

V. EDUCATIONAL RESOURCES

ER-1. A medical education program must notify the LCME and the CACMS, when applicable, of any substantial change in the number of enrolled medical students or in the resources available to the institution, including the faculty, physical facilities, or finances.

If the medical education program plans to increase its entering medical student enrollment above the threshold of 10% or 15 medical students in one year, or 20% in three years, the program is required to provide prior notification to the LCME and the CACMS, when applicable.

Notification to the LCME must occur by January 1st of the year preceding expansion; notification to the CACMS must occur by September 1st of the year preceding the planned expansion. This notification is required for a medical education program planning to increase class size on its main campus and/or in existing functionally separate campuses (without any expansion in the curriculum years that the functionally separate campus covers).

A medical education program that plans to start a new functionally separate campus or to expand an existing functionally separate campus (e.g., from a one-year or two-year program to a four-year program) is required to provide notification of the plans to the LCME and to the CACMS, when applicable, by January 1st of the year preceding the planned creation or expansion of the functionally separate campus.

A. Finances

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.

The costs of conducting an accredited educational program leading to the M.D. degree should be supported from diverse sources (e.g., income from tuition, endowments, earnings by the faculty, support from the parent institution, annual gifts, grants from organizations and individuals, appropriations by government). Evidence for compliance with this standard will include documentation of adequate financial reserves to maintain the medical education program in the event of unexpected revenue losses and demonstration of effective fiscal management of the medical education program's budget.

ER-3. Pressure for institutional self-financing must not compromise the educational mission of the medical education program or cause it to enroll more medical students than its total resources can accommodate.

Reliance on medical student tuition should not be so great that the quality of the medical education program is compromised by the need to enroll or retain inappropriate numbers of medical students or medical students whose qualifications are substandard.

B. General Facilities

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.

The facilities of the medical education program should include offices for faculty, administrators, and support staff; laboratories and other space appropriate for the conduct of research; medical student classrooms and laboratories; lecture hall(s) sufficiently large to accommodate a full year's class and any other students taking the same courses; space for medical student use, including medical student study space; space and equipment for library and information access; and space for the humane care of animals when animals are used in teaching or research.

ER-5. A medical education program should have appropriate security systems in place at all instructional sites.

C. Clinical Teaching Facilities

ER-6. A medical education program must have, or be assured the use of, appropriate resources for the clinical instruction of its medical students.

The clinical resources at the medical education program should be sufficient to ensure the breadth and quality of ambulatory and inpatient teaching. These resources include adequate numbers and types of patients (e.g., acuity, case mix, age, gender) and physical resources.

ER-7. Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.

Appropriate instructional facilities at each hospital or other clinical facility include areas for individual medical student study, conferences, and large group presentations (e.g., lectures). Sufficient information resources, including library holdings and access to other library systems, must either be present in the hospital or other clinical facility or readily available in the immediate vicinity. A sufficient number of computers must be readily available that allow access to the Internet and to other educational software. Call rooms and lockers, or other secure space to store personal belongings, should be available for medical student use.

ER-8. Required clerkships (or, in Canada, clerkship rotations) at a medical education program should be conducted in health care settings in which resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching the medical students.

It is understood that, at some medical education programs, there may not be resident physicians at some community hospitals or community clinics or the offices of community-based physicians. In those cases, medical students must be adequately supervised by attending physicians.

ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

Written agreements are necessary with hospitals that are used regularly as inpatient sites for core clinical clerkships (or, in Canada, clerkship rotations). Additionally, affiliation agreements may be warranted with other instructional sites that have a significant role in the clinical education program.

Affiliation agreements should address, at a minimum, the following topics:

- *The assurance of medical student and faculty access to appropriate resources for medical student education.*
- *The primacy of the medical education program over academic affairs and the education/assessment of medical students.*
- *The role of the medical education program in the appointment and assignment of faculty members with responsibility for medical student teaching.*
- *Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.*

If department heads of the medical education program are not also the clinical service chiefs at affiliated institutions, the affiliation agreement must confirm the authority of the department head to ensure faculty and medical student access to appropriate resources for medical student education.

The medical education program should advise the LCME and the CACMS, when applicable, of anticipated changes in affiliation status of the program's clinical facilities.

ER-10. In the relationship between a medical education program and its clinical affiliates, the educational program for medical students must remain under the control of the program's faculty at each instructional site.

Regardless of the location in which clinical instruction occurs, department heads and faculty of the medical education program must have authority consistent with their responsibility for the instruction and assessment of medical students.

The responsibility of the clinical facility for patient care should not diminish or preclude opportunities for medical students to undertake patient care duties under the appropriate supervision of the medical education program's faculty and residents.

D. Library Services and Information Resources

ER-11. An institution that provides a medical education program must provide ready access to well-maintained library facilities sufficient in size, breadth of holdings, and technology to support its educational and other missions.

Students, faculty, and others associated with an institution that provides a medical education program should have physical or electronic access to the current and prior volumes of leading biomedical, clinical, and other relevant periodicals, self-instructional materials, and any other information resources required to support the institution's missions, including the educational program.

ER-12. The library services at an institution that provides a medical education program must be supervised by a professional staff that is responsive to the needs of the students, faculty, and others associated with the institution.

The library staff serving an institution that provides a medical education program should be familiar with current regional and national information resources and data systems.

ER-13. An institution that provides a medical education program must provide access to well-maintained information technology resources sufficient in scope and expertise to support its educational and other missions.

ER-14. The information technology staff serving an institution that provides a medical education program must be responsive to the needs of the medical students, faculty, and others associated with the institution.

The information services staff should facilitate the timely access of medical students, faculty, and others associated with the institution at each instructional site to information resources required by the curriculum and other missions of the institution and have sufficient expertise to facilitate their use.