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Via email (kent.talbert@mail.house.gov) and U.S. Mail

Committee on Education and the Workforce
U.S. House of Representatives
2176 Rayburn House Office Building
Washington, DC 20515-6100

Re: Committee Inquiry to the Liaison Committee on Medical Education

Dear Representatives Foxx, Owens, Grothman, and Murphy:

We write on behalf of the Liaison Committee on Medical Education (“LCME”) in response to the Committee on Education and the Workforce’s (the “Committee”) letter inquiry of May 4, 2023. We have provided below the LCME’s written responses to each of the Committee’s fourteen questions. But first, we believe it would be helpful to provide some background information regarding the role of the LCME and its accreditation standards with respect to medical education in the United States.

Overview of the LCME

The LCME was formed in 1942, more than eighty years ago. Since that time, the LCME has served as an independent decision-making body charged with establishing and overseeing the peer-review process through which U.S. MD-granting medical education programs obtain accreditation. Currently, the LCME is recognized by the U.S. Department of Education as an accrediting agency for medical education programs leading to the MD degree.

The LCME’s administrative leadership body (the LCME Secretariat) includes four individuals who have held multiple, significant leadership positions in both new and established medical schools with LCME-accredited medical education programs. Collectively, the members of the Secretariat have more than a century of experience in academic medicine. The LCME’s voting membership, who are charged with accreditation decisions, includes seventeen professional members who are senior medical educators and/or practicing physicians with extensive knowledge about U.S. medical education programs, all of whom have served in significant leadership positions – as medical school deans, vice deans, and senior associate deans – with direct involvement in and knowledge about their school’s educational and research missions and programs.

The LCME evaluates medical education programs against twelve standards consisting of 93 separate elements.¹ To achieve and maintain accreditation, a medical education program must

¹ See *Functions and Structure of a Medical School, Standards for Accreditation of Medical Education Programs Leading to the MD Degree* (March 2023) (the “Accreditation Standards”), available at: <https://lcme.org/publications/>

demonstrate appropriate performance in these standards and elements. The language of each of the twelve 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 and identify the variables that are examined when evaluating a medical education program's compliance with the standard.

Element 3.3, referenced in the committee's letter, is one of the six elements comprising Standard 3, which evaluates a medical education program's "Academic and Learning Environments." Element 3.3 requires that 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." This area of consideration is not new – there has been an LCME accreditation standard related to student diversity since at least 1997. Nothing in Element 3.3 (or elsewhere in the Accreditation Standards) mandates which categories of diversity a medical school must use to satisfy this element. Moreover, the Accreditation Standards do not establish or define any quantitative outcomes that a medical school should achieve. To the contrary, each medical education program has the discretion to define for itself the diversity categories it chooses to prioritize, giving programs the flexibility to consider this element in the context of their own missions, environments, and geographic regions.

Responses to the Committee's Questions

With respect to the Committee's questions, LCME's responses are as follows:

1. Does LCME require and/or encourage medical schools to treat applicants differently based on the applicants' race?

No. To the contrary, Element 3.4 of the Accreditation Standards ("Anti-Discrimination Policy") requires that a medical school have an anti-discrimination policy in place.²

2. Does LCME require and/or encourage medical schools to award scholarships based on recipients' race?

No. Element 12.1 of the Accreditation Standards ("Financial Aid/Debt Management Counseling/Student Educational Debt") only requires that a medical school "provide[] its students with effective financial aid and debt management counseling and has "mechanisms in place to minimize the impact of direct educational expenses . . . on medical student indebtedness."³ The Accreditation Standards do not define, prescribe, or make recommendations regarding whether a medical school offers scholarships, how the school administers any such scholarship programs, or to whom scholarships should be awarded.

3. Can a medical school satisfy Element 3.3 if the school chooses to treat its applicants, students, faculty, and staff equally, irrespective of their race?

Yes. As noted above, medical schools are required to maintain a non-discrimination policy. Additionally, as also explained above, when evaluating a medical school's performance in Element

² See Accreditation Standards Element 3.4 at p. 4 ("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 See Accreditation Standards Element 12.1 at p. 19.

3.3, the LCME does not mandate predefined diversity categories or set any diversity goals for the school. Rather, the decision is left to each medical school to identify the diversity categories for which it will commit resources – whether those goals be related to gender, racial, ethnic, geographic, socioeconomic or other diversity categories. The Accreditation Standards take into account that a single definition of diversity would not accommodate medical schools well, given the variation in their histories, locations, and the populations they hope their graduates will serve. When making accreditation decisions, the LCME evaluates whether the school has established policies and allocated resources toward achieving admission/employment outcomes in the diversity categories that it has set and whether the school is monitoring and making progress toward this outcome.

4. Can a medical school satisfy Standard 3 if the school chooses to treat its applicants, students, faculty, and staff equally, irrespective of their race?

Yes, see response to question 3 above.

5. Does LCME require and/or encourage medical schools to teach that it is preferable for doctors and patients to be the same race?

No.

6. In LCME’s view, is it preferable for doctors and patients to be the same race?

No, the LCME has not adopted such a view, which is beyond the LCME’s narrow mission. The LCME’s “views” are limited to the development, interpretation and application of its Accreditation Standards.

7. Does LCME require or encourage medical schools to teach that the American health care system is systemically racist?

No.

8. In LCME’s view, is the American health care system systemically racist?

No, the LCME has not adopted such a view, which is beyond the LCME’s narrow mission. The LCME’s “views” are limited to the development, interpretation and application of its Accreditation Standards.

9. Please describe all communications regarding racial diversity that LCME has published or sent in the past three years.

In December 2021, the executive staff of the LCME published a peer-reviewed article in Volume 23, Number 12 of the *AMA Journal of Ethics* entitled “What is the Role of Accreditation in Achieving Medical School Diversity?” A copy of this article accompanies the email with this letter.

10. In LCME’s view, are members of a particular race inherently racist or privileged?

No, the LCME has not adopted such a view, which is beyond the LCME’s narrow mission. The LCME’s “views” are limited to the development, interpretation and application of its Accreditation Standards.

11. In LCME’s view, are members of a particular race inherently oppressed?

No, the LCME has not adopted such a view, which is beyond the LCME’s narrow mission. The LCME’s “views” are limited to the development, interpretation and application of its Accreditation Standards.

12. What steps does LCME take to pursue racial diversity in its own operations?

Given the small size of its administrative staff, its identity as a committee and not an organization, and its focused mission, the LCME does not have any formal or written policies with respect to racial diversity which govern its day-to-day operations. That said, the LCME believes there is value in ensuring diversity among its voting members and assembling diverse accreditation survey teams – including but not limited to diversity in professional backgrounds, place of education, geography, gender, race, and other characteristics – and works consistently in good faith to achieve such diversity.

13. Does LCME pursue any antiracism efforts?

No. Although the Committee’s intended meaning of “antiracism efforts” is not entirely clear, the LCME’s mission is narrow and is focused on the establishment and implementation of its Accreditation Standards and the accreditation of medical education programs. Note that accreditation standards are created with broad-based public input, not simply by independent action of the LCME members.

14. What percentage of LCME’s budget is spent on diversity, equity, and inclusion initiatives?

The LCME does not allocate any funds from its operating budget to diversity, equity and inclusion initiatives. Such activities are beyond the LCME’s narrow mission, which is the establishment and implementation of its Accreditation Standards and the accreditation of medical education programs.

Respectfully,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Veronica M. Catanese, MD, MBA
LCME Co-Secretary

Enclosure (1): *What is the Role of Accreditation in Achieving Medical School Diversity?*, AMA JOURNAL OF ETHICS, Volume 23, Number 12: E946-952 (December 2021)

cc: Kent D. Talbert (Investigative Counsel)