

III. MEDICAL STUDENTS

A. Admissions

1. Premedical Requirements

MS-1. Through its requirements for admission, a medical education program should encourage potential applicants to acquire a broad undergraduate education, including study of the humanities, the natural sciences, and the social sciences.

Ordinarily, four years of undergraduate education are necessary to prepare for entrance into an M.D. degree program. However, some special programs (e.g., combined baccalaureate-M.D. programs) may permit a reduction in this time period. A broad-based undergraduate education is increasingly important for the development of physician competencies outside of the scientific knowledge domain.

MS-2. A medical education program should restrict its premedical course requirements to those deemed essential preparation for successful completion of its curriculum.

2. Selection

MS-3. The faculty of an institution that offers a medical education program must develop criteria, policies, and procedures for the selection of medical students that are readily available to potential and current applicants and their collegiate advisors.

MS-4. The final responsibility for accepting students to a medical school must rest with a formally constituted medical school admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, must be specified in bylaws or other medical school policies. Faculty members must constitute the majority of voting members at all meetings.

The composition of the medical school admission committee typically reflects the school's mission. The committee may include individuals other than faculty members, including community members and medical students. While individuals other than faculty members may hold voting privileges, they will not, in aggregate, constitute a majority of voting members at any meeting.

MS-5. A medical education program must have a sufficiently large pool of applicants who possess national level qualifications to fill its entering class.

MS-6. A medical education program must select for admission medical students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians.

MS-7. At a medical education program, the selection of individual medical students for admission must not be influenced by any political or financial factors.

MS-8. A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission.

Because graduates of U.S. and Canadian medical schools may practice anywhere in their respective countries, it is expected that an institution that offers a medical education program will recognize its collective responsibility for contributing to the diversity of the profession as a whole. To that end, a medical education program should work within its own institutions and/or collaborate with other institutions to make admission to medical education programs more accessible to potential applicants of diverse backgrounds. Institutions can accomplish that aim through a variety of approaches, including, but not limited to, the development and institutionalization of pipeline programs, collaborations with institutions and organizations that serve students from disadvantaged backgrounds, community service activities that heighten awareness of and interest in the profession, and academic enrichment programs for applicants who may not have taken traditional pre-medical coursework.

MS-9. A medical education program must develop and publish technical standards for the admission, retention, and graduation of applicants or students with disabilities, in accordance with legal requirements.

MS-10. A medical education program's catalog and other informational, advertising, and recruitment materials must present a balanced and accurate representation of the mission and objectives of the program, state the requirements for the M.D. degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships (or, in Canada, clerkship rotations) offered by the program.

MS-11. A medical education program's catalog or other informational materials must enumerate the program's criteria for selecting students for admission and describe the application and admission processes.

3. Visiting and Transfer Students

MS-12. The resources used by an institution that offers a medical education program to accommodate the requirements of any visiting and transfer medical students must not significantly diminish the resources available to already enrolled medical students.

MS-13. A medical education program must ensure that any potential transfer student demonstrates academic achievements and other relevant characteristics comparable to those of the medical students in the class that he or she would join.

MS-14. A medical education program must ensure that prior coursework taken by a medical student who is accepted for transfer or admission with advanced standing is compatible with the coursework at the level of the program to be entered.

MS-15. A medical education program should accept a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

MS-16. A medical education program should verify the credentials of each visiting medical student, maintain a complete roster of visiting students, approve each visiting student's assignments, and provide a performance assessment for each visiting student.

The institution that offers a medical education program is expected to establish protocols or requirements for health records, immunizations, exposure to infectious agents or environmental hazards, insurance, and liability protection comparable to those for its enrolled medical students.

MS-17. A medical education program must ensure that any medical student visiting for clinical clerkship rotations and electives demonstrates qualifications comparable to those of the medical students he or she would join in those experiences.

B. Medical Student Services

1. Academic and Career Counseling

MS-18. A medical education program must have an effective system of academic advising for medical students that integrates the efforts of faculty members, course directors, and student affairs officers with its counseling and tutorial services.

There should be formal mechanisms at the medical education program for medical student mentoring and advocacy at each instructional site. The roles of various participants in the advisory system should be defined and disseminated to all medical students. A medical student should have the option of obtaining advice about academic issues or academic counseling from individuals who have no role in making promotion or assessment decisions about him or her.

MS-19. A medical education program must have an effective system in place to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

MS-20. If a medical student at a medical education program is permitted to take electives at another medical education program or institution, there should be a centralized system in the dean's office at the home program to review the proposed extramural electives prior to approval and to ensure the return of a performance assessment by the host program.

MS-21. The process at a medical education program of applying for residency programs should not disrupt the general medical education of its medical students.

A medical education program will develop policies and procedures to minimize the disruption of any required educational or assessment activities of its medical students during the residency application, interview, and match processes.

MS-22. A medical education program should not provide a Medical Student Performance Evaluation/Dean's Letter required for the residency application of a medical student until November 1 of the student's final year.

2. Financial Aid Counseling and Resources

MS-23. A medical education program must provide its medical students with effective financial aid and debt management counseling.

In providing financial aid services and debt management counseling, the medical education program should alert medical students to the impact of noneducational debt on students' cumulative indebtedness.

MS-24. A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.

As key indicators of the medical education program's compliance with this standard, the LCME and the CACMS consider average medical student debt, including the debt of current students and graduates and trends over the past several years; the total number of medical students with scholarship support and average scholarship support per student; the percentage of total financial need supported by institutional and external grants and scholarships; and the presence of activities at the programmatic or institutional levels to enhance scholarship support for medical students. In addition, the LCME and the CACMS will consider the entire range of other activities in which the program could engage (e.g., limiting tuition increases, supporting students in acquiring external financial aid).

MS-25. An institution that offers a medical education program must have clear and equitable policies for the refund of a medical student's tuition, fees, and other allowable payments.

"Other allowable payments" may include payments made for health insurance, disability insurance, a parking permit, student housing, and other similar services for which a student may no longer be eligible following withdrawal.

3. Health Services and Personal Counseling

MS-26. A medical education program must have an effective system of personal counseling for its medical students that includes programs to promote the well-being of medical students and facilitate their adjustment to the physical and emotional demands of medical education.

MS-27. A medical education program must provide medical students with access to diagnostic, preventive, and therapeutic health services.

Medical students should have timely access to needed preventive, diagnostic, and therapeutic medical and mental health services at sites in reasonable proximity to the locations of their required educational experiences. Students should be supplied with information about where and how to access health services at all instructional sites where required training occurs. Students with school-sponsored health insurance policies should also be informed about coverage for necessary services. A medical education program should have policies and/or practices that permit students to be excused from class or clinical activities to seek needed care.

MS-27-A. The health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.

MS-28. A medical education program must make health insurance available to each medical student and his or her dependents and provide each medical student with access to disability insurance.

MS-29. A medical education program should follow accepted guidelines in determining immunizations requirements for its medical students.

A medical education program in the U.S. should follow guidelines issued by the Centers for Disease Control and Prevention, along with those of relevant state agencies. A medical education program in Canada should follow the guidelines of the Laboratory Center for Disease Control and relevant provincial agencies.

MS-30. A medical education program must have policies that effectively address medical student exposure to infectious and environmental hazards.

The medical education program's policies regarding medical student exposure to infectious and environmental hazards should include: 1) the education of medical students about methods of prevention; 2) the procedures for care and treatment after exposure, including a definition of financial responsibility; and 3) the effects of infectious and environmental disease or disability on medical student learning activities. All registered students (including visiting students) should be informed of these policies before undertaking any educational activities that would place them at risk.

C. The Learning Environment

MS-31. In a medical education program, there should be no discrimination on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation in any of the program's activities.

MS-31-A: A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).

The medical education program, including its faculty, staff, medical students, residents, and affiliated instructional sites, shares responsibility for creating an appropriate learning environment. The learning environment includes both formal learning activities and the attitudes, values, and informal "lessons" conveyed by individuals who interact with the medical student. These mutual obligations should be reflected in agreements (e.g., affiliation agreements) at the institutional and/or departmental levels.

It is expected that a medical education program will define the professional attributes it wishes its medical students to develop in the context of the program's mission and the community in which it operates. Such attributes should also be promulgated to the faculty and staff of the medical education program. As part of their formal training, medical students should learn the importance of demonstrating the attributes of a professional and understand the balance of privileges and obligations that the public and the profession expect of a physician. Examples of professional attributes are available from such resources as the American Board of Internal Medicine's Project Professionalism or the AAMC's Medical School Objectives Project.

The medical education program and its faculty, staff, medical students, and residents should also regularly evaluate the learning environment to identify positive and negative influences on the maintenance of professional standards and conduct and develop appropriate strategies to enhance the positive and mitigate the negative influences. The program should have suitable mechanisms available to identify and promptly correct recurring violations of professional standards.

MS-32. A medical education program must define and publicize the standards of conduct for the faculty-student relationship and develop written policies for addressing violations of those standards.

The standards of conduct need not be unique to the medical education program; they may originate from other sources (e.g., the parent institution). Mechanisms for reporting violations of these standards (e.g., incidents of harassment or abuse) should ensure that the violations can be registered and investigated without fear of retaliation.

The medical education program's policies also should specify mechanisms for the prompt handling of such complaints and support educational activities aimed at preventing inappropriate behavior.

MS-33. A medical education program must publicize to all faculty and medical students its standards and procedures for the assessment, advancement, and graduation of its medical students and for disciplinary action.

MS-34. A medical education program must have a fair and formal process in place for taking any action that may affect the status of a medical student.

The medical education program's process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to promotion, graduation, or dismissal.

MS-35. Medical student educational records at a medical education program must be confidential and made available only to those members of the faculty and administration with a need to know, unless released by the medical student or as otherwise governed by laws concerning confidentiality.

MS-36. A medical student enrolled in a medical education program must be allowed to review and challenge his or her records if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

MS-37. A medical education program should ensure that its medical students have adequate study space, lounge areas, and personal lockers or other secure storage facilities at each instructional site.