

To: Elizabeth Smith  
From: Jacob Hiegel  
Re: Dr. Wheeler LCME accreditation question  
June 6, 2014

**Problem:** To ensure compliance with LCME standards, the College of Medicine requested review of the Admissions policies and if needed a recommendation for edits to the By-Laws, Policies or other rules of operation. Primarily, the current bylaws should be clarified so that it is clear the Admissions Board makes final admissions decisions, and we should clarify the Admissions Board member's voting privileges and definition of a quorum to meet accreditation standards of LCME.

**Rules:**

LCME Standard MS-4: "The final responsibility for accepting students to a medical school must rest with a formally constituted medical school admissions committee. The authority and composition 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."

UAMS Board of Trustees Policy 1215.2(VI): "When the material from these five items has been completed for each candidate, the members of the Admissions Board rate each applicant on a scale of 1 through 7, where 1 is poor, 4 is average, and 7 is superior. All ratings are done independently by the Board members. The individual scores are recorded, and the mean scores are used to rank-order the applicants. Final recommendations of the Admissions Board are then submitted to the Dean of the College of Medicine."

UAMS Board of Trustees Policy 1215.2 (II): An Admissions Board of fifteen (15) members is appointed by the University Board of Trustees from a list submitted by the Dean, subject to the approval of the Medical Sciences Chancellor and the President of the University. Act 310 of 1975 specifies that six of the said members shall be members of the medical faculty, and two additional members shall be appointed from each of the four Congressional districts of Arkansas, with one member appointed from the State-at-large.

Statutes

- Under A.C.A. § 6-64-405, the admissions board is composed of 15 persons. In addition, "Six (6) of the members shall be members of the faculty of the University of Arkansas College of Medicine." "Eight (8) of the members, at least four (4) of whom shall have faculty appointments in the University of Arkansas College of Medicine, shall be appointed from each of the four (4) congressional districts and shall be apportioned on the basis of two (2) members from each congressional district." "One (1) member shall be appointed from the state at large."
- The statute does not state that the four (4) faculty members from the congressional districts must be distributed in any manner, ex. all four (4) faculty members can be from two congressional districts.

- A.C.A. § 6-64-406 provides that the Admissions board “shall provide for the admissions of students.”
- Statutes are silent about a quorum and voting privileges

**Analysis and Recommendation:**

The LCME is the accreditation body for the UAMS College of Medicine, and UAMS is in the process of preparing for accreditation. LCME MS-4 requires that the final responsibility to grant admission to a medical school must rest in an admission committee composed of a majority of faculty members.

UAMS Board Policy 1215.2(II) is not entirely in accord with Ark. Code. Ann. § 6-64-405. The Ark. Code. Ann. specifies that six (6) admissions board members shall be members of the medical faculty, and that four (4) of the eight (8) members chosen from the congressional districts must also be faculty, for a total of 10 faculty members. The Board Policy does not place the four (4) faculty member requirement on the eight (8) Admissions Board members selected from the congressional districts. LCME also requires that a majority of the Admissions Board members be faculty. Again, this may not be a conflict in actuality, but the Policies should be edited to reflect the requirement.

Current UAMS Board Policy 1215.2 (concerning admissions) states that final recommendations of the Admissions Board are submitted to the Dean of the COM. From this wording of the bylaw, it appears that the Dean could make a final admission decision. However, per the recommendation letter to Dodd Wilson dated July 23, 1992, it is likely that the Dean relies on the “final recommendations” of the board and the Dean admits the recommended applicants, and so a change to the bylaws would not greatly affect the current procedure. The bylaws should therefore be edited to clear this ambiguity and meet the standard of LCME MS-4, being that the admissions board has the final responsibility for accepting students.

The Board of Trustees policy must also specify voting privileges of the Board and the definition of a quorum to meet LCME standards. Arkansas Statutes are silent on the matter, and there are no other conflicted board policies, so an edit should be possible.

In order to meet these standards there are two objectives that should be completed.

1. First, the BOTP 1215.2 (VI) should be amended to read that “the Admissions boards rank orders applicants which will determine which applicants are granted admission, in accordance with A.C.A. § 6-64-406 concerning allocation of admissions among Arkansas Congressional districts. The list of admitted applicants is sent to the Dean of the College of Medicine who notifies the admitted applicants.”

The BOT policy must also be updated to include voting privileges of the Admissions Board, and must include the definition of a quorum to meet LCME standards. Current BOT policies and Arkansas statutes are silent on these issues, and so they can be added to the existing Board Policies. The existing policies state that the individual Board members rate applicants independently on a scale of 1 (poor) to 7 (superior). It is recommended the BOT policy be changed to state that each Admissions Board member has equal voting privileges, and a quorum is constituted by a majority of its members being present for decision (currently this

would be 8, which is a majority of the 15 members). LCME standards require that “Faculty members must constitute the majority of voting members at all meetings,” so this should also be considered in defining the quorum (ex. If five (5) non-faculty members are present, there must also be six (6) faculty members present to maintain the faculty majority in a quorum).

2. Second, the catalog and/or website of the COM should be updated to reflect the above change in policy, namely that the admissions board will have the final decision with respect to admitting applicants. For instance, <http://medicine.uams.edu/faculty/standing-committees/medical-school-admissions-committee/> states that the Dean has “the final decision”. It is recommended the wording on the website be amended to clarify that the admissions committee has final responsibility for admissions decisions.

## BOARD POLICY 1215.2

### MEDICAL COLLEGE ADMISSIONS POLICY

A general discussion was held on a proposed new Medical School admissions policy. Dr. Kemp moved and Dr. Miller seconded a motion to adopt the document entitled "Admissions Policy, University of Arkansas College of Medicine" (attached). The motion was adopted. Dr. Miller asked that the admissions policy be reviewed again next year after a year's experience had been obtained with the new policy.

June 27, 1975

### ADMISSION POLICY - UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE

#### I. Introduction

The foremost goal of the College of Medicine is to train young men and women to become superbly competent physicians, as judged by their knowledge, skills and attitudes. The rapid expansion of scientific knowledge has made the study of medicine far more complex and demanding than ever before. While it was probably possible for a medical student in 1900 to graduate knowing essentially "all there is to know" about medicine, it is today absolutely impossible for any one person to have all the knowledge in even one subdiscipline, let alone the entire field of medicine. □

Certain characteristics are desirable in all individuals entering the profession of medicine. A student must have the intellectual capacity to absorb, integrate, and use a voluminous body of knowledge at a rate rarely required in his or her previous experience. Compassion, integrity, stamina, and dedication to the service of mankind should be fundamental personal attributes; curiosity and a sustained ability to learn are uniformly desirable. Finally, it seems reasonable that the student body should be drawn from all groups of society, rather than favoring one over the other.

#### II. The Admissions Board

The number of applicants for the entering class each year exceeds the number of positions available. An Admissions Board of fifteen (15) members is appointed by the University Board of Trustees from a list submitted by the Dean, subject to the approval of the Medical Sciences Chancellor and the President of the University. Act 310 of 1975 specifies that six of the said members shall be members of the medical faculty, and two additional members shall be appointed from each of the four Congressional districts of Arkansas. Eight (8) of the members, at least four (4)

of whom shall have faculty appointments in the University of Arkansas College of Medicine, shall be appointed from each of the four (4) congressional districts and shall be apportioned on the basis of two (2) members from each congressional district, with one member appointed from the State-at-large.

A quorum shall consist of eight (8) of the fifteen (15) admissions board members, and faculty members must constitute the majority of voting members at all meetings. This is in compliance with Liaison Committee on Medical Education standards.

### III. Requirements for the Applicant

1. The College of Medicine participates in the American Medical College Application Service (AMCAS) which is a centralized application service sponsored by the Association of American Medical Colleges. Only applications submitted through AMCAS, and received between 1 July and 15 December each year will be considered.
2. Each applicant must sit for the Medical College Admission Test (MCAT) not later than October preceding the anticipated enrollment date. Test scores taken more than four years prior to application cannot be accepted.
3. At least 90 semester hours of acceptable academic work are needed for admission, and a baccalaureate degree is recommended. No specific courses are required, but the student will find the following courses helpful as a background to the study of medicine:

General Sciences: General Biology; Zoology or Botany; Physics; Calculus; Statistics; General Chemistry; Quantitative Analysis; Organic Chemistry; Genetics; Embryology.

Behavioral Sciences: General and Special Psychology; Sociology; Ethnology; Human Ecology; Physical or Cultural Anthropology. □

Humanities: English Composition; World Literature; Logic; World History; Liberal Arts.

Applicants who have not been enrolled in an academic program for some time prior to application may be advised to enroll for refresher work prior to applying or while the application is pending.

4. One year of American History is required to receive a college or university degree from a school chartered in Arkansas; therefore one unit of American History in high school or six semester hours in college is required.

### IV. Residency Status

Legislative Act 59 of 1967 provides that non-residents may be admitted into the freshman class in numbers not to exceed 15% of the total class, and any qualified legal resident shall have preference in securing a position when compared to a non-resident. A Residency Status Committee has been established by the President of the University of Arkansas to review individual claims for resident status. The Committee consists of one member from the Medical Sciences campus and two members from the Fayetteville campus. The status of each applicant claiming residency is reviewed at the time of application, and the classification which is established persists throughout the application period. Non-resident applicants with a grade point average below 3.5 (4.0 scale) or with average MCAT scores and science MCAT scores less than 600, are notified that they will not be considered for admission; experience has shown that the number of non-residents with qualifications exceeding these limits is still greater than the number of positions which can be offered.

#### V. The Selection Factors

Selection is based on the consensus of the Admissions Board's evaluation of the following items:

1. The scholastic accomplishment of the applicant in three areas: (a) total premedical courses, (b) science and math courses, and (c) nonscience subjects. Scholastic performance in graduate studies and other professional courses is taken into consideration also.
2. Scores from the MCAT, and the individual science, quantitative, verbal and general information MCAT subtest components. This test is administered nation-wide twice yearly to more than thirty thousand persons each time. The MCAT provides stored, retrievable information and allows a good estimate of an individual's accomplishment regardless of the college or university attended.
3. Letters of evaluation/recommendation. The premedical advisor or the premedical advisory committee will provide evaluations which are based on three or four years of direct contact with students in the educational environment. Letters of recommendation from other persons of the applicant's choosing are welcomed.
4. Applicant Interviews. Each resident applicant and selected non-resident applicants will meet with experienced members of the medical faculty or student body for an interview. The purpose of the interviews is not so much to gauge the candidate's specific knowledge as an attempt to assess the reason for application to Medical School. The applicant has a chance to become acquainted with the Medical campus in a general way, and at the same time provide the Admissions Board better insight into his/her personal interests and attitudes.

5. Minnesota Multiphasic Personality Inventory (MMPI). This questionnaire has widespread use in assessing personality characteristics, and is used to compare the profile of each candidate with previously established norms for other individuals. While it is not specifically a diagnostic tool, it does suggest aspects of an individual's personality which might merit additional investigation. Candidates with a MMPI which is skewed significantly will be requested to have an additional interview with a staff psychiatrist, and the findings will be reported to the Admissions Board.

VI. The Selection Process

When the material from these five items has been completed for each candidate, the members of the Admissions Board rate each applicant on a scale of 1 through 7, where 1 is poor, 4 is average, and 7 is superior. The Board members complete all ratings independently, and each member's rating shall be weighted equally. The individual scores are recorded, and the mean scores are used to rank-order the applicants. ~~Final recommendations of the Admissions Board are then submitted to the Dean of the College of Medicine. The scores will determine which applicants~~ are to be granted admission, in accordance with A.C.A. § 6-64-406 concerning allocation of admissions among Arkansas Congressional districts. The Admissions Committee has the final responsibility for accepting students into the Medical School. The list of admitted applicants is sent to the Dean of the College of Medicine who notifies the admitted applicants.

VII. Notification of Applicants

The College of Medicine adheres to the schedule adopted by most other medical colleges to notify applicants on the 15th of January, February, or March of decisions for acceptance. This takes the form of a letter stating that the application has been approved, and requesting that acceptance of the proffered position be submitted in writing to the Dean within two weeks. □

Once all positions in the class have been filled, an additional few applicants will be notified that they are designated as alternates. The alternates are not rank-ordered until after the close of their academic year. Additional grades and the results of a repeat MCAT taken during May, if available, can thus be used in the final ranking. Any individual relinquishing his/her place as an acceptee is replaced by the next ranking alternate. □

After all positions in the class have been filled and the alternate candidates have been selected, the unsuccessful applicants will be notified by letter.

VIII. General Conclusion □

As the only College of Medicine in the state, supported heavily by state resources, the University of Arkansas must serve responsibly in choosing its students. This selection process must be accomplished with equity, objectivity, thoroughness, and

without discrimination. The final decisions for acceptance must be made in accord with the goals of the College, as well as with the legislative acts of the state. Changes in admission policies and procedures inevitably will be needed to meet changing needs, and these will be submitted through appropriate channels for review and approval by the Medical Sciences Chancellor, the President, and Board of Trustees of the University. By adhering meticulously to these details for quality and fairness, the College of Medicine can successfully fulfill its mission to promote the health care of Arkansas during future generations.

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