



Committee on Accreditation of Canadian Medical Schools  
Comité d'agrément des facultés de médecine du Canada



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

October 22, 2012

Dr. David Naylor  
President  
University of Toronto  
27 King's College Circle, Room 206  
Toronto ON Canada  
M5S 1A1

Dear President Naylor:

The Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) have approved the creation of a consolidated letter of accreditation for Canadian medical schools. This consolidated letter was developed using the following process:

- The CACMS and the LCME arrived at independent decisions about accreditation status and required follow-up.
- The CACMS and the LCME reviewed the independent actions and developed a combined list of findings. All areas identified by either accrediting body were included.
- The type and timing of follow-up requested by the CACMS and the LCME were reviewed by the Secretariats. If there were discrepancies in either the type of follow-up or its timing, these were consolidated in consultation with the chair of the CACMS and the co-chairs of the LCME.

This letter represents the actions of both the CACMS and the LCME and is the only letter that the University of Toronto, Faculty of Medicine will receive as a response to the survey report.

The purpose of this letter is to inform you of the action taken by the CACMS at its meeting on September 24, 2012 and by the LCME at its meeting on October 2-4, 2012, regarding the accreditation status of the educational program leading to the MD degree at the University of Toronto Faculty of Medicine, and to transmit to you the enclosed report of the CACMS/LCME survey team that conducted a full survey visit to the medical faculty on May 13-16, 2012.

After reviewing the report of the full survey team, the CACMS and the LCME voted to continue accreditation of the educational program leading to the MD degree at the University of Toronto, Faculty of Medicine for an eight-year term.

Association of Faculties of  
Medicine of Canada  
265 Carling Avenue, Suite 800  
Ottawa, Ontario, Canada K1S 2E1

**Geneviève Moineau, MD, FRCPC, FAAP**  
CACMS Secretary  
Phone: 613-730-0687, ext 225  
Fax: 613-730-1196  
E-mail: gmoineau@afmc.ca

Council on Medical Education  
American Medical Association  
515 North State Street  
Chicago, Illinois 60654

**Barbara Barzansky, Ph.D., M.P.H.E.**  
LCME Secretary  
Phone: 312-464-4933  
Fax: 312-464-5830  
E-mail: barbara.barzansky@ama-assn.org

Association of American  
Medical Colleges  
2450 N Street, NW  
Washington, D.C. 20037

**Dan Hunt, M.D., M.B.A.**  
LCME Secretary  
Phone: 202-828-0596  
Fax: 202-828-1125  
E-mail: dhunt@aamc.org

In reviewing the CACMS/LCME determinations below, please refer to the enclosed memorandum from the LCME Secretariat outlining the recent implementation of a new category of compliance with accreditation standards.

## **CACMS/LCME FINDINGS REGARDING COMPLIANCE WITH ACCREDITATION STANDARDS**

### Strengths

In its review of the team report, the CACMS and the LCME concurred with the survey team that the following items are institutional strengths of the University of Toronto Faculty of Medicine:

1. Institutional support for education is demonstrated by effective leadership at all levels, notably in the dean's office, and extending to leadership of the affiliated partners.
2. Substantial financial investment and a commitment to collaborative work across many jurisdictions combine to create a supportive culture for excellence in education across all sites.
3. The academy structure provides an educational home base for smaller groups of students and aligns undergraduate medical education, post-graduate medical education and hospital practice. Broad support from the leaders of all hospitals underpins this success.
4. The medical school uniquely serves the City of Toronto with its population of 6 million people. It has effectively harnessed human, physical, financial and organizational resources to create a culture of healthy competition around excellence in education and research among its students, teachers and affiliated partners.

### Areas of noncompliance

The CACMS and the LCME determined that the medical education program is not in compliance with the following accreditation standards:

- 1) **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.**

Finding: The school created a new definition of diversity and developed interventions to achieve appropriate diversity for medical students. The school is developing a strategy for other learners and faculty. Monitoring of program effectiveness is ongoing.

- 2) **ED-27. A medical education program must include ongoing assessment activities that ensure that medical students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the program's educational objectives.**

Finding: A system for ensuring direct observation of history and physical examinations was not consistent across all core clerkship rotations. The CGQ, independent student analysis, institutional self-study and comments from residents identified some continuing issues, especially in Surgery. Processes to correct these deficiencies were initiated but are not yet fully effective.

- 3) **ED-38. The committee responsible for the curriculum at a medical education program, along with program's administration and leadership, must develop and implement policies regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clinical clerkship rotations.**

Finding: A policy limiting daytime duty hours for clerks was recently implemented. Some students are not following this policy. Furthermore, some students, supervising residents and junior faculty are unaware of this new policy.

#### Areas in compliance that require ongoing monitoring

The CACMS and the LCME determined that the medical education program is in compliance with the following accreditation standards, but that ongoing monitoring is needed:

- 1) **ED-30. The directors of all courses and clerkship rotations in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship rotation.**

Finding: The school recently enhanced its system for the timely reporting of clerkship grades. The school and faculty report 100% success in timely grade reporting over the past three clerkship rotations.

- 2) **ED-35. The objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty.**

Finding: There is low student satisfaction and identified deficiencies in the DOCH course and in the Surgery, Family Medicine, Ophthalmology, ENT clerkships. Efforts are underway to correct these issues but there is no evidence yet of the effectiveness of change.

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

Finding: Partnerships to enhance the diversity of applicants to the medical school are in place. Evaluation of these programs is underway.

- 4) **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.**

Finding: An inclusive system to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs was enhanced to encourage the participation of all medical students. Preliminary feedback and high participation rates from 4th year clerks are positive, but results are not yet available for more junior students.

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

Finding: Financial aid and debt management counseling were enhanced with new programs and more staffing. Data regarding program effectiveness are currently being collected.

**6) 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).**

Finding: Regarding the learning environment, the recent introduction of the 'Red Button' web-based initiative seems positive and appears to be widely known among those who were interviewed. Continued observation will determine its effectiveness.

### **REQUESTED FOLLOW-UP**

In order to address the above-mentioned areas the CACMS and the LCME have requested that a status report be submitted by August 15, 2013 to be reviewed at the September/October meetings of CACMS and the LCME.

The status report should be submitted to CACMS Secretary, Dr. Geneviève Moineau and to LCME Co-Secretaries, Dr. Barbara Barzansky and Dr. Dan Hunt. Please submit the report as a PDF document by email to [claudine@afmc.ca](mailto:claudine@afmc.ca) (for Dr. Moineau). Please refer to the following web page for instructions regarding submission to the LCME: [www.lcme.org/submission\\_requirements.htm](http://www.lcme.org/submission_requirements.htm).

The status report should include the following information:

#### Areas of noncompliance

**1) IS-16 (diversity)**

a. In the context of the definition of diversity that apply to faculty, staff and to all learners (that the faculty includes in addition to medical students) describe the policies and practices put into place to achieve the desired diversity in these groups in each of the following areas:

- i. Student recruitment, selection, and retention
- ii. Financial aid
- iii. Faculty/staff recruitment, employment, and retention
- iv. Faculty development
- v. Liaison activities with community organizations

Describe steps taken during the 2012-2013 academic year in these areas and those planned for the future.

b. Based on the institution's definition of diversity and the LCME standard that "medical schools should consider in their planning elements of diversity including, but not limited to, gender, racial, cultural and economic diversity," report in the table below information for 2012-2013

regarding the percentage of enrolled all students (that the faculty includes) and employed faculty and staff in each of the categories included in the institution's definition of diversity.

Category	Students (define the categories of students)	Faculty	Staff (define)

**2) ED-27 (direct observation of student performance)**

- a. Provide an update on the processes put into place that ensure the direct observation of history taking and physical examination skills of medical students. Provide an update on the steps taken to address the deficiencies noted in the surgery rotation at the time of the full survey.
- b. Complete the following table using the most recent data from the AAMC CGQ and/or other school-specific sources (e.g., clerkship evaluations) that indicate whether students' clinical skills are being directly observed in each required clinical clerkship rotation.

Rotation	% agreeing they were observed		National % agreeing they were observed	
	History	Physical Examination	History	Physical Examination
Family Medicine				
Internal Medicine				
Obstetrics-Gynecology				
Pediatrics				
Psychiatry				
Surgery*				

\*Add other rows as needed

- c. Provide data from the AAMC CGQ, and/or other internal data that indicate students' perceptions of their ability to perform core clinical skills.

**3) ED-38 (monitoring student duty hours)**

- a. Summarize the steps taken to ensure that students, residents and new and experienced clinical preceptors are aware of the policy on medical student duty hours, including on-call requirements for clinical rotations since the time of the full survey. Describe the means by which these policies are disseminated to faculty, residents, and students.
- b. Describe the means by which data on student duty hours are collected.
- c. Describe how the curriculum committee or the relevant subcommittee(s), as well as course and clerkship rotation leaders, monitor clinical workload of medical students within and across individual clerkship rotations.
- d. Describe the mechanisms by which the effectiveness of duty hours policies is evaluated.
- e. Describe the mechanisms that exist for reporting violations of duty hours policies and the steps that are taken after a report of a violation is received.

Areas of compliance that require ongoing monitoring

**1) ED-30 (formative and summative assessment)**

- a. For each required clinical clerkship rotation during the 2012-2013 academic year, provide the average time (mean and range) for grades to be made available to medical students. What percent of students in each clinical discipline received their grades within six weeks? List clerkship rotations (or clerkship rotation sites) that are significant outliers.
- b. Describe how the medical school monitors the timing of provision of clerkship grades and ensures that clerkship rotation grades are released to students in a timely manner.

**2) ED-35 (systematic review and revision of the curriculum)**

- a. Describe the steps taken to review and revise the DOCH course, and the Surgery, Family Medicine, Ophthalmology, and ENT clerkships to address the deficiencies noted at the time of the full survey. Include a description of the groups (committees, departments) and individuals involved in making the changes, and the type of monitoring put in place to determine if the problems were successfully addressed.
- b. Provide the results of student evaluations of the above course and clerkship rotations since the time of the full survey.

**3) MS-8 (pipeline programs and partnerships)**

- a. Provide an update on the outcomes of the pipeline programs/partnerships to achieve the diversity goals established by the faculty. Describe the means by which the outcomes of these programs/partnerships are tracked. Provide outcome data for program and partnership participants, indicating those participants who were successful in gaining admission to the

medical school, other medical schools, other health professions schools, and other health-related graduate programs since the time of the full survey. Note any new programs or partnerships initiated during the 2012-2013 academic year.

**4) MS-19 (career counseling)**

- a. Provide data from internal surveys on junior student satisfaction (years 1-3, at both campuses) with the career advising system and with guidance in the choice of electives. Also provide the most recent AAMC CGQ data on student satisfaction with the career advising system and with guidance in the choice of electives.

**5) MS-23 (financial aid and debt counseling)**

- a. Provide the name, title, and date of appointment of the financial aid director. Is the position of financial aid director a medical school or university-level position? Is it a full-time or part-time position? To whom does the financial aid director report?
- b. Identify the office(s) and/or individual(s) who provide financial aid services to medical students. Describe the means by which medical students obtain financial aid advice and services when they are at educational sites geographically distant from the location of the financial aid office (e.g., during clinical rotations).
- c. Describe the personnel, space, equipment, and other resources available to the financial aid office. Identify any other student groups (e.g., allied health students, graduate students) that are served by the financial aid office. Indicate the number of financial aid staff members who are available specifically to assist medical students. Are the resources available to the financial aid office adequate to allow it to carry out its responsibilities? If not, please explain.
- d. Describe the system for counseling of medical students about debt management, including new programs that were initiated during the 2012-2013 academic year. When in the curriculum and in what format(s) do debt management counseling sessions occur? Note which of the counseling sessions are optional and which are mandatory. Describe the means by which medical students' questions about debt management are answered. Describe the types of information about debt management (e.g., online, printed) that are available to medical students.
- e. Provide data from internal surveys (years 1-3, both campuses) and from the most recent AAMC CGQ, on student satisfaction with financial aid counseling and services.

**6) MS-31-A (learning environment and professionalism)**

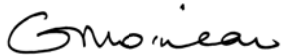
- a. Provide an update on the use of, and the effectiveness of, the "Red Button" web-based initiative. Include data (internal or external) that demonstrate an impact of this program on improving the learning environment. Include the most recent AAMC-CGQ data on student mistreatment.
- b. Describe any mechanisms (e.g., joint hospital/medical school committees) that exist to foster an appropriate learning environment.

## Important Notes

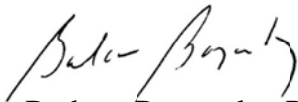
1. Accreditation is awarded to a program of medical education based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, physical facilities, and the operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution such that the balance becomes distorted, the CACMS and the LCME expect to receive prior notice of the proposed change. Substantial changes may lead the CACMS and the LCME to re-evaluate a program's accreditation status. Please refer to the submission requirements page on the LCME website for details on submitting such notifications:  
[www.lcme.org/submission\\_requirements.htm](http://www.lcme.org/submission_requirements.htm)
2. The LCME and the CACMS are bound by regulations from the United States Department of Education to ensure that compliance with each standard cited in this letter has been achieved within two years.

The medical education program's next full survey will take place during the 2019-2020 academic year.

Sincerely,



Geneviève Moineau, MD, FRCPC  
CACMS Secretary



Barbara Barzansky, PhD, MHPE  
LCME Co-Secretary



Dan Hunt, MD, MBA  
LCME Co-Secretary

enc: Report of the full survey team  
LCME Secretariat memorandum regarding new category of compliance with accreditation standards

cc: Dr. Catharine Whiteside, Dean, University of Toronto Faculty of Medicine