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The History and Application of the LCME's Diversity Standards

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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

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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 its serves.

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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)

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New Standards

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.

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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***.

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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)

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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

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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