



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



LIAISON COMMITTEE ON
MEDICAL EDUCATION

June 18, 2018

Dr. Jon Meddings
Dean, Cumming School of Medicine
University of Calgary
7th floor, TRW Building
3280 Hospital Drive NW
Calgary, AB T2N 4N1

RE: Status Report of March 16, 2018

Dear Dean Meddings:

This letter follows the status report submitted on behalf of the medical education program at the Cumming School of Medicine, University of Calgary.

This letter includes the:

1. accreditation decision and required follow-up activities from both the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) from their respective meetings in May and June 2018;
2. decisions on the level of compliance with accreditation standards, from CACMS;
3. decisions on the accreditation elements addressed in the status report, from CACMS;
4. specific findings regarding accreditation elements found to be satisfactory with a need for monitoring, from CACMS;
5. colour-coded table providing a visual summary of the ratings for each standard and element.

1. ACCREDITATION DECISION AND REQUIRED FOLLOW-UP ACTIVITIES, FROM CACMS/LCME

Accreditation Decision	Follow-up
Continue accreditation for balance of 8-year term	Status report for review in September 2019

The CACMS and the LCME acknowledged receipt of the report, voted to continue accreditation for the balance of the eight-year term and requested a status report on elements 1.4, 9.7 and 12.1 to be reviewed in September 2019. The next full site visit will take place during the 2023-2024 academic year.

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2. CACMS DECISION ON THE LEVEL OF COMPLIANCE WITH ACCREDITATION STANDARDS

ACCREDITATION STANDARD		LEVEL OF COMPLIANCE
1	Mission, Planning, Organization, and Integrity	C
2	Leadership and Administration	C
3	Academic and Learning Environments	C
4	Faculty Preparation, Productivity, Participation, and Policies	C
5	Educational Resources and Infrastructure	C
6	Competencies, Curricular Objectives, and Curricular Design	C
7	Curricular Content	C
8	Curricular Management, Evaluation, and Enhancement	C
9	Teaching, Supervision, Assessment, and Student and Patient Safety	C
10	Medical Student Selection, Assignment, and Progress	C
11	Medical Student Academic Support, Career Advising, and Educational Records	C
12	Medical Student Health Services, Personal Counseling, and Financial Aid Services	C

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

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

ELEMENT ADDRESSED IN STATUS REPORT	PREVIOUS STATUS	CURRENT STATUS
1.4 Affiliation agreements	SM	SM
3.2 Community of scholars/Research opportunities	S	S
3.3 Diversity/Pipeline programs and partnerships	S	S
3.6 Student mistreatment	S	S
6.3 Self-directed and life-long learning	S	S
9.4 Assessment system	S	S
9.7 Timely formative assessment and feedback	SM	SM
11.2 Career advising	S	S
12.1 Financial aid/Debt management counseling/Student educational debt	SM	SM
12.5 Providers of student health services/Location of student health records	S	S

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

4. SPECIFIC FINDINGS REGARDING ACCREDITATION ELEMENTS FOUND TO BE SATISFACTORY WITH A NEED FOR MONITORING, FROM CACMS

1.4 Affiliation agreements

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical learning experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum:

- a) the assurance of medical student and faculty access to appropriate resources for medical student education*
- b) the primacy of the medical school's authority over academic affairs and the education/assessment of medical students*
- c) the role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching*
- d) specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury*
- e) the shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment that is conducive to learning and to the professional development of medical students*

Finding:

Information related to component *d* of the element (*specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury*) appears to be missing from the affiliation agreement between the University of Calgary and the Northwest Territories Health and Social Services Authority.

Status: Satisfactory with a need for monitoring

Element 9.7 Timely formative assessment and feedback

A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which a medical student can measure his or her progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long courses) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which a medical student can measure his or her progress in learning.

Finding:

The provision of timely feedback has improved in all disciplines but remains low in Surgery (Internal data: Surgery: 2017: 82.7, 2018: 76.7). This requires monitoring.

Status: Satisfactory with a need for monitoring

Element 12.1 Financial aid/Debt management counseling/Student educational debt

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

Finding:

The School of Medicine is offering a variety of educational events, financial counselling activities, and financial assistance to medical students. The medical school debt remains high.

Status: Satisfactory with a need for monitoring

5. COLOUR-CODED TABLE PROVIDING A VISUAL SUMMARY OF THE RATINGS FOR EACH STANDARD AND ELEMENT

CACMS DECISION												
Standards	1	2	3	4	5	6	7	8	9	10	11	12
	C	C	C	C	C	C	C	C	C	C	C	C
Elements	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.2	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.3	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.4	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.5	2.5	3.5	4.5	5.5	6.5	7.5	8.5	9.5	10.5	11.5	12.5
	1.6	2.6	3.6	4.6	5.6	6.6	7.6	8.6	9.6	10.6	11.6	12.6
					5.7	6.7	7.7	8.7	9.7	10.7		12.7
					5.8	6.8	7.8	8.8	9.8	10.8		12.8
					5.9		7.9		9.9	10.9		
					5.10					10.10		
					5.11					10.11		
					5.12							

Note: Elements 2.5 and 2.6 are not applicable to the Cumming School of Medicine

Colour coding:

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

To address the elements rated as satisfactory with a need for monitoring noted above, the committees requested that the school submit a status report by **August 1, 2019**. The status report should be submitted as a PDF document to the CACMS Secretary, Dr. Danielle Blouin at cacms@afmc.ca, to be considered at the September/October 2019 meetings of the CACMS and LCME. Please note that a paper copy is no longer required. A separate document will be sent to you detailing the information to be included in the status report.

In the meantime, please contact the CACMS Secretariat at cacms@afmc.ca should you have any questions.

Sincerely,



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CACMS Secretary



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



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