



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

BY EMAIL

October 18, 2023

Dr. Patricia Houston
Acting Dean, Temerty Faculty of Medicine
University of Toronto
Room 2109 Medical Sciences Building
1 Kings College Circle
Toronto, ON M5S 1A

RE: Status Report – August 1, 2023

Dear Dean Houston:

This letter follows the status report submitted on behalf of the medical education program at the Temerty Faculty of Medicine, University of Toronto. It outlines the decisions made by the CACMS at its October 2023 meeting and includes the following:

1. accreditation status and required follow-up activities
2. level of compliance with accreditation standards 2, 3, 5, 8, 9, 11 and 12
3. level of satisfaction for accreditation elements 2.5, 3.4, 3.6, 5.9, 5.11, 8.4, 8.5, 9.4, 9.8, 11.1, 11.2, 12.3 and 12.4 submitted by August 1, 2023, to be considered at the October 2023 meeting of the CACMS addressed in the status report
4. colour-coded table providing a visual summary of the ratings for each standard and element
5. required follow-up

1. CACMS DECISION ON ACCREDITATION STATUS AND REQUIRED FOLLOW-UP ACTIVITIES

ACCREDITATION DECISION	FOLLOW-UP
Continue full accreditation for balance of the 8-year term	<ul style="list-style-type: none">- Secretariat consultation by January 31, 2024- Status report on elements 3.6, 5.11, 8.5, 9.4, 9.8, 11.1, 11.2 and 12.3 due August 1, 2025 for review by CACMS in fall 2025.

The CACMS acknowledged receipt of the report and voted to continue accreditation for the balance of the eight-year term. A status report will be due August 1, 2025 (for review by the CACMS in fall 2025) and a secretariat consultation is to be carried out no later than January 31, 2024. The next full accreditation visit take place in fall of 2028 during the 2028-2029 academic year.

2. CACMS DECISION ON THE LEVEL OF COMPLIANCE WITH ACCREDITATION STANDARD 2, 3, 5, 8, 9, 11 AND 12

ACCREDITATION STANDARD		LEVEL OF COMPLIANCE
2	Leadership and Administration	C
3	Academic and Learning Environments	CM
5	Educational Resources and Infrastructure	CM
8	Curricular Management, Evaluation, and Enhancement	CM
9	Teaching, Supervision, Assessment, and Student and Patient Safety	CM
11	Medical Student Academic Support, Career Advising, and Educational Records	CM
12	Medical Student Health Services, Personal Counseling, and Financial Aid Service	C

C = Compliance CM = Compliance, with a need for monitoring NC = Noncompliance

3. CACMS DECISION ON THE ACCREDITATION ELEMENTS ADDRESSED IN THE STATUS REPORT

ELEMENT ADDRESSED IN STATUS REPORT	PREVIOUS STATUS	CURRENT STATUS
2.5 Responsibility of and to the Dean	U	S
3.4 Anti-Discrimination Policy	SM	S
3.6 Student Mistreatment	U	U
5.9 Information Technology Resources/Staff	SM	S
5.11 Study / Lounge / Storage Space / Call Rooms	SM	U
8.4 Evaluation of Program Outcomes	SM	S
8.5 Medical Student Feedback	SM	U
9.4 Assessment System	U	U
9.8 Fair and Timely Summative Assessment	U	SM
11.1 Academic Advising	SM	U
11.2 Career Advising	U	SM
12.3 Personal Counselling / Well-Being Programs	SM	U
12.4 Student Access to Health Care Services	SM	S

S = Satisfactory SM = Satisfactory with a need for monitoring U = Unsatisfactory

4. CACMS SPECIFIC FINDING REGARDING ACCREDITATION ELEMENTS 3.6, 5.11, 8.4, 8.5, 9.4, 9.8, 11.1 AND 12.3 FOUND TO BE UNSATISFACTORY AND SATISFACTORY WITH A NEED FOR MONITORING

Element 3.6 Student mistreatment

A medical school documents and publicizes its expectations of how medical students and visiting medical students should be treated by those individuals with whom they interact as part of the medical education program. These individuals include, but are not limited to, faculty members, physicians, residents, and other health professionals, other students, and administrative and support staff. The medical school develops written policies that address violations of these expectations, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behaviors. Mechanisms for reporting incidents of harassment or abuse are understood by medical students and visiting medical students and ensure that any incident can be registered and investigated without fear of retaliation.

Finding:

The school continues to demonstrate significant efforts to address mistreatment; however, levels remain high 8-55% as per the internal Voices of MD survey administered by the school in 2023. There has been improvement in the student awareness of the intake/disclosure and reporting process (82.5% or greater) but the response rates to these surveys seemed quite low (100% represented ~50 respondents in each Class). There is no described process for informing visiting medical students of the process of reporting mistreatment.

There is an ongoing need to monitor student awareness of the intake/disclosure and reporting process (responses need to include the level of awareness and the response rate for the survey), the school needs to clearly outline whether the same policies for reporting apply to visiting medical students and demonstrate evidence of how this information is disseminated to them.

Status: Unsatisfactory

Element 5.11 Study/lounge/storage space/call rooms

A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

Finding:

Call room adequacy and safety are an ongoing challenge with low student rates of agreement consistently noted in Year 3 and Year 4 students (the learners who participate in overnight call). Despite being cited in the accreditation visit in 2020, it seems that the school has not deliberately or comprehensively assessed or monitored the situation until June 2023 only to realize that problems persist. There continues to be significant incongruency between what is cited as the expectation at each site and what is happening (students at times do not have access, urgent update emails are being sent day of rather than being communicated clearly in advance etc.).

Although many of the learning sites have noted hypotheses about why adequacy of these facilities is low (temporary call room relocation, challenges with security being unaware of policies), it is not obvious that the school has a comprehensive understanding of why the rates are so low.

Student surveys (of those students participating in call ie. Year 3 and Year 4) need to demonstrate consistent agreement with the safety and adequacy of the call spaces.

Status: Unsatisfactory

Element 8.5 Medical student feedback

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their required learning experiences, teachers, and other relevant aspects of the medical education program.

Finding:

Student Evaluation Response Rates for Clerkship are excellent in year 3 (over 85%) but need improvement for year 4 (18% for electives and 42% others). The relevant MD program policy used in year 3, will be applied to year 4 and is intended to help address the low response rates found in year 4.

Status: Unsatisfactory

Element 9.4 Assessment system

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

Finding:

From the data provided by the AFMC GQ questionnaire, and the end of rotation evaluations, the clinical skills observation by a faculty or resident in Surgery on the four campuses remains low as at the accreditation visit in 2020. There is a discrepancy between the end of rotation evaluation data and the clinical assessment form. No report of measures taken to improve supervisors' performance with respect to direct observation.

Status: Unsatisfactory

Element 9.8 Fair and timely summative assessment

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program. Final grades are available within six weeks after the end of a required learning experience.

Finding:

There has been an overall improvement in the publishing of marks within the 6-week guideline since the previous site visit. All the rotations achieve a rate of completion of 100% (99% for ophthalmology) except for the Pediatrics rotation (90%). The Pediatrics team has improved over the past 3 years but continues to experience some difficulty

obtaining timely clinical assessments from supervisors. Full compliance is expected in all rotations.

Status: Satisfactory with a need for monitoring

Element 11.1 Academic advising

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, directors of required learning experiences, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or advancement decisions about them.

Finding:

The academic advising system in place during the last accreditation visit was dissolved in August 2022 and replaced with a new centrally administered system of advising. According to documentation, this new system is intended to assist with delivering consistent CaRMS preparation support. There is limited data available on the efficacy of this new system including access to broad academic advising to students that extends past career and CaRMS advising (as those areas are covered in Element 11.2). Only Year 3 data is available, understanding that the new advising system is geared at Year 3 students. The school must provide data to demonstrating the efficacy of their academic advising which must include data how all years perceive academic advising.

Status: Unsatisfactory

Element 11.2 Career advising

A medical school has an effective and where appropriate confidential career advising system in place that integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

Finding:

This element has been cited in school's accreditation visit in 2012 and again in 2020. The school has many career advising activities (mostly required) spread throughout the 4 years of medical school. Students are satisfied with Career advising and its confidentiality (>75% satisfaction over the last several years). Student satisfaction with guidance when choosing electives remains low for all students and has not changed appreciably since the 2020 accreditation visit (Year 3 24-57%, Year 4 59-68%). The survey data from the AFMC graduation questionnaire are congruent with the school provided data (from the 2023 Voices of the MD Student survey) as to the dissatisfaction with the elective's guidance process. The school should provide internal student data evaluating student awareness regarding opportunities to obtain assistance with choosing electives courses.

Status: Satisfactory with a need for monitoring

Element 12.3 Personal counseling/Well-being programs

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

Finding:

Satisfaction with personal counseling is good to excellent. Programs are well established with sufficient and seem to have a strong team of LLS. However, the School does not demonstrate the effectiveness of its well-being programs. SHINE is well organized, but it is a student program.

The school is required to demonstrate the effectiveness of its well-being programs.

Status: Unsatisfactory

5. COLOUR-CODED TABLE PROVIDING A VISUAL SUMMARY OF THE RATINGS FOR ALL STANDARDS AND ELEMENTS

Standard	1	2	3	4	5	6	7	8	9	10	11	12
	C	C	CM	C	CM	C	C	CM	CM	C	CM	C
Element	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.1.1	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.2	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.3	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.4	2.5	3.5	4.5	5.5	6.4.1	7.5	8.5	9.5	10.5	11.5	12.5
	1.5	2.6	3.6	4.6	5.6	6.5	7.6	8.6	9.6	10.6	11.6	12.6
	1.6				5.7	6.6	7.7	8.7	9.7	10.7		12.7
					5.8	--	7.8	8.8	9.8	--		12.8
					5.9	6.8	7.9		9.9	10.9		
					5.10		7.10		9.10	--		
					5.11					10.11		
					5.12							

Colour coding:

Satisfactory	Satisfactory with a need for monitoring	Unsatisfactory
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6. REQUIRED FOLLOW-UP

A status report will be due August 1, 2025 and a secretariat consultation is to be completed by January 31, 2024. The next full accreditation visit take place in fall of 2028 during the 2028-2029 academic year.

The mini-DCI for your upcoming status report due August 1, 2025, will be based on the DCI for schools with visits in the 2025-2026 AY, and will be sent to Dean Houston by January 2024.

Please contact the CACMS Secretariat at cacms@afmc.ca should you have any questions.

Sincerely,



Lisa Graves, MD, MCISc
 CACMS Secretary