The History and Application of the LCME’s Diversity Standards

Barbara Barzansky, PhD, MHPE
LCME Co-Secretary
Goals of the Presentation

- Describe the history of standards IS-16 (institutional diversity) and MS-8 (“pipeline” programs to broaden diversity)
- Summarize the expectations of the standards
- Describe the main reasons for citations of noncompliance
Previous Standards

MS-8: Each medical school should have policies and practices ensuring the gender, racial, cultural, and economic diversity of its students.

FA-1: The recruitment and development of a medical school’s faculty should take into account its mission, the diversity of its student body, and the population that it serves.
Basis for the Change

Standard IS-16 was informed by several sources:

- Supreme Court decisions
- 2008 AAMC document *Roadmap to Diversity*
- Input from a broad-based advisory group

New standard MS-8 was based on the expectations of the previous MS-8 (Medical Student Diversity)
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.
New Standards (con’t)

MS-8. A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission.
Attention to diversity is now an expectation for an institution

- Need for focused, significant, and sustained efforts (*from annotation to IS-16*)
- Institutional policies related to diversity are put into effect in:
  - student recruitment, selection, retention
  - financial aid
  - the educational program (e.g., cultural competence)
  - faculty/ staff recruitment, employment, retention
  - faculty development
  - liaison with the community (e.g., service learning)
Schools share responsibility to expand the pool of diverse applicants

A medical school should work within its own institution or collaborate with others to make admission more accessible:
- Pipeline programs
- Collaboration with institutions that serve students from disadvantaged backgrounds
- Community service activities that heighten awareness of medicine as a career
- Academic enrichment programs

(From annotation to MS-8)

Need to document the results
Leading Causes of Noncompliance

- Failure to codify diversity in institutional policies
  - at the medical school level, preferably; could be at the university level
- Failure to define categories for students, faculty, and staff that “add value” to the learning environment
- Failure to document that there are programs to enhance diversity in place and resources to support these programs