



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



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

October 18, 2013

Dr. Catharine Whiteside  
Dean, Faculty of Medicine  
University of Toronto  
Medical Sciences Building  
Room 2109  
1 Kings College Circle  
Toronto, ON M5S 1A8

Dear Dean Whiteside,

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 action of both the CACMS and the LCME in response to the status report submitted on July 12, 2013 on behalf of the medical education program at the University of Toronto. This is the only letter that the school will receive in response to this status report, which was reviewed by the CACMS at its meeting on September 23, 2013 and by the LCME at its meeting of October 1-3, 2013.

The status report addressed the following areas of noncompliance with accreditation standards: **IS-16** (Diversity of faculty, students and staff), **ED-27** (Direct observation of student performance) and **ED-38** (Monitoring academic and clinical work hours).

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  
330 North Wabash Avenue, Suite 39300  
Chicago, Illinois 60611

**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

The status report addressed the following areas of compliance with the need for monitoring with accreditation standards: **ED-30** (Formative and summative assessment), **ED-35** (Systematic review and revision of the curriculum), **MS-8** (Medical student diversity/ pipeline programs), **MS-19** (Career counseling), **MS-23** (Financial aid/debt counseling) and **MS-31-A** (Professionalism/Learning environment/Hidden curriculum).

After reviewing the status report, the CACMS and the LCME voted to continue accreditation for the balance of the term with follow-up on the specified accreditation standards in a status report.

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

The CACMS and the LCME determined that the school now complies with the following accreditation standard: **ED-30** (formative and summative assessment).

The CACMS and the LCME determined that the school is now in compliance with the following accreditation standards, but that ongoing monitoring is required: **IS-16** (Diversity of faculty, students and staff), **ED-27** (Direct observation of student performance), **ED-35** (Systematic review and revision of the curriculum), **ED-38** (Monitoring academic and clinical work hours), **MS-8** (Medical student diversity/pipeline programs), **MS-19** (Career counseling), **MS-23** (Financial aid/debt counseling) and **MS-31-A** (Professionalism/Learning environment/Hidden curriculum). The CACMS and the LCME have requested that the school address these areas and provide a status report by April 15, 2015.

The status report should be submitted to the CACMS Secretary, Dr. Geneviève Moineau and to the 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 [lcme.org/survey-connect-followup-reports.htm](http://lcme.org/survey-connect-followup-reports.htm) for current LCME submission requirements.

The status report should include the following information:

#### **IS-16** (Diversity of faculty, students and staff)

- a. Describe steps taken since the time of the last status report to address the following areas:
  - i. Student recruitment, selection and retention
  - ii. Financial aid
  - iii. Faculty/staff recruitment, selection, employment and retention

iv. Faculty development

v. Liaison activities with community organizations

- b. Provide an updated table for the 2014-2015 academic year with the percentage of enrolled students, faculty and staff for each of the categories included in the institution's definition of diversity.

| Diversity Category | All medical students by year (%) | All faculty members in the Faculty of Medicine (%) | All staff members in the Faculty of Medicine (%) |
|--------------------|----------------------------------|--|--|
|                    |                                  |  |  |
|                    |                                  |  |  |
|                    |                                  |  |  |
|                    |                                  |  |  |
|                    |                                  |  |  |
|                    |                                  |  |  |
|                    |                                  |  |  |

- c. Provide an update on the activities and effectiveness of several new positions and programs that have been or will be created, including:
- i. The Indigenous Peoples' UME Program Coordinator (to be filled for 2013-14 academic year) with the goal to support development and implementation of initiatives designed to foster the success of prospective and current indigenous students
  - ii. The new Senior Officer to develop outreach initiatives and programs directed at Black and African-Canadian students
  - iii. The Diversity Mentorship Program scheduled to launch in September 2013 to match students with faculty who identify with the same diversity community, including Indigenous Peoples of Canada, African-Canadian heritage, LGBTQ faculty and faculty with disabilities
- d. Provide an update on the review and analysis of diversity hiring expectations document and results of confidential online equity survey for individuals applying for a clinical, status only, or adjunct faculty appointment.

- e. Provide the results of the resident diversity survey to be administered in the 2013-14 academic year.

**ED-27** (Direct observation of student performance)

- a. Describe how frequently and by what means, the direct observation by faculty of students taking a history and performing a physical examination is monitored and steps taken to address deficiencies.
- b. Complete the table using data from the AAMC CGQ 2012, 2013 and 2014 surveys showing the percent of students who ‘agreed’ and ‘strongly agreed’ they were observed taking a history or performing a physical examination.

| Rotation   | CGQ 2012 |               | CGQ 2013 |               | CGQ 2014 |               | National 2014 |               |
|------------|----------|---------------|----------|---------------|----------|---------------|---------------|---------------|
|            | History  | Physical Exam | History  | Physical Exam | History  | Physical Exam | History       | Physical Exam |
| Emergency  |          |               |          |               |          |               |               |               |
| Family     |          |               |          |               |          |               |               |               |
| Internal   |          |               |          |               |          |               |               |               |
| ObGyn      |          |               |          |               |          |               |               |               |
| Pediatrics |          |               |          |               |          |               |               |               |
| Psychiatry |          |               |          |               |          |               |               |               |
| Surgery    |          |               |          |               |          |               |               |               |

- c. Provide the data from the evaluation forms completed by the students at the end of each clerkship rotation for the following academic years: 2012-13, 2013-14 and available data from 2014-15, in response to the two questions:
  - An attending physician personally observed me taking a patient's history.
  - An attending physician personally observed me performing a physical examination.

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

- a. List the curriculum reviews (of courses and clerkships and of segments of the curriculum) that have taken place since the time of the last status report. Describe how the reviews were conducted, list the committees and individuals who reviewed the reports, and those charged with responsibility to follow-up on identified deficiencies. Also describe how and by whom follow-up is monitored to ensure program improvement.
- b. Provide data on student satisfaction for the academic years 2012-2013, 2013-2014 and available data for 2014-2015, for the DOCH 1 and 2 courses, the surgery, family medicine, ophthalmology and ENT clerkship rotations.

**ED-38** (Monitoring academic and clinical work hours)

- a. Describe the function of the recently created committees mandated to address call duty and workload in the educational program and note variations between them.
- b. Provide an update on the evaluation process measuring the effectiveness of the duty hours policies since the last status report.
- c. Provide the number of reported violations since the last status report. Describe how these violations were addressed and how effectiveness of practices to address duty hours violations is monitored.
- d. Provide results of the student focus groups that will occur at the end of the 2014 academic year.
- e. Provide results of the student course evaluation reports related to on-call and duty hours.
- f. Provide a report from the Clerkship Director on the new monitoring and evaluation process and summarize how each of the clerkships performed in relation to the Standards for Call Duty and Student Workload in the Clerkship.

**MS-8** (Medical student diversity/pipeline programs)

- a. Provide an update of any new program or partnership initiated during the 2013-2014 academic years and of the first half of the 2014-2015 academic year.
- b. Describe the progress of the Summer Mentorship Program in achieving the diversity goals of the institution (outcomes and impact) since the time of the last status report. Include recent data on participation in the program.
- c. Describe the success/effectiveness of the outreach initiatives directed at African-Canadian students since the time of the last status report.

**MS-19** (Career counseling)

- a. Provide data from internal surveys on junior student satisfaction with career counseling for the 2012-2013, 2013-2014 academic years, and the first half of the 2014-2015 academic year.
- b. Describe the steps taken to increase student participation in the AAMC CGQ survey since the time of the last status report. Provide data on satisfaction with career counseling from the 2013 and 2014 AAMC CGQ surveys.

**MS-23** (Financial aid/debt counseling)

- a. Provide the number of students who have accessed financial aid support since the time of the last status report.
- b. Provide data on student satisfaction with the ease of accessing financial aid counseling.

**MS-31-A** (Professionalism/Learning environment/Hidden curriculum)

- a. Provide data on the use of the “Red Button” for users who choose: "I feel threatened", "I have experienced or witnessed student mistreatment", or "I want to talk to someone about a breach of professionalism that I witnessed" since the time of the last status report. Describe the number of UME Student Incident Reports, who reviews the reports, and the steps taken to address the reported incident.
- b. Provide an update on student feedback on and satisfaction with the “Red Button” particularly as it relates to the learning environment.
- c. Provide evidence (e.g., AAMC CGQ mistreatment data, internal survey or other) of the effectiveness of the “Red Button” process and other activities of the Faculty of Medicine to improve the learning environment since the time of the last status report.

**Important Note**

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).

*Dr. Catharine Whiteside*  
*October 18, 2013*  
*Page 7*

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