

LIAISON COMMITTEE ON MEDICAL EDUCATION

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Guidelines for Increasing Class Size in Medical Schools Accredited by the LCME or CACMS

(updated February 2007)

CURRENT ACCREDITATION PROCEDURES

Purposes of LCME and CACMS accreditation. The accreditation of medical education programs leading to the MD degree serves to assure that they meet national standards of educational quality. The cyclical process of institutional self-study and assessment, coupled with external validation by a team of professional peers, provides a powerful mechanism for ongoing quality improvement. LCME and CACMS accreditation are essential elements in the system of physician credentialing in the U.S. and Canada.

Balance between student enrollment and total resources. Accreditation is awarded to a program of medical education based on a judgment of appropriate balance between student enrollment and the total resources of the institution, including faculty, physical facilities, appropriate numbers and mix of patients, and the operating budget. Significant modifications to the educational program, or substantial changes in student enrollment or in the resources of the institution may distort the balance. While medical education programs are not accredited by the LCME or CACMS for a specific class size, a substantial imbalance in student enrollment relative to resources may have a negative impact on educational program quality, and thus lead to re-evaluation of a program's accreditation status by the accrediting bodies.

REQUIREMENTS FOR PRIOR NOTICE

Since substantial changes in either student enrollment or in the total resources of the institution may lead to reevaluation of the program's accreditation status, the LCME (and CACMS, if appropriate) must receive prior notice of the proposed changes. Increases of the following magnitude require prior notification: (1) in any given year, an increase in entering class size of 10% or greater, or an absolute increase of 15 students, whichever is smaller; or (2) a cumulative increase in entering class size of 20% or more over three years. Such notice must include sufficient information, as described below, to permit the LCME and/or CACMS to make a reasoned decision regarding the need for further evaluation (for example, through a survey visit), and must be provided far enough in advance for a final decision to be made prior to the program accepting the additional students. For U.S. schools, the notification should be provided no later than January 1 for consideration by the LCME at its February meeting. For Canadian schools, the notification should be provided by September 1 of the calendar year preceding the planned class expansion in order to be evaluated at the late September/early October meeting of the CACMS.

While the thresholds described above apply to the need for prior notification, enrollment increases below the thresholds also require reporting to the LCME. In general, if a planned increase in entering class size results in a first-year enrollment greater than the largest first-year class size (including repeating students) from the previous five years, it should be reported to the LCME. Such reports should be submitted to the LCME before the beginning of the academic year in which the planned increase takes effect.

DOCUMENTATION REQUIRED FOR CLASS SIZE INCREASES

The following types of information should be provided as supporting documentation when reporting class size increases:

1. A summary of the space and educational facilities available to accommodate the increased class size for the preclinical curriculum (such as data on seating capacity of lecture halls and small-group meeting rooms, dissection facilities, wet lab space, etc.) and assessment of the sufficiency of library resources and space, clinical skills assessment centers, information technology, general study space, or any other relevant facilities for the larger class size
2. The adequacy of instructional staff (faculty and residents) for required courses, clerkships and electives including the numbers of small-group preceptors
3. The adequacy of clinical facilities and patient volume for required clerkships and electives
4. Capacity of student services (such as student affairs, financial aid, academic and career counseling, student health, confidential counseling, etc.) to handle the larger volume
5. Depth and quality of the applicant pool relative to the school's admissions requirements

To facilitate reporting, a "[Class Size Increase Reporting Template](#)" is provided. [Word, 3 pages, 71 kb]

If the increase in class size is the consequence of creating a new geographically remote campus or educational track, prior notification to the LCME and CACMS regarding the new campus or track is also required, as specified in LCME *Rules of Procedure*. In this case, the notification should occur no later than May 1 of the calendar year preceding the creation of the campus or track, to allow sufficient time for the LCME (and CACMS, if appropriate) to determine if an on-site evaluation is required.

ACCREDITATION ACTIONS

The LCME (and CACMS, if appropriate) will review the relevant information provided by the school at its next regularly scheduled meeting and decide if additional documentation or action is necessary. The decision will be based on whether continuing compliance with accreditation standards can be assured.

1. If continued compliance with accreditation standards is evident, the report will be accepted as provided and no further action will be needed.
2. The LCME and CACMS may require additional information in the form of a report from the dean.
3. The LCME and CACMS may require that additional information be collected by a survey team, either through a Secretariat visit or a Limited (focused) survey.

4. If the LCME or CACMS is not assured that there will be continuing compliance with accreditation standards, the school will be notified that the acceptance of a larger class under the plans submitted to the accrediting bodies could result in probationary status or withdrawal of accreditation.

Template for Reporting Class Size Increases to the Liaison Committee on Medical Education (LCME) and/or the Committee on Accreditation of Canadian Medical Schools (CACMS) [Word, 3 pages, 71 kb]



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