STANDARD 1
ELEMENT EVALUATION FORMS

STANDARD 1: MISSION, PLANNING, ORGANIZATION AND INTEGRITY

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

Requirement 1.1-1

The medical school engages in ongoing strategic planning that establishes its short and long-term programmatic goals.

Analysis of evidence for requirement 1.1-1

The new Dean began his term in July 2022 and strategic engagement for the new plan started at the same time. A deep engagement process was undertaken with the entire CSM community until late spring 2023 and the strategic plan was completed in the Fall of 2023. It was published on-line in November 2023 after final input from the leadership team. The present plan is called Reimagining Health for All: Ahead of Tomorrow. It builds on the academic strength of previous plans as the CSM is a research-intensive faculty in a research- intensive university. The academic mission is built on the strength of multiple educational units and seven world class research institutes. The focus on precision medicine continues to be embedded within the plan.

The six priorities move the school to expand its social accountability mission to have impact for the people of Calgary and communities (first priority pillar). The other five pillars include education, discovery science, a commitment to Indigenous health, striving for social justice through health equity and transforming health through a learning health system. The plan is accompanied by an implementation and metrics strategy with a budget plan to enable these objectives.

The plan will be a living document on the website and will change through yearly continuous quality improvement cycles and regular reporting (dashboards) of the key performance indicators (KPIs). The CSM has not regularly reported on the KPIs in a public fashion and is committed to improving this aspect of the planning process.

Requirement 1.1-2

The medical school engages in ongoing continuous quality improvement processes that result in the achievement of measurable outcomes that are used to improve educational program quality.

Analysis of evidence for requirement 1.1-2

The medical school engages in ongoing continuous quality improvement (CQI) processes that result in the achievement of measurable outcomes that are used to improve educational program quality. CQI is central to all of the educational programs as well as the medical school. The CSM has recently completed successful

accreditation of: a) PGME programs (2022), b) CME and Professional Development (2018), c) simulation facility (March 2023). An internal University of Calgary unit review was completed for the CSM in spring 2023 with recommendations made in nine areas that align with the new strategic plan. In addition, the Provost's office coordinates internal educational unit reviews and recently these have included: a) Bachelor of Health Sciences – 2019, b) Bachelor of Community Rehabilitation (2023) and c) UME (2016).

These reviews led to the decision to redesign the UME curriculum. This process was initiated in 2018 and has culminated in an entirely new UME pre-clerkship curriculum (launched July 2023). Re-Imagining Medical Education (RIME) is a shift to a generalist, spiral and patient centric approach. There is an increased focus on generalism, delivery of clinical content in a "spiral" model (i.e. reinforces previous learning and encouraging increases in content complexity as learner competency grows), and greater inclusion and integration of structural competencies and Indigenous health in all courses.

Two examples illustrated ongoing CQI initiatives that resulted in measurable outcomes to the quality of the educational experience. One example involved an identified need for closed-caption and transcription extraction options on podcasts early during Block 1 of the RIME curriculum, and the second example involved student-driven learning on a family medicine clerkship. Both initiatives resulted in positive outcomes.

Requirement 1.1-3

The medical school engages in ongoing continuous quality improvement processes that ensure effective monitoring of the medical education program's compliance with accreditation standards.

Analysis of evidence for requirement 1.1-3

The CSM engaged in continuous quality improvement processes through a series of committees and processes. A full curriculum review occurred in 2018 and ongoing compliance with accreditation standards is monitored by the Undergraduate Medical Education Committee (UMEC), with regular reports received from its sub-committees: Pre-Clerkship Committee (PCC), Clerkship Committee (CC), Curriculum Innovation and Oversight Committee (CIOC), Research Committee and Student Evaluation Committee (SEC-UME). Those committees are charged with monitoring of (and when necessary, making modifications) the UME program components that are relevant to accreditation standards. This process is defined in the sub-committees' terms of reference.

Details were provided regarding several internal and external outcomes measures that are used to guide the monitoring of accreditation standards and subsequent curricular changes. Such initiatives included several (14) student evaluation strategies, eight unique program evaluation strategies as well as disseminated results to UME leadership for regular review. Overall, feedback is obtained in multiple ways from both students and faculty for incorporation into the programming and curriculum. UMEC tracks specific KPIs that are shared with course leads on a regular basis.

Two examples were provided regarding effective monitoring of the education program's compliance with accreditation standards. These included the release of information in a timely manner (DCI 9.8) as well as exposure to inpatient and outpatient experiences throughout their training (DCI 6.4).

1.1.1 SOCIAL ACCOUNTABILITY

A medical school is committed to addressing the priority health concerns of the populations it has a responsibility to serve. The medical school's social accountability is:

- ***a) articulated in its mission statement;***
- ***b) fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences;***
- ***c) evidenced by specific outcome measures.***

Requirement 1.1.1-1

The medical school is committed to addressing the priority health concerns of the populations it has a responsibility to serve.

Analysis of evidence for requirement 1.1.1-1

The CSM strategic plan clearly articulates its commitment to social accountability, and several priority populations have been identified. These include rural Albertans, the Indigenous communities and equity deserving groups facing health inequities. Several offices and initiatives have been established to address the priority health concerns of the populations that CSM serves. These include the 2023 CSM Strategic Planning advisory groups.

Other groups involved in addressing priority health concerns include the Indigenous Health Program of the Indigenous, Local & Global Health (ILGH) Office, (overseen by an Advisory Committee), the Distributed Learning Rural Initiatives (DLRI) Office, Global Health Partners, O'Brien Institute for Public Health, The Patient and Community Engagement Research (PaCER), The Patient and Community Engagement Research (PaCER), The Libin Cardiovascular Institute and the Alberta Children's Hospital Research Institute (ACHRI).

Requirement 1.1.1-2

The medical school's social accountability is:

- *a) articulated in its mission statement*
- *b) fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences*
- *c) evidenced by specific outcome measures*

Analysis of evidence for requirement 1.1.1-2

There are several statements in the mission statement that pertain to a clearly articulated focus on social accountability.

The UME admissions process contributes to the social accountability mandate through several means. There is significant support for Indigenous applicants, and the Pathways to Medicine program includes a focus on lower socio-economic status applicants and those from Indigenous or rural backgrounds. There is also a Black Applicants Admissions Process (BAAP) and an Alternate Admission Process that provide an opportunity to admit applicants who demonstrate an exceptional ability to assist the CSM in meeting its social accountability mission.

Both the old (Legacy) as well as the new (RIME) curriculum highlight social accountability through several key curricular initiatives. The RIME curriculum was designed with social accountability as a key focus. The types and locations of educational experiences in the pre-clerkship highlight a focus on social accountability with mandatory experiences in primary care, as well as mandatory experiences in Indigenous communities. Students are also given opportunities to practice across the city in community-embedded clerkship experiences, including the inner-city Sheldon M. Chumir Health Centre, providing care to patients from immigrant populations, marginalized communities, those with addiction use disorder, etc.

The outcome measures noted include measurable outcomes related to specific identified goals. These goals include the following: the admissions goal, which is to increase the diversity of the students; the curricular content goal, which is to educate and empower students to meet community needs; the goal of increasing the number of team-based, interprofessional, community-engaged, self-driven and problem-based learning approaches to support student-centered learning and the development of critical thinking, reflective practice, problem solving and lifelong learning skills; and the locations of educational experiences goal which is to educate students in under-resourced / marginalized / vulnerable and diverse community settings.

1.2 CONFLICT OF INTEREST POLICIES

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any individuals with responsibility for the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

Requirement 1.2-1

The medical school has in place and follows effective conflict of interest policies and procedures applicable to:

- *i) board members*
- *ii) faculty members*
- *iii) any individuals with responsibility for the medical education program*

Analysis of evidence for requirement 1.2-1

There is evidence of comprehensive policies and procedures relating to conflict of interest applicable to board members, faculty members, and to any individuals with responsibility for the medical education program. Policies for both the Cumming School of Medicine and Alberta Health Services are provided as appendices. The policies clearly define conflict of interest in easy-to-understand language and are applicable to all of the specified groups: i) board members, ii) faculty members, iii) any individuals with responsibility for the medical education program. Procedures relating to reporting of conflict of interest are clearly laid out within the document.

The conflict-of-interest policies of Alberta Health Services, applicable to students and faculty members working in AHS facilities, are also clearly noted and are synergistic with CSM policies.

Communication of the conflict-of-interest policies is included in faculty and staff onboarding, and well as email reminders and information accessible across multiple areas of the CSM website.

Requirement 1.2-2

The medical school has in place and follows effective policies and procedures to avoid the impact of conflicts of interest in the operation of:

- *i. the medical education program*
- *ii. its associated clinical facilities*
- *iii. any related enterprises*

Analysis of evidence for requirement 1.2-2

The evidence and examples provided demonstrate a commitment to identifying possible COI and avoidance of such situations in a timely manner. The mechanism for management of conflicts of interest appears to be robust involving the Dean and an arm's length committee. A mitigation strategy describing levels of risk is provided.

1.3 MECHANISMS FOR FACULTY MEMBER PARTICIPATION

A medical school ensures that there are effective mechanisms (including committee structures) in place for any faculty member to directly participate in decision-making related to the medical education program, including opportunities for discussion about, and the establishment of, policies and procedures for the program, as appropriate.

Requirement 1.3-1
The medical school ensures that there are effective mechanisms in place for direct faculty member participation in decision-making related to the medical education program.

Analysis of evidence for requirement 1.3-1

All UME committees have faculty as voting members. Of the 10 major standing committees of the medical school (Table 1.3-1A) 80% have > 50% of the total number of voting members being faculty members. Committee terms of reference ensure wide representation from across the CSM.

In 2020 the CSM launched a committee structure working group and the role of this committee is to make recommendations about how to break down barriers and create processes for equity, diversity and inclusion on committees. General guidelines were provided and CSM committees will be scrutinized regarding inclusiveness. This newly formed committee contained broad representation from across the faculty.

Requirement 1.3-2
The medical school ensures that there are opportunities for faculty member participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

Analysis of evidence for requirement 1.3-2

All CSM faculty members are members of Faculty Council. These meetings occur regularly and include presentation and discussion of policy-relevant material. All decanal level positions report in person to Faculty Council on their portfolios and bring policy change requests to this forum.

At the UME level, faculty teaching in the program complete end of course surveys that request input on the organization and content of the course. The survey results are reviewed by UME leadership, the course chair and course committee, and changes to the course or related faculty development occur as necessary.

The 2018 UME Curriculum Review Taskforce was comprised of faculty members, and requested input from faculty, students and alumni across the CSM. UMEC implemented several of the recommendations, and the Re-Imagining Medical Education (RIME) curriculum resulted from this review. The RIME initiative also solicited extensive feedback from across the CSM, including faculty involved in teaching and the clinical realm. There was broad representation from departments in the curriculum development.

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 faculty of a medical school, 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) assurance of individual medical student and faculty member access to appropriate resources for medical student education***
- ***b) primacy of the medical school's authority over academic affairs and the education/assessment of medical students***
- ***c) 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) 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***

Requirement 1.4-1

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the faculty of a medical school, 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) assurance of individual medical student and faculty member access to appropriate resources for medical student education*
- *b) primacy of the medical school's authority over academic affairs and the education/assessment of medical students*
- *c) 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) 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*

Analysis of evidence for requirement 1.4-1

The DCI provides evidence that the Student Placement Agreements (SPAs) for the three health institutions (Alberta Health Services, NTHSSA, and Covenant) cover the requirements related to access to resources, primacy of the program, faculty appointments, environmental hazards, and learning environment. The documents contain the appropriate signatures.

The terms of these agreements are indefinite, however, the DCI states that the AHS/UCalgary agreement is currently under review by AHS and UCalgary legal departments with the intent to define an end date.

1.5 RESPONSIBILITIES AND PRIVILEGES OF THE DEAN

A medical school has and publicizes policy documents that describe the responsibilities and privileges of its dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, senior administrative staff, faculty members, and committees.

Requirement 1.5-1
The medical school has policy documents that describe the responsibilities and privileges of its dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, senior administrative staff, faculty members, and committees.

Analysis of evidence for requirement 1.5-1

Two foci are presented in the pertinent documents for this Element.

1. Committee structures that govern CSM. Faculty Council operates under the Post Secondary Learning Act with delegated responsibilities through General Faculties Council (University) to CSM's Faculty Council. Faculty Council is responsible for setting policy related to programs of study, admission/withdrawal, granting degrees and other activities. In the event that Faculty Council does not achieve a quorum, Faculty Council Committee can act. There are a number of subcommittees (e.g., Strategic Education Council, Strategic Research Council) that report to Faculty Council. They are responsible for specific aspects of the CSM (e.g., education, research) and to manage the powers, responsibilities and functions delegated by Faculty Council.
2. Roles of the Dean and the Senior Leadership Team reporting to the Dean. The Dean's job description outlines the expertise required as well as accountabilities to leadership in strategic directions, education, research and innovation, outreach and engagement, and administration. The Dean chairs Faculty Council/Faculty Council Committee. The Dean's direct reports include:
    a. Vice-Dean whose direct reports include the Department Heads
    b. Senior Associate Dean – Education whose direct reports include the Associate Deans responsible for educational programs
    c. Senior Associate Dean – Research whose responsibilities are to foster and develop research within CSM, oversight for the seven research institutes, and related matters pertaining to research within CSM, the University and externally
    d. Senior Associate Dean – Health Research whose responsibilities include all health research all clinical trials, as well as innovation and commercialization
    e. Senior Associate Dean – Faculty Affairs whose responsibilities include the Academic Medicine and Health Services Program, University of Calgary Medical Groups, Faculty Affairs programs and related operations (e.g., communications, marketing, fund development, external relationships)
    f. Senior Associate Dean – Health Equity and Systems Transformation whose responsibilities are to develop policies and actions that support equity culture and increased diversity of the CSM, including development of a social accountability plan with the Indigenous, Local and Global Health Office leadership team.
    g. Senior Director whose responsibilities include the coordination of administrative, operational and financial affairs.

    Each of the members of the Leadership team chair committees reporting to Faculty Council/Faculty Council Committee.

Collectively, the committee and job descriptions detail roles and responsibilities within CSM.

Requirement 1.5-2
These policy documents are publicized.

Analysis of evidence for requirement 1.5-2

The documents are available on websites or by requesting them directly from the Dean's Office.

1.6 ELIGIBILITY REQUIREMENTS

A medical school ensures that its medical education program meets all eligibility requirements* of the CACMS for initial and continuing accreditation and is either part of, or affiliated with, a university that has legal authority to grant the degree of Doctor of Medicine.

**** Details are found in the CACMS Rules of Procedure.***

Requirement 1.6-1
The medical school ensures that its medical education program meets all eligibility requirements of the CACMS for initial and continuing accreditation.*

Analysis of evidence for requirement 1.6-1

Dr. Todd Anderson, the dean of the medical school, has provided a letter attesting that the Cumming School of Medicine meets the eligibility requirements specified in the CACMS Rules and Procedures.

Requirement 1.6-2
The medical school ensures that its medical education program is either part of, or affiliated with, a university that has legal authority to grant the degree of Doctor of Medicine.

Analysis of evidence for requirement 1.6-2

A screen shot of the relevant portion for the University of Calgary calendar (2023-23) was provided in Appendix 1.6-2A indicating that the medical education program is a part of the University of Calgary. As such, the program is a part of a university that has legal authority to grant the degree of Doctor of Medicine.