b. Oral presentation by the institution (one hour).
- c. Questions by LCME members and staff.
- d. LCME executive session.
- e. Additional questions by LCME members and staff.
- f. Closing statement by the institution (15 minutes).
- g. Adjournment.

A record of the hearing shall be kept by a certified court reporter.

If the institution, without good cause, fails to appear or fails to advise the LCME Secretariat in writing more than ten (10) calendar days before the scheduled date of the hearing that it will not appear, the LCME may elect to notify the institution that no further opportunity for a personal appearance will be provided.

Decision of the LCME

At the conclusion of the hearing, the LCME shall meet in executive session to review the proceedings and to reach a decision. The LCME shall consider the Reconsideration Record and the information presented during the hearing. The LCME shall determine, by the affirmative vote of a majority of those members present, whether substantial evidence supports the existence of each of the cited areas of noncompliance with accreditation standards. The LCME then will determine whether the initial LCME action should be affirmed, modified or reversed. **Such determination shall constitute final action by the LCME.**

The LCME Secretariat shall notify the institution in writing of the LCME decision, including the reasons therefore, within thirty (30) calendar days after the hearing.

LCME Review Without A Hearing

An institution may inform the LCME in writing that it does not wish to appear before the LCME. In such event, the LCME will consider the accreditation status of the program at the next regularly-scheduled meeting. The LCME shall rely on the Reconsideration Record for information. The LCME shall determine by the affirmative vote of a majority of those members present whether to affirm, modify or reverse its initial action. The LCME Secretariat shall notify the institution in writing of the LCME's decision, including the reasons therefore, within thirty (30) calendar days after the LCME meeting. **Such determination shall constitute the final action by the LCME.**

RESPONSIBILITY FOR THE COST OF RECONSIDERATIONS AND APPEALS

The costs of the reconsiderations and appeals conducted by the LCME shall be allocated in the following manner:

- a. The LCME shall bear all of the administrative and meeting costs, including the travel and other expenses of the Review Committee or Appeals Panel.
- b. The institution or program appealing an LCME decision shall bear all of the costs involved in its presentation at the reconsideration or appeal hearing, as well as the travel and other expenses of its representatives present for the hearing.
- c. The LCME shall bear the cost of transcribing the hearing. The institution or program shall be required to pay for any copies of the transcript it desires.

NOTICE AND FILINGS WITH THE LCME SECRETARIAT

Whenever, under any of the provisions of this Appendix B, there is a requirement for a written notice or request to the LCME Secretariat, said notice or request shall be sent to both LCME Secretaries at the following addresses:

LCME Co-Secretary
Association of American Medical Colleges
655 K Street, NW
Suite 100
Washington, D.C. 20001-2399

and

LCME Co-Secretary
Council on Medical Education/American Medical Association
330 North Wabash Avenue
Suite 39300
Chicago, IL 60611