Bringing Home the Accreditation of our Medical Schools
Help us Shape our Future!

AFMC
The Association of Faculties
of Medicine of Canada
UGME Accreditation in Canada – The History

Flexner review of 8 existing medical schools in Canada in 1910

In 1942 LCME was formed and irregularly reviewed Canadian schools

ACMC (precursor to AFMC) was formed in 1943

In 1979 CACMS was created by ACMC and the CMA

Since 2008 CACMS and LCME reconcile decisions

In 2000 the graduation questionnaire implemented, available to all Canadian English language schools in 2005, translated by AFMC in 2009
CACMS:LCME relationship
May 2011 AFMC Board of Directors motion:

To critically and broadly examine the development of a Canadian UGME accreditation process an AFMC Working Group on Accreditation was developed.
Accepted the recommendation from the WG on Accreditation to enter into negotiations with the CMA, AAMC and AMA to establish an MOU that would formalize the relationship between CACMS and LCME.
Canadian American Accreditation Task Force

Brad Fritz, Representative, CMA Board of Directors
Martin Vogel, Vice-President, Community Building, CMA
Jacques Bradwejn, Chair, AFMC Board of Directors
Nick Busing, Former President and CEO, AFMC
John Prescott, Chief Academic Officer, AAMC
Susan Skochelak, Group Vice President, Medical Education, AMA
Abraham Fuks, Chair, CACMS
Geneviève Moineau, Secretary, CACMS
Linda Peterson, Assistant Secretary, CACMS
Jeff Gold, Co-Chair, LCME
Chris Colenda, Co-Chair, LCME
Barbara Barzansky, Co-Secretary, LCME
Dan Hunt, Co-Secretary, LCME
Donna Waechter, Assistant Secretary, LCME

Co-chaired by Nick Busing and John Prescott
Canadian American Accreditation Task Force

- Alignment on a shared vision for a desired outcome
- Respectful but difficult conversations
- Varying passionate views
- Little evidence to use for decision making
- Focused on the possible
- Significant engagement by all parties
- Built strong relationships along the way
'Historic agreement' gives Canada more med school autonomy

Written by COLIN LESLIE on December 18, 2013 for The Medical Post

Agreement still preserves reciprocity between the U.S. and Canada
A Historic Event: MOU Signed
Dec 2013

- Will change the future of accreditation for our medical schools
- CACMS has the authority to add standards, add and modify elements
- CACMS can determine own policies and procedures
- While preserving reciprocity for our graduates
- Standards will allow better responsiveness to the needs of Canadians
- Canadian medical schools continue to receive LCME accreditation
- Can now work on FMEC PG Recommendation “Align Accreditation Standards”
The MOA between AFMC and CMA

- A natural progression from the previous events
- Codifying the commitment, the responsibilities, and the resources provided for UG accreditation
- Also confirms the in kind-support for the Canadian Graduation Questionnaire development in Canada
What does this MOU mean for me?

- Canadian Schools will have to uphold CACMS Standards and abide by CACMS rules
- Process of accreditation visits basically unchanged but guaranteed to occur in language of the school
- Decisions on Standards, Status and follow-up made by CACMS. The LCME will review CACMS decision regarding Status. If disagree, final determination will be made by joint committee.
- School receives dual accreditation.
CACMS here we go!

- MOU operational since Sept 2013
- Work plan set to achieve the desired timeline of approval by sponsors and LCME by June 2014
- CACMS created sub-committees for Standards and Policy to start the development of the documents
- Membership includes the chair of the equivalent LCME sub-committee and LCME secretariat
- Member of the medical education community
Changes to Rules of Procedure

• A new nomenclature that is appropriate Canada
• Description of all processes included in the MOU
• Description of the currently existing CACMS process that provides the Dean with the final survey report and allows the Dean to provide a letter of concern to the committee
• Process for transparency regarding complaints
• The inclusion of CACMS legal counsel
• An accompanying glossary will be created
CACMS Rules of Procedure

- Draft Rules approved by CACMS – January 2014 and by LCME in February 2014
- Supported by AFMC and CMA Board of Directors February 2014
- Public Hearing Today- Final Chance for Feedback
- Final version to be approved by CACMS May 2014 and by LCME June 2014
- CACMS Rules come into effect July 1, 2014
CACMS Standards and Elements

“CACMS Standards and Elements”
Approved by CACMS in January 2014
Approved by LCME in February 2014
National Consultation February-March 2014
Feedback from public hearing April 28, 2014
First version of CACMS standards to be approved by CACMS May 2014
First version of CACMS standards to be approved by LCME June, 2014
CACMS Standards and Elements come into effect July 1st 2014.
Subsequently, CACMS may create new standards and elements, and modify existing elements with input but not approval by LCME
Standards

- 12 standards
- 95+ elements
CACMS’ Version

• Canadianization
  – Important to Canada and FMEC
  – CACMS’ current expectations
  – Our legal system and context
• Inclusiveness
• Clarification
3.4 [MS-31]. DISCRIMINATION AND HARASSMENT-FREE ENVIRONMENT ANTI-DISCRIMINATION POLICY. The medical school and its clinical affiliates foster an environment where all individuals are treated with respect. The medical school and its clinical affiliates take steps to prevent harassment and discrimination, and promptly deal with incidents of known or apparent breaches with a view to prevent their repetition. does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.
Clarity

- 12.7 [MS-29]. IMMUNIZATION REQUIREMENTS GUIDELINES. The medical school follows accepted guidelines that determine immunization requirements and ensures compliance of its students with these guidelines in determining immunization requirements for its medical students.
Under consideration June 2015

- 1.1.1 Social accountability
- 7.10 Professional development and leadership
- 7.11 eHealth

Revised elements
- 3.6 Student mistreatment
- 6.6 Service learning
- 10.4 Characteristics of accepted applicants
Not yet addressed

- Health of indigenous people
- Public health
- Preventive medicine
- Patient safety
- Continuing professional development
- Student assessment ensures public accountability
After April 28

• Feedback to CACMS Standards Committee create v12
• LCME Subcommittee on Standards
• CACMS Standards Committee edit v12
• CACMS review/revise/approve v13 end May
• LCME review and approve June 2104
• CACMS Standards and Elements Final
Public commentary

• Please state your name, your organization or medical school, and the element you wish to address

• Notes are being taken to ensure we capture your comment accurately