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

GUIDE FOR CACMS
ACCREDITATION SITE VISITS

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Guide for CACMS Accreditation Site Visits
Committee on Accreditation of Canadian Medical Schools

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Guide for CACMS Accreditation Site Visits

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GENERAL STEPS IN THE ACCREDITATION PROCESS

The general steps in the accreditation process are as follows:

1. Completion of a Data Collection Instrument (DCI)

2. Completion of an Independent Student Analysis (ISA)

3. Completion of a Medical School Self-Study (MSS)

4. Visit by an *ad hoc* site visit team on behalf of the CACMS and the LCME

5. Action on accreditation by the CACMS and LCME.

DOCUMENTS RELATED TO THE ACCREDITATION PROCESS

Schools and site visit teams should review accreditation documents on the CACMS webpage, in particular the *CACMS Standards & Elements*. Since many of the documents are revised annually, the school must ensure that it uses the documents for the year in which the site visit will take place. These documents are available at https://cacms-cafmc.ca/.

☐ The *CACMS Rules of Procedure* describes the CACMS organization and function, the site visit process, the accreditation actions that the CACMS can take, the process for development and revision of standards, complaint and appeal procedures, and other policies and procedures of the CACMS.

☐ The *Site Visit Report Template* describes the content and format of site visit reports for full site visits. Medical schools undergoing an accreditation visit may also find it helpful to review this document.

☐ The *Role of Students in CACMS Accreditation Visits and Guide to the Independent Student Analysis* outlines the roles and responsibilities of students in the accreditation process, and it provides core questions that must be included in the student survey for the ISA of the medical school. The school should ensure that the student leaders entrusted with responsibility for managing the ISA are aware of and know where to access this guidebook.

☐ The *Guide to the Medical School Self-Study* describes the process for conducting the self-study, includes instructions on the evaluation of the accreditation elements and the other information to be included in the MSS Report**.**

The current document provides information on the conduct of an accreditation visit. .

Faculty members involved with their school's accreditation process are encouraged to contact the CACMS Secretariat at any time via email or telephone, and to attend the preparation sessions available to schools with upcoming visits. These sessions provide general information about accreditation and

give participants an opportunity to discuss specific issues with members of the Secretariat. Designated school personnel will automatically receive invitations to these events.

GENERAL INFORMATION

The purpose of this document is to provide site visit teams and medical schools with a summary of the steps in preparing for and conducting a CACMS site visit. Sections of the document provide this information from a variety of perspectives (e.g., the site visit team in general, specific team member roles, the medical school), so the reader should select the sections that are most relevant. The document is a synthesis of other information available on the CACMS webpage. Consult the site for the most recent information.

ACCREDITATION AND THE CACMS

Accreditation is widely used in higher education. It serves the important purpose of assuring the public, government agencies, and professional groups that educational programs and institutions meet or exceed nationally accepted standards of quality for educational process and student outcomes.

The CACMS is sponsored by the Canadian Medical Association (CMA) and the Association of Faculties of Medicine of Canada (AFMC) and accredits M.D.-granting medical education programs in Canada.

TO CONTACT THE CACMS SECRETARIAT

Enquiries should be sent to the CACMS at:

Committee on Accreditation of Canadian Medical Schools
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The members of the CACMS Secretariat welcome the opportunity to respond to questions and comments.

OVERVIEW OF THE ACCREDITATION PROCESS

A. PURPOSES OF ACCREDITATION

Obtaining accreditation from the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) ensures that medical education programs are in compliance with defined standards. The accreditation process has two general and related aims: to promote medical school self-evaluation and quality improvement efforts, and to determine whether a medical education program meets prescribed standards.

Accreditation seeks to answer three general questions:

1. Has the medical school clearly established its mission and goals for the educational program?
2. Are the program's curriculum and resources organized to meet the mission and goals?
3. What is the evidence that the program is currently achieving its mission and goals and is likely to continue to meet them in the future?

B. ACCREDITATION STANDARDS

The standards for accreditation of Canadian medical schools are contained in the publication *CACMS Accreditation Standards and Elements* (S&E). These standards have been widely reviewed and endorsed by the medical education community, including the organizations that sponsor the CACMS.

Medical schools must use the version of *S&E* applicable to the academic year in which they will be visited.

Medical schools are expected to achieve compliance with each of the 12 standards. Compliance with a standard will be based on satisfactory performance in the elements associated with the standard.

FULL SITE VISITS

Overview of the Steps in a Full Accreditation Visit

Full accreditation visits typically occur on an eight-year cycle. The CACMS Secretariat, in consultation with the dean of the medical school, establishes the visit dates approximately 18-24 months before the visit. Once the dates are established, the following steps take place (see Appendix A):

1. Completion of the data collection instrument (DCI) and compilation of supporting documents by the medical school.
2. Completion of the Independent Student Analysis (ISA) by the medical school's students
3. Conduct of the Medical School Self-Study (MSS)
4. Submission of school documentation to the Visit team and the CACMS
5. Visit by an *ad hoc* site visit team and preparation of the site visit report for review by the CACMS
6. Action on accreditation by the CACMS and the LCME.

Each of the steps is summarized below.

About four months prior to the site visit, the school and site visit team members receive from the CACMS Secretariat background information for the visit, including a list of team members with their contact information, a copy of the prior site visit report (and any limited site visit reports, if applicable), copies of any status reports, any validated complaints against the school considered by the CACMS since its last full accreditation visit, and an accreditation history table with the accreditation actions taken by the CACMS since the last full visit. In the case of a limited visit, a copy of the letter to the school describing the mini-DCI to be submitted prior to the visit also will be appended.

1. COMPLETION OF THE DCI AND COMPILATION OF SUPPORTING DOCUMENTS

The Dean designates a core team of faculty and staff to manage the aspects of the site visit preparation process. The faculty accreditation lead manages the data collection and self-study processes; the site visit coordinator typically manages visit logistics, and may assist with data collection.

The questions in the DCI are directly linked to specific elements. **The absence of a document, data, and/or information specifically requested in the DCI will be taken by the site visit team and the CACMS to mean that the document, data, and/or information do not exist.** The DCI should be completed with all requested historical data. The time period covered by the data should be clearly indicated.

Because the DCI was likely prepared nine months or more before the site visit, certain quantitative information might need to be updated prior to submission. The team will need current financial information, student enrollment data, updates on changes in the educational program, and any other significant new information. These updates should be made before the DCI is finalized and submitted (i.e., three months before the scheduled visit). The Association of Faculties of Medicine of Canada (AFMC) will update the financial information, student enrollment, faculty and resident numbers with the most recent information provided by the medical school. Schools are responsible for updating the responses to other questions, as needed.

2. INDEPENDENT STUDENT ANALYSIS

About 18 months prior to the visit, the student leadership begins the process of launching the student survey. The survey is administered to all enrolled students in order to develop a comprehensive picture of students' perceptions of their medical school. Mandated survey questions are provided in the document entitled, *The Role of Students in the Accreditation of Medical Education Programs in Canada*. The survey covers the following areas: I. Student-Faculty Administrative Relationships; II. Learning Environment; III. Facilities; IV. Library and Information Technology Resources; V. Student Services; VI. Medical Education Program; and VII. Opportunities for Research and other Scholarly Activities and Service-Learning. Students may add questions to the survey while keeping in mind that additional questions will increase the data analysis work required. The data derived from the survey are needed by the medical school to complete the DCI and the Medical School Self-Study. In addition, the student leadership submit to the CACMS a report that includes the administered survey, a description of how the survey was conducted, an analysis of the participation of students across all years of the program and by campus if the medical school has several campuses and summarizes the key findings and conclusions based on the survey data.

Although medical school officials can provide technical advice to students (to help them design survey questions, conduct their survey and assist with data analyses), and logistical support (implementing the survey, collecting data and performing statistical analysis), the <u>faculty</u> must not participate in the decision-making process regarding the content of the additional questions or revisions to other survey questions, in the interpretation of survey data, or in the preparation of the report of the ISA.

A well-conducted student survey, with a high response rate, and a thoughtful analysis of the data (together termed the "independent student analysis") provides important information for the deliberations of the site visit team. See Appendix C for information about the timing and use of the Independent Student Analysis during the school's self-study process.

3. MEDICAL SCHOOL SELF-STUDY AND REPORT

The medical school self-study (MSS) process requires the time and effort of the medical school's educational leadership, faculty members, students, administrative support staff and others associated with the medical school, its clinical affiliates, and, if relevant, its parent university. The MSS committee should be broadly representative of the constituencies of the medical school. It should, therefore, include some combination of the following: medical school senior and administrative leaders (academic, fiscal, managerial), department chairs and heads of sections, junior and senior faculty members, medical students, medical school graduates, faculty members and/or administrators of the general university, representatives of clinical affiliates, and trustees (regents) of the medical school/university. Additionally, the MSS committee could include graduate students in the basic biomedical sciences, residents involved in medical student education, and community physicians. Although the general guidelines about the composition of the committee should be followed, each school must make its own decisions about membership based on its specific environment and circumstances.

The MSS committee and its subcommittees are responsible for conducting the self-study. This process is described in detail in the CACMS *Guide to the Medical School Self-Study*. The subcommittees initially provide their evaluation of each element based on the evidence presented in the DCI (subcommittee reports). In addition, the evaluation forms include recommendations for the continuous quality improvement regarding

each element. The MSS committee analyzes the subcommittee reports, along with the supporting documentation and any new information such as the final ISA report and other data collected by the medical school, and produces the committee report with the final element evaluation forms.

The final Medical School Self-Study Report is submitted as part of the accreditation package three months prior to the site visit. Print copies of the individual subcommittee reports must be provided to the team in the team's workroom during the visit, but should not be submitted with the accreditation package.

4.   SUBMISSION OF PRE-VISIT MATERIALS AND UPDATES FOR FULL VISITS

DCI Submission. Three months prior to the site visit, the dean's office will submit a copy of the DCI and its appendices, the ISA report, the MSS report and the site visit report core appendix.

Schools should submit the complete site visit package to the CACMS Secretariat and to site visit team members, electronically on a USB memory stick sent by courier. Schools should not submit a print copy of the site visit package.

Updates to the DCI. The site visit team members will review the submitted documentation as soon as practical after receipt to ensure that the materials are complete and up-to-date. If any updating is required prior to the site visit, the site visit team secretary will communicate the details to the faculty accreditation lead; updated materials can be sent to the team and the CACMS Secretariat in a single submission with the finalized visit schedule on a USB memory stick or by email.

All updates, including those provided to the team on site, as well as the updated Core Appendix should be compiled onto a USB memory stick and given to the team secretary at the conclusion of the visit, as well as submitted to the CACMS Secretariat. Note that no additional updates to information is accepted after the team delivers its exit report to the school and university leadership.

5.   THE SITE VISIT AND PREPARATION OF THE SITE VISIT REPORT

Site Visit Team Size and Composition
The CACMS Secretariat is responsible for appointing the Canadian members of site visit teams. The team for a full accreditation site visit of a medical education program typically consists of five to six members drawn from a pool of experienced medical educators and physician practitioners, including professional members of the CACMS, to ensure consistency in the evaluation process.

One of the team members is designated as **Chair** of the team. The team Chair, typically a current or recent medical school dean, functions as the official voice of the team during the visit and leads its deliberations. Another member is designated as team **secretary** and is responsible for visit preparations and logistics, functions as the main liaison with the school and compiles the site visit report. The remaining team **members** will include an LCME-designated member whenever possible (i.e., the visit will still take place if the LCME-appointed member withdraws for any reason before the visit); a **student** member when possible (i.e., when the timing of the visit does not interfere with prior student commitment - the visit will still take place if the student member withdraws for any reason before the visit; and a "**faculty fellow**" (faculty members from another medical schools whose expenses are covered by their school). The team may include an observer. A description of the specific duties corresponding to each role can be found in Appendix B. A template for assignment of elements to team members is provided in Appendix E.

The faculty fellow typically has not been on a full site visit previously and has been designated by his or her school to gain hands-on experience before the school begins its own self-study process; the 'faculty fellow" is a full member of the team, evaluates assigned elements and contributes to the site visit report. The observer is also designated by his or her school or by another organization with an interest in accreditation, but does not participate in the work of the team or the report. The Dean of the visited school must approve the presence of observers at the visit.

In appointing full site visit teams, the CACMS Secretariat will make all reasonable efforts to balance the team in terms of accreditation experience, gender, professional expertise, practitioner/educator status, and familiarity with the type of medical school being visited.

The LCME-appointees to CACMS site visit teams are invited to attend CACMS team preparation workshops. At a minimum, LCME-appointed team members are briefed by the CACMS Secretariat on any differences between the CACMS and the LCME site visit processes and variations in accreditation elements.

Visit Structure
Full site visits typically are three and one-half days in duration, begin on Sunday afternoon and end on Wednesday. If teams need to visit several campuses, the duration of the visit may be extended accordingly.

Shortly after receiving the DCI, MSS Report, and the ISA, the site visit team secretary will contact the faculty accreditation lead about the visit schedule, which should be planned along the lines of the model schedule contained in Appendix C of this document, but customized for the characteristics of the medical school. When the schedule is finalized, the team secretary should send a copy to each member of the site visit team.

The starting time of the visit and the concluding conference with the university chief executive (or his or her designate) should be scheduled well in advance (around the time that the date of the site visit has been set), so that that the dates and times can be "locked" into their schedules. Other individuals with whom the site visit team will likely meet (e.g., directors of required learning experiences, chairs of the curriculum committee and its subcommittees) should also be informed about the visit dates and that their participation is expected.

The administrators of affiliated clinical facilities should be advised that team members may be visiting patient care units but will not be viewing patient records or other confidential information. The team will not meet with the directors of these facilities during the tours, unless the team secretary agrees that a meeting is required as part of the visit schedule. Student guides will conduct the tours.

The visit begins with a team caucus, followed by a meeting with the dean. Generally, the team meets privately with the dean although the dean may include others with advance notice to the team.

During the visit, the team will meet with those persons or groups who can provide or verify information, including faculty, students, administrators, and representatives of clinical affiliates. While meetings with faculty members and students typically take place without the presence of institutional leaders, the dean's participation is appropriate during the team's meetings with program administrators, especially regarding finances and relationships with clinical affiliates. The team will successively develop and refine its list of summary findings, beginning at the arrival team caucus and continuing during working sessions each evening

and prior to the exit conferences. The findings will be organized by elements of the CACMS Standards and Elements.

During the visit, the site visit team reviews and revises the element evaluation forms for each element based on any new evidence provided by the school and discussions with relevant individuals at the medical school. The site visit team makes neither recommendations nor decisions regarding the medical school's compliance with accreditation standards or the accreditation status of the medical school. The former is the purview of the CACMS and the latter is the purview of the CACMS and the LCME.

Visits conclude with an exit conference with the dean and any other individuals of his or her choosing. If the dean agrees, the university president or delegate may also attend this session. If not, a second conference following the exit conference with the dean will be held at which the university official joins the dean. The conduct of both sessions will be the same. At the exit conferences, the team Chair will share the summary of the site visit team's finding a n d provide a copy of the team's findings to the dean. The team Chair will emphasize to both the dean and the university chief executive that the site visit team's summary report represents a preliminary statement of findings for consideration by the CACMS. The team's findings are not, therefore, for widespread dissemination at this point.

A description of the points to be addressed in the exit conference can be found in Appendix D of this guide. With the exception of answering questions about the review process leading to the final site visit report, no other questions can be answered by the team e.g., speculation about the decisions that may be made by the CACMS regarding compliance with standards, the accreditation status of the medical school or any required follow-up. Lastly the team should not engage in debate about ratings assigned to any of the elements.

After the site visit, a draft site visit report will be prepared by the site visit team. The site visit report evaluates each element based on information contained in the DCI, the MSS Report, the ISA, as well as information obtained by the team during the visit. The site visit report expresses the team's judgment about the extent to which the medical education program meets the requirements of each element, which will be rated as: 1) Satisfactory, 2) Satisfactory with a need for Monitoring, or 3) Unsatisfactory.

The draft version of the report is subject to review by the CACMS Secretariat and the medical school prior to submission of the final report to the CACMS. The review process is described in detail later in this guide.

6. ACCREDITATION DECISIONS AND FOLLOW-UP

The site visit report is reviewed by the CACMS at its next regular meeting (in September, January, or May), at which time the element ratings are finalized and a formulated decision about the program's accreditation status and follow-up is made. Subsequently this formulated decision will be reviewed by the LCME at its next regularly scheduled meeting (October, February or June) and a final CACMS/LCME decision on the accreditation status and follow-up will be determined.

The team final report, along with the CACMS/LCME's action on accreditation and request for follow-up, will be transmitted to the university chief executive, with a copy to the dean. Once the letter of accreditation arrives, the dean and the university chief executive may release the site visit report and the letter of accreditation at their discretion.

LIMITED SITE VISITS

Overview of the Steps in a Limited Accreditation Visit

Limited accreditation visits take place when mandated by the CACMS and LCME. The CACMS Secretariat, in consultation with the dean of the medical school, establishes the visit dates approximately 18 months before the visit. Once the dates are established, the following steps take place:

1. Completion of the mini-data collection instrument (mini-DCI) and compilation of supporting documents by the medical school.
2. Completion of medical student surveys as needed
3. Submission of school documentation to the visit team and the CACMS
4. Visit by an *ad hoc* site visit team and preparation of the site visit report for review by the CACMS.
5. Action on accreditation by the CACMS and the LCME.

Each of the steps is summarized below.

1. COMPLETION OF THE MINI-DCI AND COMPILATION OF SUPPORTING DOCUMENTS

The questions in the mini-DCI are directly linked to the specific elements that were found to be unsatisfactory and satisfactory with a need for monitoring, and which led to the requirement for a limited site visit. Instructions for preparing the mini-DCI are sent to the school by the CACMS Secretariat. The school is to send the completed materials to the limited site visit team members and to the CACMS Secretariat office about eight weeks prior to the visit.   **The absence of a document, data, and/or information specifically requested in the mini-DCI will be taken by the site visit team and the CACMS to mean that the document, data, and/or information do not exist.**

Because the mini-DCI was likely prepared several months or more before the site visit, certain quantitative information might need to be updated prior to the visit.

2. MEDICAL STUDENT SURVEYS

Depending on the elements being assessed during the limited visit, data derived from student surveys may be needed for the medical school to complete the mini-DCI. Well-conducted student surveys, with high response rates, provide important information for the deliberations of the site visit team. A limited site visit does not require an Independent Student Analysis.

3. SUBMISSION OF PRE-VISIT MATERIALS

Mini-DCI Submission. About eight weeks prior to the site visit, the dean's office will submit a copy of the mini-DCI, its appendices and the site visit report core appendix.

Schools should submit the complete site visit package to the CACMS Secretariat and to site visit team members, electronically on a USB memory stick sent by courier. Schools do not submit a print copy of the site visit package.

Updates to the Mini-DCI. The site visit team members will review the mini-DCI as soon as practical after receipt to ensure that the materials are complete and up-to-date. If any updating is required prior to the site visit, the site visit team secretary will communicate the details to the faculty accreditation lead; updated materials can usually be sent to the team and the CACMS Secretariat in a single submission on a USB memory stick or by email.

All updates, including those provided to the team on site, as well as the updated Core Appendix should be compiled onto a USB memory stick and given to the team secretary at the conclusion of the visit, as well as submitted to the CACMS Secretariat. Note that no additional updates to information will be accepted after the team delivers its exit report to the school and university leadership.

4. THE SITE VISIT AND PREPARATION OF THE SITE VISIT REPORT

Site Visit Team Size and Composition
The CACMS Secretariat is responsible for appointing the Canadian members of site visit teams. The team for a limited accreditation site visit of a medical education program typically consists of three to four members drawn from a pool of experienced medical educators and physician practitioners, including professional members of the CACMS, to ensure consistency in the evaluation process.

One of the team members is designated as **Chair** of the team. The team Chair, typically a current or recent medical school dean, functions as the official voice of the team during the visit and leads its deliberations. Another member is designated as team **secretary** and is responsible for visit preparations and logistics, functions as the main liaison with the school and compiles the site visit report. The remaining team **members** will include an LCME-designated member whenever possible (i.e., the visit will still take place if the LCME-appointed member withdraws for any reason before the visit);; and a **student** member when possible (i.e., when the timing of the visit does not interfere with prior student commitment - the visit will still take place if the student member withdraws for any reason before the visit. A description of the specific duties corresponding to each role can be found in Appendix B.

In appointing limited site visit teams, the CACMS Secretariat will make all reasonable efforts to balance the team in terms of accreditation experience, gender, professional expertise, practitioner/educator status, and familiarity with the type of medical school being visited.

The LCME-appointees to CACMS site visit teams are invited to attend CACMS team preparation workshops. At a minimum, LCME-appointed team members are briefed by the CACMS Secretariat on any differences between the CACMS and the LCME site visit processes and variations in accreditation elements.

Visit Structure
Limited site visits typically are two and one-half days in duration, begin on Sunday afternoon and end on Tuesday. This can vary depending on the number and type of elements to be reviewed. If teams need to visit several campuses, the duration of the visit may be extended accordingly.

Shortly after receiving the school documentation, the site visit team secretary will contact the faculty accreditation lead about the visit schedule, which should be planned along the lines of the model schedule contained in Appendix C of this document, but customized for the characteristics of the medical school and the elements being evaluated. When the schedule is finalized, the team secretary should send a copy to each member of the site visit team.

The starting time of the visit and the concluding conference with the university chief executive (or his or her designate) should be scheduled well in advance (around the time that the date of the site visit has been set), so that that the dates and times can be "locked" into their schedules. Other individuals with whom the site visit team will likely meet (e.g., directors of required learning experiences, chairs of the curriculum committee and its subcommittees) should also be informed about the visit dates and that their participation is expected.

Team members generally arrive on Sunday for a team caucus and entrance conference with the dean. Generally the team meets privately with the dean although the dean may include others with advance notice to the team.

The limited site visit involves meetings with faculty members, students, educational leaders and representatives of affiliated institutions among others, as needed to address the elements being followed-up during the site visit. The site visit team report prepared following a limited site visit is focused on conveying the team's findings on the elements previously identified as unsatisfactory or satisfactory with a need for monitoring. Additional elements may be identified by the team as unsatisfactory or satisfactory with a need for monitoring as a result of the limited site visit. The team will successively develop and refine its list of summary findings, beginning at the arrival team caucus and continuing during working sessions each evening and prior to the exit conferences. The findings will be organized by elements of the CACMS Standards and Elements.

During the visit, the site visit team reviews and revises the element evaluation forms for each element being reviewed based on any new evidence provided by the school and discussions with relevant individuals at the medical school. The site visit team makes neither recommendations nor decisions regarding the medical school's compliance with accreditation standards or the accreditation status of the medical school. The former is the purview of the CACMS and the latter is the purview of the CACMS and the LCME.

Visits conclude with exit conferences with the dean and the university chief executive (or his or her designee). Generally, the team meets privately with the dean at both the entrance and exit conferences, although the dean may include others with advance notice to the team. At the exit conferences with the dean and university chief executive (or his or her designee), the team chair will share the summary of the site visit team's findings. The team chair will provide a copy of the team's findings to the dean at the exit conference with the dean. The team chair will emphasize to both the dean and the university chief executive that the site visit team's summary report represents a preliminary statement of findings for consideration by the CACMS. The team's findings are not, therefore, for widespread dissemination at this point.

A description of the points to be addressed in the exit conference can be found in Appendix D of this guide. With the exception of answering questions about the review process leading to the final site visit report, no other questions can be answered by the team e.g., speculation about the decisions that may be made by the CACMS regarding compliance with standards, the accreditation status of the medical school or any required follow-up. Lastly the team should not engage in debate about ratings assigned to any of the elements.

After the site visit, a draft site visit report will be prepared by the site visit. The site visit report evaluates each element based on information in the mini-DCI and information obtained during the visit. The site visit report expresses the team's judgment about the extent to which the medical education program meets the requirements of each element, which will be rated as: 1) Satisfactory, 2) Satisfactory with a need for Monitoring, or 3) Unsatisfactory.

The draft version of the report is subject to review by the CACMS Secretariat and the medical school prior to submission of the final report to the CACMS. The site visit report draft review process is described in detail later in this guide.

5. ACCREDITATION DECISIONS AND FOLLOW-UP

The site visit report is reviewed by the CACMS at its next regular meeting (in September, January, or May), at which time the element ratings are finalized and a formulated decision about the program's accreditation status and follow-up is made. Subsequently this formulated decision will be reviewed by the LCME at its next regularly scheduled meeting (October, February or June) and a final CACMS/LCME decision on the accreditation status and follow-up will be determined.

The team final report, along with the CACMS/LCME's action on accreditation and request for follow-up, will be transmitted to the university chief executive, with a copy to the dean. Once the letter of accreditation arrives, the dean and the university chief executive may release the site visit report and the letter of accreditation at their discretion.

THE REPORT OF A SITE VISIT

REPORT PREPARATION AND REVIEW

Confidentiality of Information. Information about the school, whether contained in the DCI, the ISA and MSS report, or obtained on site, is confidential and must not be disclosed to other parties. A confidentiality statement must be signed by all team members and returned to the CACMS Secretariat before the visit. Team members must hold the team findings confidential. Either at the end of the site visit or after reviewing the report, team members must dispose of materials related to the site visit in a way that ensures it remains confidential. After reviewing the draft site visit report, team members must destroy any remaining documents, including the draft report, related to the accreditation site visit.

Timeline for Completing the Site Visit Report. The following chart gives the important deadlines for completion of the site visit report. Detailed explanations follow this chart.

1-2 months before the visit	Site visit team members review the material submitted by the school, start drafting the report on the accreditation elements assigned to them, prepare preliminary element ratings and compile a list of information to request from the school.
7-10 days before the site visit	At the very latest, site visit team members submit their list of additional information to request from the school and their draft element evaluation forms to the team secretary
7-10 days following site visit	Site visit team members submit their element evaluations to the team secretary at the close of the visit or within 7-10 days thereafter.
2-4 weeks following site visit	After reviewed by the team Chair, the team secretary sends the initial draft of the site visit report to the CACMS Secretariat.
4-6 weeks following site visit	After consultation with the team Chair, the report is revised in response to Secretariat comments, as deemed appropriate. The team secretary sends the revised draft site visit report to the CACMS Secretariat who forwards to the dean of school for comment.
6-8 weeks following site visit	The CACMS Secretariat forwards the draft site visit report and comments from the dean to the team secretary. The team secretary finalizes the site visit report after consultation with the Chair and team members as needed and resubmits it to the CACMS Secretariat. The CACMS Secretariat

4-5 weeks prior to CACMS meeting	makes the site visit report available to CACMS members for review prior to the next CACMS meeting.
1 week following CACMS meeting	CACMS Secretariat provides LCME with CACMS decisions and documentation
2 weeks following LCME meeting	CACMS Secretariat notifies school of accreditation decision and includes a copy of the final site visit report.
4-8 weeks following LCME meeting	CACMS Secretariat provides feedback to team members on the CACMS' response to the team findings.

Content and Compilation of the Site Visit Report. The report is organized according to the *Site Visit Report Template*, available on the CACMS webpage. For a limited site visit, the template is tailored to the standards and elements being assessed during the visit. The site visit team's summary findings must be amply supported by documentation in the element evaluation forms, the core appendix and information obtained on site and included in the supplemental appendix. The report forms the basis upon which the CACMS makes its recommendation relative to accreditation status and follow-up. The CACMS does not have access to the material submitted by schools; the report has to present all necessary evidence to support the visiting team's recommendations.

Preparing the Draft Site Visit Report. To ensure prompt consideration of the medical education program's accreditation status, it is essential that the draft site visit report be completed as quickly as possible. Team members should submit the element evaluation forms for their assigned standards to the team secretary within seven to ten days following the visit, if not by the visit's conclusion. The draft site visit report should be completed two weeks after the visit and should be sent to team members for review and comment. Team members should ensure that the report accurately represents their findings and the consensus assessment of the team. Subsequently, the team secretary will send a copy of the draft report (including the core and supplemental appendices) to the CACMS Secretariat for review. The CACMS Secretariat will provide feedback to the team secretary on the draft site visit report regarding internal consistency, and thoroughness in evaluation of all of the elements and summary of team findings and in providing sufficient documentation related to each finding.

Upon receiving the comments from the CACMS Secretariat, the team secretary in consultation with the Chair should make any needed revisions; send the revised site visit report to the team members for review and comment. After review by the team and any subsequent revisions (approximately four weeks following the visit), the team secretary sends the draft site visit report to the CACMS Secretariat who will forward it to the dean of the medical school. The dean has 10 working days to review the report and return comments to the Secretariat who will forward to the team secretary for consideration and final revision. The dean will be instructed to check the team's report for factual errors and concerns about tone. No new information may be provided by the dean that was not included in the DCI (or mini-DCI for limited visits), the MSS report (for full visits), the ISA (or student data for limited visits) or provided to the team during the site visit. After considering feedback from the dean, the team secretary in consultation with the team Chair and other team members as needed, revises the draft as deemed appropriate and submits the final version of the report to the

CACMS Secretariat. The CACMS Secretariat then sends the final version of the report to the dean, who, should concerns remain about the tone of the report or the process of the visit, may write a letter within 10 business days to the CACMS Secretariat for inclusion in the CACMS' consideration of the school's accreditation status; the process is described in detail later in this document and in *CACMS Rules of Procedure*.

Timeline for the Submission of the Final Version of the Site Visit Report. Instructions for preparing and submitting the final report are available in the *Site Visit Report Template*. The CACMS meets in September, January, and May. The final site visit report must be received by the CACMS Secretariat no later than six weeks before the next scheduled CACMS meeting to allow adequate time for review by CACMS members. The CACMS Secretariat should be promptly notified if the team secretary anticipates any delays in providing the final report.

Notice of CACMS/LCME Action. During the CACMS meeting, members review the site visit report (and eligible correspondence submitted by the dean), develop the final element ratings and list of findings, judge compliance with accreditation standards, determine the status of accreditation of the medical education program, and identify any requirements for follow-up.

Review of CACMS Decisions by the LCME The CACMS Secretariat provides the LCME with the CACMS-formulated accreditation status and follow-up, and all required documentation pertaining to Canadian medical schools (existing, new and developing) under review at least three weeks prior to the next regularly scheduled LCME meetings.

The LCME, upon review of the CACMS formulated accreditation status and type of follow-up and all CACMS documentation (including the CACMS reviewer worksheets, the relevant minutes from the CACMS meeting, and the documents reviewed by the CACMS e.g., site visit reports, status reports, action plans, notifications, and complaints), will accept the formulated accreditation status and type of follow-up, which will then constitute the CACMS and the LCME accreditation status and type of follow-up, or the LCME will document its disagreement with the CACMS decision. In the case of disagreement, the matter will be referred to the Joint Committee of the CACMS and the LCME. Decisions of the Joint Committee will be final. Canadian medical schools have accreditation status from the CACMS and the LCME.

After the meetings, schools are notified of the CACMS/LCME action in a letter of accreditation from the CACMS and LCME Secretaries to the president of the university (or the equivalent chief executive of the academic university), with a copy to the dean of the medical school. CACMS holds confidential the accreditation status, follow-up, site visit report and its findings. The medical school is at liberty to make public the site visit report and the details of the CACMS/LCME's decision as it deems appropriate.

Feedback to Team Members. The Secretariat will provide, as feedback to site visit team members, the CACMS final list of findings with regards to elements. Such feedback is one component of site visit team training that will assist in developing consistency across teams in the interpretation of *CACMS Standards and Elements*.

SITE VISIT LOGISTICS FROM THE PERSPECTIVE OF THE SITE VISIT TEAM

SUGGESTED SCHEDULE FOR A FULL ACCREDITATION SITE VISIT

A model visit schedule is included as Appendix C. The medical school in consultation with the team secretary should feel free to modify the model schedule, as necessary, to accommodate the distinctive characteristics of the school being visited, being mindful of the need to assess all of the accreditation elements during the visit. Sessions may be expanded, shortened, or altered, but all topics to be addressed in the site visit report must be reviewed. The site visit team will divide into two groups at various times during the visit to provide an opportunity to meet with the individuals necessary to evaluate all the accreditation elements in the time available. Any schedule revisions that would result in the conclusion of a site visit later than Wednesday afternoon should be cleared with the CACMS Secretariat and communicated to the school so that appropriate lodging arrangements can be made.

The school, in consultation with the team secretary, should select the most relevant individuals to participate in each session. The number of participants in any session should be limited to those who are most directly involved or knowledgeable about the topic to be discussed.

SUGGESTED SCHEDULE FOR A LIMITED ACCREDITATION SITE VISIT

The Sunday meeting that precedes the first full day of a limited visit should be structured in a format similar to that of a full site visit, with a team caucus and entrance conference with the dean. The organization of each day of the visit will depend on the specific accreditation elements to be reviewed. The site visit team secretary should work closely with the faculty accreditation lead to determine the content of and participants in individual sessions. The visit will conclude in the same manner as in a full site visit, at consecutive exit conferences with the dean and the university chief executive (or his or her designee).

EXPENSE CLAIM PROCESSING

Costs of CACMS full site visits, including reimbursement of visitors (excluding faculty fellows and observers), are borne by the CACMS. The expenses of the faculty fellow and of the observer are covered by his or her home medical school or organization. For limited visits, the CACMS is reimbursed by the medical school for team member expenses.

Three months before the visit, team members receive information about making travel arrangements and about the submission of expense claims. Team Chairs, secretaries, and members will be reimbursed for all reasonable out-of-pocket expenses incurred during the site visit, in accordance with CACMS travel policies (see below). Requests for reimbursement are handled through the CACMS office. Any questions regarding reimbursable expenses should be directed to the CACMS Secretariat.

All participants are expected to arrange their own (economy) air travel. The school will reserve hotel accommodations for team members, but team members are responsible for paying all hotel charges on check-out. Team members should obtain receipts for cab fares or any other applicable expenses. Hotel and travel expenses for faculty fellows and observers are the responsibility of their own institutions or organizations and will not be reimbursed by the CACMS.

CACMS TRAVEL REIMBURSEMENT POLICY

The CACMS travel reimbursement policy is described in the site visit team mailing. Requests for reimbursement must be submitted within 30 days of a site visit. Significant departures from the policy must be justified before travel reimbursement will be made.

In order to quickly process reimbursements, <u>original</u> receipts must be provided. Requests for reimbursement must be accompanied by the following original receipts:

- The itinerary for electronic tickets and boarding passes (<u>economy fare up to and including Flex fare</u>)
- Hotel charges
- Car rental charges
- Any other expenditure, including taxi fares

MEDICAL SCHOOL RESPONSIBILITIES

This section is designed to orient both medical schools and site visit teams to the roles and responsibilities of individuals and groups at the medical school. See Appendix A for the timing of school activities.

ROLES OF MEDICAL SCHOOL PARTICIPANTS IN THE ACCREDITATION PROCESS

There are two critical positions that should be appointed by the dean about 18-24 months prior to the date of the site visit (see Appendix A).

Faculty Accreditation Lead. The faculty accreditation lead should be a senior faculty member, who may also hold an administrative position, who is knowledgeable about the medical school and its educational program. This individual should be able to identify institutional policies and information sources and ensure participation by members of the administration, faculty, and student body before and during the site visit. Ideally, the faculty accreditation lead will be familiar with CACMS site visit processes, and will have served on a site visit team as a faculty fellow or team member.

The school must ensure that the faculty accreditation lead has appropriate administrative support, financial resources, and release time from other duties in order to accomplish the responsibilities associated with this role. The faculty accreditation lead will be expected to:
- Contact the CACMS Secretariat with questions about DCI preparation (or mini-DCI for limited visits) and answer accreditation-related questions from individuals at the school;
- Assign specific questions/sections of the DCI (or mini-DCI for limited visits) to individuals with the appropriate institutional knowledge;
- Ensure factual accuracy and typographical/grammatical clarity in the DCI (or mini-DCI for limited visits);
- Ensure that all questions in the DCI (or mini-DCI for limited visits) are fully-addressed;
- Synthesize all narrative DCI (or mini-DCI for limited visits) responses into a cohesive, factually and stylistically-consistent document that accurately reflects the institution;
- Coordinate the activities of self-study subcommittees (for full visits);
- Staff the self-study task force (for full visits);
- Develop the site visit agenda in collaboration with the team secretary; and
- Serve as the school's primary point of contact for the CACMS Secretariat and team secretary.

Site Visit Coordinator. The site visit coordinator should be an experienced senior staff member who will manage the logistics of the site visit and other administrative functions such as formatting and submitting required documents. The site visit coordinator will make hotel reservations for the team, coordinate ground transportation during the visit, and schedule the necessary faculty and staff identified for sessions during the visit.

The names and contact information of the faculty accreditation lead and site visit coordinator should be provided to the CACMS Secretariat as soon as possible using the designation form (See Appendix F).

VISIT PREPARATION AND LOGISTICS

Reviewing Site Visit Team Membership. Upon receiving the site visit team composition, the dean should

inform the CACMS Secretariat promptly if any team member is deemed to be inappropriate due to conflict of interest or other valid reasons.

Hotel Arrangements. The school should select a full-service hotel, preferably near the campus and convenient to restaurants, taxi service, etc. The hotel should be of appropriate quality, but not extravagant in cost.

The school should instruct the hotel to guarantee the rooms for late arrival and to send a reservation confirmation directly to each team member. The hotel also should be notified that team members will be paying their own bills. Each team member will need a single room, with either a suite for the Chair or a conference room for the team to work in during the evenings of the visit.

Ground Transportation. Team members will make their own travel arrangements. Instructions about transportation options from airport to hotel should be provided by the school. At times, it may be necessary for the dean's office to arrange ground transportation between the airport and hotel. If so, these arrangements should be coordinated with the team secretary.

The dean's office is responsible for transportation of the team each day between their hotel and the medical school and to any instructional sites (e.g., affiliated hospitals, several campuses) it will visit. The team secretary and the medical school's site visit coordinator should determine where and when the team will be picked up or met at the hotel, and this information should be included in the site visit schedule.

Meals. The site visit coordinator should consult with the team secretary regarding the meals that the school will provide during the visit. The cost of meals not provided by the school will be reimbursed to team members by CACMS.

Suggestions for restaurants for team dinners are appreciated. Restaurant suggestions may be provided to the team secretary.

Site Visit Team's "Home Room" at the School. The site visit team will need a "home room" at the school equipped with a computer, printer compatible with the operating system used by the team secretary and a shredder or access to these items in an adjacent area. Team members should be provided with access to the internet and an ID and password for the medical education program's website. The home room should have a table large enough to accommodate team meetings.

The site visit coordinator should provide a complete set of materials in the team "home room", including paper copies of the complete DCI (mini-DCI for limited visits), the MSS report and of the MSS subcommittee reports (for full visits), the ISA (or student data for limited visits), and any other documents requested by the team, such as course evaluations or syllabi.

It is helpful to provide tent cards for each team member and for those persons with whom they will meet, to assist with introductions as they converse around the conference table. Team members should also have name tags.

Gifts to Site Visit Team Members. The school may not provide gifts to team members (e.g., food baskets at the hotel, school memorabilia).

STUDENT INVOLVEMENT

For information about the roles students play in the site visit process, see *The Role of Students in CACMS Accreditation Visits and Guide to the Independent Student Analysis*, found on the CACMS webpage. Students should be provided access to this document. All full site visit teams and almost all limited site visit teams meet with students. Students should be selected and briefed well in advance of the site visit so they may provide meaningful student input. A broad range of students should meet with team members to ensure that the team has access to truly representative information from students. The site visit team will seek student opinions about a variety of topics, including the quality and adequacy of the educational program, student academic and personal counseling, health services, financial aid services and debt counseling, and the role of students in medical school policy-making and feedback. Students should serve as guides on the tours that occur during the site visit (e.g., to the library, class rooms and clinical facilities).

APPENDIX C
SCHEDULE FOR A FULL ACCREDITATION SITE VISIT

Sunday (*Month/Day/Year*)	
3:30-5:00 pm	**Team caucus**
6:00 - 7:15 pm	**Meeting with the Dean**
	Strengths and challenges of the school *Reflections on changes since the last full site visit, including class size expansion, campus development, and clinical partnerships* *Possible topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 1.1 Strategic Planning and Continuous Quality Improvement* • *Element 1.3 Mechanisms for faculty participation* • *Element 1.4 Affiliation agreements* • *Standard 2 Leadership and Administration* • *Element 4.1 Sufficiency of Faculty* • *Element 5.1 Adequacy of financial resources* • *Element 5.2 Dean's Authority/resources for curriculum management* • *Element 5.5 Resources for clinical instruction*

Monday (*Month/Day/Year*)	
Note: All sessions to be video conferenced as needed for other campuses	
8:00 am	**Meeting with senior education leadership (e.g., vice/associate deans/assistant and regional deans if operating other campuses).** *Potential topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 2.1 Senior leadership, senior administrative staff and faculty appointments* • *Element 2.3 Access and authority of the dean* • *Element 2.4 Sufficiency of the dean's administrative staff* • *Element 2.5 Responsibility of and to the dean (several campuses)* • *Element 2.6 Functional integration of faculty (several campuses)* • *Element 4.1 Sufficiency of Faculty* • *Element 1.3 Mechanisms for faculty participation* • *Element 9.1 Preparation of resident and non-faculty instructors* • *Element 5.2 Dean's Authority/Resources for Curriculum Management* • *Element 1.2 Conflict of interest policies* • *Element 1.5 Bylaws*
9:00-11:00 am	**Meeting with the Undergraduate Dean, Curriculum management leadership, e.g., Chairs of the curriculum committee and its subcommittees (program evaluation, student assessment); Chairs/Directors Pre-clerkship (overall) and Clerkship (overall, e.g. year 3 and year 4)** • *Standard 6 Competencies, Curricular Objectives, and Curricular Design (not including 6.6 Service learning)* • *Standard 7 Curricular Content* • *Standard 8 Curriculum Management, Evaluation, and Enhancement* • *Element 5.2 Dean's Authority/Resources for Curriculum Management* • *Standard 9 Teaching, Supervision, Assessment, and Student and Patient Safety*

	• *Element 12.5 Non-involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records*
11:00 – 12:00 noon	**Student led tour of educational and support facilities (library, study space, lounge, storage space, clinical skills teaching and assessment)** *Potential topics to be reviewed include the following and any issues arising from the MSS, ISA or DCI:* • *Element 5.4 Sufficiency of Buildings and Equipment* • *Element 5.8 Library resources/staff* • *Element 5.7 Security, student safety and disaster preparedness* • *Element 5.9 Information technology resources/staff* • *Element 5.11 Study/Lounge/Storage Space*
12:00 noon -1:30 pm	**Lunch with pre-clerkship students** *Potential topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 2.4 Responsiveness of Academic and Student Affairs deans/staff* • *Element 3.5 Learning environment* • *Element 3.6 Student mistreatment* • *Element 5.7 Security, student safety and disaster preparedness* • *Element 12.8 Student exposure policies and procedures* • *Element 8.4 Program evaluation and Element 8.5 Use of student evaluation data for program improvement as it relates to CQI and responsiveness to student feedback, Element 6.1 Program and learning objectives* • *Element 6.5 Elective opportunities* • *Element 11.3 Oversight of extramural electives* • *Element 9.5 Narrative assessment* • *Element 9.7 Timely formative assessment and feedback* • *Element 9.8 Fair and timely summative assessment* • *Element 11.1 Academic advising* • *Element 11.2 Career advising* • *Element 11.6 Student access to educational records* • *Element 12.1 Financial aid/debt management counseling/student educational debt* • *Element 12.3 Personal counseling/well-being programs* • *Element 12.4 Student access to health care services* • *Element 12.6 Student access to health and disability insurance*
1:30-2:30 pm	**Meeting with directors of required learning experiences Years 1 and 2 (Pre-clerkship)** Team A Year 1; Team B Year 2 *Potential Topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 5.4 Sufficiency of buildings and equipment* • *Element 5.8 Library resources/staff* • *Element 5.9 Information technology resources/staff* • *Element 6.1 Program and learning objectives* • *Element 6.3 Self-directed and life-long learning* • *Element 7.9 Interprofessional collaborative skills* • *Element 8.1 Curriculum management*

	Element 8.3 Curriculum design, review, revision/content monitoring *Element 8.4 Program evaluation and 8.5 Use of student evaluation data as it relates to CQI* *Element 8.7 Comparability of education/assessment* *Element 4.4 Feedback to faculty* *Element 8.8 Monitoring time spent in educational and clinical activities* *Element 9.1 Preparation of residents and non-faculty instructors* *Element 9.4 Assessment system* *Element 9.5 Narrative assessment* *Element 9.7 Timely formative assessment and feedback* *Element 9.8 Timely summative assessment* *Element 11.1 Academic advising* *Element 3.6 Student mistreatment*
2:30	**Health Break**
2:45-3:45 pm	**Directors of required learning experiences Years 3 and 4 (Clerkship)** Team A: half of group of directors / Team B: half of group of directors *Potential topics include the following and any issues arising from the MSS, ISA or DCI* *Element 3.1 Resident participation in medical student education* *Element 3.5 Learning environment/professionalism* *Element 3.6 Student mistreatment* *Element 9.1 Preparation of resident and non-faculty instructors* *Element 6.1 Program and learning objectives* *Element 6.2 Required clinical learning experiences* *Element 8.6 Monitoring of completion of required clinical learning experiences* *Element 5.5 Adequacy of resources for clinical instructions* *Element 5.6 Clinical instructional facilities/information resources* *Element 5.7 Security, student safety and disaster planning* *Element 5.8 Library resources/staff* *Element 5.9 Information technology resources/staff* *Element 7.9 Interprofessional collaborative skills* *Element 8.1 Curriculum management* *Element 8.3 Curriculum design, review, revision/content monitoring* *Element 8.4 Program evaluation and 8.5 Use of student evaluation data as it relates to CQI* *Element 4.4 Feedback to faculty* *Element 8.7 Comparability of education/assessment* *Element 8.8 Monitoring of time spent in educational and clinical activities* *Element 9.3 Clinical supervision/Element 4.3 Faculty appointments/Element 4.4 Feedback to Faculty* *Element 9.4 Assessment system* *Element 9.5 Narrative assessment* *Element 9.7 Timely formative assessment and feedback* *Element 9.8 Timely summative assessment* *Element 11.1 Academic advising*
3:45-4:45 pm	**Meeting with Basic Science and Clinical Science Chairs** Team A Basic Science Chairs/Team B Clinical Science Chairs

	Potential Topics include the following and any issues arising from the ISA, MSS or DCI: • *Standard 4 Faculty preparation, productivity, participation and policies* • *Element 5.2 Dean's authority/resources for curriculum management* • *Element 3.1 Resident participation in medical student education* • *Element 9.1 Preparation of residents and non-faculty instructors* • *Element 9.2 Faculty appointments* • *Element 9.3 Clinical supervision of medical students* • *Element 1.3 Mechanisms for faculty participation* • *Element 3.3 Diversity Programs and Partnerships*
4:45 pm	**Team returns to the hotel**
Tuesday (*Month/Day/Year***)** **Day for visit to another campus** Note: If the medical school has one other campus requiring a visit, half the team will remain at the main campus and conduct the interviews listed below. See last page of this appendix for suggested schedule for visiting other campus. If more than one other campus must be visited, the Tuesday schedule should be conducted with the entire team and an additional day added to review the other campuses.	
8:00-9:00 am	**Institutional Faculty Issues- Meeting with senior education and academic leaders with responsibility for faculty affairs, faculty development, research and scholarly activities, service-learning and opportunities for students to engage in these activities. Preparation and support of residents for teaching** *Potential topics include the following and any issues arising from the MSS, the ISA or DCI:* • *Element 4.1 Sufficiency of faculty* • *Element 4.2 Scholarly productivity* • *Element 3.2 Community of Scholars/Research opportunities* • *Element 6.6 Service-learning* • *Element 4.3 Faculty appointment policies* • *Element 9.2 Faculty appointments* • *Element 4.4 Feedback to faculty* • *Element 4.5 Faculty professional development* • *Element 9.1 Preparation of residents and non-faculty instructors* • *Element 6.7 Academic environments* • *Element 1.3 Mechanisms for faculty participation*
9:00-10:00 am	**Resources for clinical education and the learning environment.** **Clinical affiliates, UGME and PGME deans, student affairs and other administrators or individuals in leadership roles relevant to the topics.** *Potential Topics include the following and any issues arising from the MSS, the ISA or DCI:* • *Element 1.4 Affiliation agreements* • *Element 5.5 Resources for clinical instruction* • *Element 5.6 Clinical instructional facilities/information resources* • *Element 5.7 Security, student safety and disaster preparedness* • *Element 5.11 Study, lounge, storage space, call rooms* • *Element 3.4 Antidiscrimination* • *Element 3.5 Learning Environment* • *Element 3.6 Student mistreatment*

10:00	**Break**
10:15 – 10:45 am	**Meeting with medical school administrators responsible for financial management (e.g., chief financial officer, director of operating budgets) and medical school leadership involved in financial matters.** *Topics include the following and any issues arising from the MSS, the ISA or the DCI:* • *Element 5.1 Adequacy of financial resources* • *Element 5.2 Dean's authority/resources for curriculum management* • *Element 5.3 Pressures for self-financing*
10:45 – 11:15 am	**Meeting with medical school administrators responsible for facilities operations including study space, lounge, and storage (lockers), security, safety, library and information technology (including AV-IT), online educational resources for students** *Potential Topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 5.4 Sufficiency of buildings and equipment* • *Element 5.7 Security, student safety, and disaster preparedness* • *Element 5.8 Library resources/Staff* • *Element 5.9 Information Technology Resources/Staff* • *Element 5.10 Resources used by transfer/visiting students* • *Element 5.11 Study/lounge/storage/call rooms (not call rooms at this session)*
11:15 am – 12:15 pm	**Meeting with medical school leaders responsible for admissions (e.g., associate/assistant dean admissions), academic counseling, career advising, electives approval and educational records.** *Potential Topics include the following and any issues arising from the MSS, ISA or DCI:* • *Standard 10 Medical Student Selection, Assignment, and Progress* • *Standard 11 Medical student academic support, career advising and educational records*
12:15 – 1:45 pm	**Lunch with clerkship students** *Potential topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 2.4 Sufficiency of dean's administrative staff (Responsiveness of Academic and Student Affairs deans/staff)* • *Element 3.5 Learning environment* • *Element 3.6 Student mistreatment* • *Element 5.7 Security, student safety and disaster preparedness* • *Element 5.11 Study, lounge, storage space, call rooms* • *Element 12.8 Student exposure policies and procedures* • *Element 8.4 Program evaluation and Element 8.5 Use of student evaluation data in program improvement as it relates to CQI.* • *Element 8.8 Monitoring of time spent in educational and clinical activities* • *Element 6.1 Program and learning objectives* • *Element 6.5 Elective opportunities* • *Element 11.3 Oversight of extramural electives* • *Element 9.5 Narrative assessment* • *Element 9.7 Timely formative assessment and feedback* • *Element 9.8 Fair and timely summative assessment* • *Element 11.1 Academic advising*

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	• *Element 11.2 Career advising* • *Element 11.6 Student access to educational records* • *Element 12.1 Financial aid/debt management counseling/student educational debt* • *Element 12.3 Personal counseling/well-being programs* • *Element 12.4 Student access to health care services* • *Element 12.6 Student access to health and disability insurance*
1:45 – 2:45 pm	**Meeting with individuals in the medical school with responsibility for the listed topics (e.g., financial aid officer, associate dean/director student affairs, director wellness office).** *Potential topics include the following and any issues arising from the MSS, the ISA or the DCI:* • *Element 12.1 Financial aid/debt management counseling/student educational debt* • *Element 12.2 Tuition refund policy* • *Element 12.3 Student Counseling/Well-Being Programs* • *Element 12.4 Student Access to Health Care Services* • *Element 12.5 Non-involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records* • *Element 12.6 Student Access to Health and Disability Insurance* • *Element 12.7 Immunization Guidelines* • *Element 12.8 Student Exposure Policies/Procedures*
2:45 pm	**Health Break**
3:00 – 4:00 pm	**Diversity and Learning Environment- Meeting with senior medical school leaders responsible for the topics, e.g., director/associate or assistant dean diversity; equity; student affairs** *Potential topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 3.3 Diversity, Pipeline programs and partnerships- students, faculty and academic and educational leadership* • *Element 3.4 Anti-discrimination policy* • *Element 3.5 Learning environment/professionalism* • *Element 3.6 Student mistreatment* • *Element 3.1 Participation of residents in medical student education*
4:00 – 5:00 pm	**Hospital tour –f ocus on sites identified as problematic in MSS, ISA or DCI** • *Element 5.6 Clinical Instructional Facilities/Informational Resources* • *Element 5.7 Security, student safety and disaster preparedness* • *Element 5.11 Study, lounge, storage space, call rooms*
5:00 pm	**Team returns to the hotel**
Wednesday (*Month/Day/Year*)	
8:00 – 9:00 am	**Meeting with junior faculty**

	Potential topics include the following and any issues arising from the MSS, the ISA or the DCI: • *Element 4.5 Faculty professional development* • *Element 4.4 Feedback to faculty* • *Element 4.3 Faculty appointment policies* • *Element 4.2 Scholarly productivity* • *Element 1.3 Mechanisms for faculty participation* • *Element 3.3 Diversity, pipeline programs and partnerships - as it pertains to faculty and academic and education leadership positions*
9:00 -10:00 am	**Reserved for recall of specific individuals or groups or team work**
10:00 am	**Team finalizes report**
11:00 am	**Lunch and team continues work**
12 noon	**Exit report to dean**
12:20 pm	**Exit report to university leadership**
12:45 pm	**Team departs**
Tuesday (*Month/Day/Year*) Several campuses visit schedule Note: Travel to the campus on the previous evening or early morning on the day of the campus visit.	
9:15 am	**Meeting with senior education leadership (e.g., regional dean, vice/associate deans/assistant and university leadership as appropriate e.g., provost) and leadership of major clinical affiliates.** **Adequacy of resources for medical student education- facilities, clinical resources, faculty, library, and information technology** *Potential topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 2.1 Senior leadership, senior administrative staff and faculty appointments* • *Element 2.3 Access and authority of the dean* • *Element 2.4 Sufficiency of the dean's administrative staff* • *Element 2.5 Responsibility of and to the dean (several campuses)* • *Element 2.6 Functional integration of faculty (several campuses)* • *Element 1.4 Affiliation agreements* • *Element 3.5 Learning environment/professionalism* • *Element 3.6 Student mistreatment* • *Element 4.1 Sufficiency of Faculty* • *Element 1.3 Mechanisms for faculty participation* • *Element 9.1 Preparation of resident and non-faculty instructors* • *Element 5.2 Dean's Authority/Resources for Curriculum Management* • *Element 5.4 Sufficiency of buildings and equipment* • *Element 5.5 Resources for clinical instruction* • *Element 5.6 Clinical instructional facilities/information resources* • *Element 5.7 Security, student safety, and disaster preparedness* • *Element 5.8 Library resources/Staff*

	• *Element 5.9 Information Technology Resources/Staff* • *Element 5.11 Study/lounge/storage/call rooms*
10:15	**Health Break**
10:30	**Meeting with Directors of all required learning experiences** *Potential topics include the following and any issues arising from the MSS, ISA or DCI:* • *Element 3.1 Resident participation in medical student education* • *Element 3.5 Learning environment/professionalism* • *Element 3.6 Student mistreatment* • *Element 9.1 Preparation of resident and non-faculty instructors* • *Element 6.1 Program and learning objectives* • *Element 6.2 Required clinical learning experiences* • *Element 8.6 Monitoring of completion of required clinical learning experiences* • *Element 5.4 Sufficiency of buildings and equipment* • *Element 5.5 Adequacy of resources for clinical instruction* • *Element 5.6 Clinical instructional facilities/information resources* • *Element 5.7 Security, student safety and disaster planning* • *Element 5.8 Library resources/staff* • *Element 5.9 Information technology resources/staff* • *Element 7.9 Interprofessional collaborative skills* • *Element 8.1 Curriculum management* • *Element 8.3 Curriculum design, review, revision/content monitoring* • *Element 8.4 Program evaluation and 8.5 Use of student evaluation data as it relates to CQI* • *Element 4.4 Feedback to faculty* • *Element 8.7 Comparability of education/assessment* • *Element 8.8 Monitoring of time spent in educational and clinical activities* • *Element 9.3 Clinical supervision/Element 4.3 Faculty appointments/Element 4.4 Feedback to Faculty* • *Element 9.4 Assessment system* • *Element 9.5 Narrative assessment* • *Element 9.7 Timely formative assessment and feedback* • *Element 9.8 Timely summative assessment*
11:30	**Student led tour of educational and support facilities (library, study space, lounge, storage space, clinical skills teaching and assessment)** *Potential topics to be reviewed include the following and any issues arising from the MSS, ISA or DCI:* • *Element 5.4 Sufficiency of Buildings and Equipment* • *Element 5.8 Library resources/staff* • *Element 5.7 Security, student safety and disaster preparedness* • *Element 5.9 Information technology resources/staff* • *Element 5.11 Study/Lounge/Storage Space*
12:15	**Lunch with medical students all years** *Potential topics include the following and any issues arising from the MSS, ISA or DCI:*

	• *Element 2.4 Responsiveness of Academic and Student Affairs deans* • *Element 3.5 Learning environment* • *Element 3.6 Student mistreatment* • *Element 5.7 Security, student safety and disaster preparedness* • *Element 5.11 Study, lounge, storage space, call rooms* • *Element 12.8 Student exposure policies and procedures* • *Element 8.4 Program evaluation and Element 8.5 Use of student evaluation data for program improvement as it relates to CQI and responsiveness to student feedback* • *Element 8.8 Monitoring time spent in educational and clinical activities* • *Element 6.1 Program and learning objectives* • *Element 6.5 Elective opportunities* • *Element 11.3 Oversight of extramural electives* • *Element 9.5 Narrative assessment* • *Element 9.7 Timely formative assessment and feedback* • *Element 9.8 Fair and timely summative assessment* • *Element 11.1 Academic advising* • *Element 11.2 Career advising* • *Element 11.6 Student access to educational records* • *Element 12.1 Financial aid/debt management counseling/student educational debt* • *Element 12.3 Personal counseling/well-being programs* • *Element 12.4 Student access to health care services* • *Element 12.6 Student access to health and disability insurance*
13:45	**Meeting with individuals providing support to students, residents and faculty at the campus (e.g., director of faculty development, assistant dean/director student affairs, financial aid officer)** *Potential topics include the following and any issues arising from the MSS, the ISA or DCI:* • *Element 3.2 Community of Scholars/Research opportunities* • *Element 6.6 Service-learning* • *Element 4.4 Feedback to faculty* • *Element 4.5 Faculty professional development* • *Element 9.1 Preparation of residents and non-faculty instructors* • *Element 10.11 Student assignment* • *Element 11.1 Academic advising* • *Element 11.2 Career advising* • *Element 11.3 Oversight of extramural electives* • *Element 11.5 Confidentiality of student educational records* • *Element 11.6 Student access to educational records* • *Element 12.1 Financial aid/debt management counseling/student educational debt* • *Element 12.3 Student Counseling/Well-Being Programs* • *Element 12.4 Student Access to Health Care Services* • *Element 12.5 Non-involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records* • *Element 12.6 Student Access to Health and Disability Insurance*

	• *Element 12.7 Immunization requirements and monitoring* • *Element 12.8 Student Exposure policies/Procedures*
14:45	**Health break**
15:00	**Tour of a major clinical teaching site or focused on facilities raised as a problem in the MSS, ISA or DCI**
16:30	**Return to main campus**

APPENDIX B
SITE VISIT TEAM MEMBER DUTIES

DUTIES OF THE TEAM CHAIR

Overview. The team Chair serves as the leader of the team's activities on site and speaks for the team during the visit. Like any other team member, the Chair will evaluate the elements to which he or she has been assigned prior to the visit and contribute to the preliminary list of findings prior to the site visit. During the visit, the team Chair should see that the team paces its work, consolidating its observations and findings at the end of each day so that the team's findings related to the evaluation of the accreditation elements are refined each evening. The Chair should ensure that individual team members are introduced at meetings with various groups and that the purpose and focus of the accreditation visit are stated briefly. The team Chair will read the team's findings at the exit conference and provide a copy of the findings to the dean.

Preparation Before the Visit

Review of Pre-visit Materials and Evaluation of Elements. The team Chair should, as soon as possible, review the entire MSS report, the DCI, and the ISA. Elements identified as potentially unsatisfactory or satisfactory with a need for monitoring should be communicated to the team secretary before the visit begins so that they can be compiled into a preliminary set of summary findings to be discussed at the initial team caucus. The Chair should also note any elements for which additional information is needed and should communicate these to the team secretary. Like any other team member, the Chair will complete the element evaluation forms for the elements assigned to him or her. The Chair will send the summary of findings for any elements rated as satisfactory with a need for monitoring or unsatisfactory to the team secretary for inclusion in the preliminary team findings at least one week prior to the initial team caucus at the beginning of the site visit.

The Site Visit Schedule. The team Chair should consult with the team secretary prior to the visit about the organization of the site visit and development of the visit schedule. The team Chair should review the draft schedule with the team secretary to ensure that all relevant issues related to the accreditation elements are appropriately explored during the visit.

During the Visit.

The Chair will lead the discussion at the entrance and exit conferences, introduce the team and explain purpose of the visit at each session. When the team is divided into groups during the visit, the Chair should lead one group and the secretary the other.

The Exit Conference. The team Chair will share the team's findings and positive observations at the exit conference. The findings will be organized according to the elements of the CACMS Standards and Elements. The team meets with the dean and any other individuals of his or her choosing. If the dean agrees, the university president or delegate may also attend this session. If not, a second conference following the exit conference with the dean will be held at which the university chief executive joins the dean. The conduct of both sessions will be the same. The points to be addressed in the exit conference can be found in Appendix D of this guide. The Chair will provide a copy of the team's Summary of Findings (not associated with ratings of elements) and positive observations to the dean during the exit conference. The Chair will advise the dean and the university chief executive that the team findings are subject to review and may be modified before the site visit report is finalized, and are subject to changes by the CACMS. With the exception of answering questions about the process leading to the final site visit report, no other questions can be answered by the team e.g., speculation about the decisions that may be made by the CACMS regarding compliance with standards, the accreditation status of the medical school or any required follow-up. Lastly the team should not engage in debate about ratings assigned to any of the elements.

The Site Visit Report. The team Chair, like any other team member, is responsible for completing the element

evaluation forms for his or her assigned elements. The team Chair should carefully review the draft site visit report to confirm that the summary findings are sufficiently documented and supported in the element evaluation forms and appendices and that the report is of high quality and complete.

The Chair will work with the team secretary to determine what revisions to the draft site visit report should be made based on the feedback provided by the CACMS Secretariat.

If the dean has concerns about the tone or accuracy of the draft site visit report, the team secretary should review the concerns with the team Chair and other team members as needed. The Chair and secretary will revise the draft site visit report as they deem appropriate based on the information provided by the dean. The Chair will review the final site visit report before it is submitted to the CACMS Secretariat.

DUTIES OF THE TEAM SECRETARY

Mentoring the Team
The team secretary generally is the most experienced member on the team and as such will serve to mentor all team members in particular those with limited or no prior experience including the chair. The secretary should set expectations and provide feedback to members as needed before, during and after the visit.

Before the Visit

- **Pre-visit Materials.** The team secretary reviews all of the pre-visit materials for completeness. If important omissions are discovered, the team secretary asks the school's faculty accreditation lead to supply the missing information. The team secretary works with the faculty accreditation lead to obtain missing or additional information requested by team members.

- **Initial Contact with the School.** Immediately after receipt of the pre-visit material, the team secretary should contact the school's faculty accreditation lead to discuss the visit logistics.

- **Site Visit Schedule.** The team secretary works with the faculty accreditation lead to develop a draft schedule soon after reviewing the pre-visit materials. The team secretary should be familiar with the DCI, MSS report and the ISA and the school's accreditation history since the previous full site visit. Early study of the pre-visit materials will assist in modifying the sample schedule outlined in the "Model Schedule for Full Accreditation Site Visits" (Appendix C) included in this document. Schools with several campuses may require a longer visit than the model schedule indicates; in this event, the team secretary should consider splitting the team. The team secretary will review the draft schedule with the team Chair, who may wish to propose changes to reflect areas of emphasis during the site visit.

- **Hotel Reservations.** The site visit team secretary will confirm that the site visit coordinator has booked accommodation for each member of the team, with all reservations guaranteed for late arrival. A suite for the Chair (or a meeting room) must be reserved for daily team meetings. The hotel will have been instructed to send reservation confirmations directly to each team member. Any questions or concerns about the appropriateness of accommodation costs should be conveyed to the CACMS Secretariat for resolution early in the planning of the site visit.

- **Ground Transportation.** The school's site visit coordinator will arrange for the team's transportation during the visit, including transportation between the hotel and the campus each day. The team secretary will ask team members for their travel itineraries. After reviewing the team members' travel arrangements, it may be possible to arrange for group transportation to or from the airport.

- **Logistics.** The team secretary will contact the members of the team soon after receiving the pre-visit materials

to inform them about arrival and departure times, accommodations, element assignments, and any other preparations required for the site visit. The team secretary will ensure that members have received their hotel confirmations.

It is also helpful to know team members and their cell phone numbers. The team secretary will provide his or her telephone number and e-mail address to the team members and communicate any special travel instructions or arrangements necessary for reaching the hotel. The team secretary will also coordinate the activities of any observer.

- **Element Evaluation Assignments.** The team secretary, in consultation with the chair, will assign elements to each team member including the chair and secretary. A suggested template for element assignments can be found in Appendix E.

  It will be necessary to divide the team into two groups (Team A and Team B) at certain times during the visit in order to cover all of the accreditation elements. Each group will be led either by the team chair or secretary. Assignment of elements must take into account the splits in team meetings to ensure that a team member is not assigned any elements for which he or she will not be present at a session. If need be, the team secretary will ensure that a team member is designated to cover any elements assigned to a team member not in the room.

- **Element Evaluations.** The team secretary, like any other team member, is expected to review in detail the MSS element evaluations, the DCI, and the ISA and complete the element evaluation forms for his or her assigned elements prior to the visit.

- **Preliminary Findings.** The team secretary will ask all team members to review and analyze the MSS Element Evaluation forms, and the DCI data, narrative responses and appendices and to complete the evaluation forms for their assigned elements prior to the site visit. The questions from the AFMC Graduation Questionnaire (AFMC GQ) and the ISA pertaining to a specific element are provided in the DCI for that element. The team secretary should instruct team members to read the ISA to identify concerns of the students that are relevant to their assigned elements. At least one week before the initial team caucus, the secretary will gather from team members a list of elements with a preliminary rating of unsatisfactory or satisfactory with a need for monitoring and the associated findings. The secretary will create a preliminary element rating summary table and a preliminary list of findings.

- **Work with Faculty Fellows and Inexperienced Team Members**. The teams for full accreditation visits usually include a CACMS Faculty Fellow or others who may be new to the role of team member. The team secretary should contact such members prior to the visit to provide a briefing about expectations and assignments. Inexperienced members should be informed about relevant materials to bring along to the visit. Faculty fellows and new team members will be responsible for evaluating elements contributing to the decision-making process. During the visit, the team secretary should provide mentoring and constructive feedback.

During the Visit

- **Developing Site Visit Team Findings.** The team secretary is responsible for ensuring that the team evaluates each element. The team secretary also compiles, revises and updates the team's summary findings and element rating summary table at the end of each day. The secretary compiles a list of positive team observations. The findings and positive observations will form the content of the exit conferences.

- **Contacting the CACMS Secretariat.** Any problems arising before, during and after the visit that cannot be resolved by the team Chair and secretary, should be communicated immediately to the CACMS Secretariat by phone or e-mail.

After the Visit

- **Developing the Site Visit Report.** The team secretary will instruct team members to finalize their element evaluation forms during the visit or within 7 to 10 days following the visit. If needed, the team secretary will create a supplemental appendix comprised of materials received during the visit and necessary to substantiate the team's ratings and findings. A table showing the timetable for completing the site visit report can be found in Appendix B of this document.

  The team secretary will send the initial site visit report and accompanying appendices to the CACMS Secretariat within three weeks of the conclusion of the visit. After receiving comments from the CACMS Secretariat and making needed changes, the team secretary will submit a final draft to the CACMS Secretariat who will forward to the medical school dean. The subsequent review of the draft site visit report by the dean is described earlier in this document

  If the dean finds errors of fact in the draft report or has concerns about the report's tone, the team secretary will review the issues with the team chair and other team members as needed. After considering the concerns of the dean, the team secretary in consultation with the chair will finalize the report and send it to the CACMS Secretariat.

DUTIES OF SITE VISIT TEAM MEMBERS

Logistics. The team secretary will provide information to team members about the hotel arrangements, visit schedule, and element evaluation assignments. It is expected that team members will arrive on time for the team caucus and entrance conference with the dean, and they will remain through the exit conferences with the dean and university chief executive on the last day of the site visit. Team members are also expected to have dinner with the team commencing Sunday evening through the evening of the day preceding the exit conference(s).

Before the Visit

- **Review of Pre-visit Materials and Evaluation of Elements.** Each team member will review and analyze the MSS Element Evaluation form, and the DCI data, and complete the evaluation forms for their assigned elements **prior to the visit.** The questions from the AFMC Graduation Questionnaire (AFMC GQ) and the ISA pertaining to a specific element are provided in the DCI for that element. Team members should also read the ISA to identify concerns of the students that are relevant to their assigned elements.

  If omissions or inconsistencies are noted, team members must inform the team secretary to request additional information from the school before the visit. Team members will not communicate directly with the school for any reason. Team members will send a list of elements with a preliminary rating of Unsatisfactory or Satisfactory requiring monitoring and the associated findings to the team secretary **at least one week before the initial team caucus.**

- **Team Caucus/Entrance Conference.** The team will convene before meeting the dean on the first evening of the visit to make any adjustments in the schedule, confirm responsibilities and review ground rules and timelines, and prioritize areas needing particular attention over the course of the visit (e.g., potential elements that are unsatisfactory or satisfactory with a need for monitoring).

Main Responsibilities During and After the Visit. All team members (includes the Chair and the secretary) are expected to:

- Interact with other team members and school representatives in a professional manner
- Prepare for and participate in the site visit sessions in particular for their assigned elements

- Revise and refine the element evaluation forms and list of findings for all assigned elements based on new information provided by the school and/or discussions with relevant individuals during the visit
- Ensure that new information provided by the school is given to the team secretary
- Contribute to team deliberations to reach consensus on all accreditation elements not only their assigned elements
- Contribute to the development of the summary of findings for all elements rated as satisfactory with a need for monitoring and unsatisfactory
- Contribute to the team's positive observations
- Provide the team secretary with the final evaluation forms for their assigned elements either at the conclusion of the visit or within seven to ten days thereafter
- Promptly review and correct any errors in the draft site visit report compiled by the team secretary
- Respond to requests from the team secretary to revise assigned element evaluations following reviews by the CACMS Secretariat and the medical school dean prior to the finalization of the site visit report.

APPENDIX A
TYPICAL TIMELINE FOR A CACMS FULL ACCREDITATION SITE VISIT

Months/weeks -/+ Visit	Activities
-18-24 months	CACMS Secretariat establishes visit dates with the medical school dean. A committee of students responsible for the Independent Student Analysis (ISA) is formed and begins drafting questions for the ISA survey of the student body.
-15 months	ISA survey is distributed to the student body. Note that data from the ISA survey are needed for completion of the DCI, so the survey should be timed accordingly.
-18-24 months	The CACMS Secretariat publishes the DCI on the CACMS webpage. Dean designates the school's core visit personnel and notifies the CACMS using the form provided by the CACMS Secretariat The faculty accreditation lead initiates data collection activities.
-15/-12 months	School appoints members of the Medical School Self-Study (MSS) committee. The committee establishes its objectives, scope of study, and methods of data collection, and establishes various subcommittees. The students charged with conducting the ISA provide survey data to the faculty accreditation lead and begin independent analysis of the data. Various individuals or groups begin responding to questions in the DCI.
-12/-6 months	Students provide the final ISA to the faculty accreditation lead. Faculty accreditation lead distributes the ISA report and completed DCI sections to the self-study task force and appropriate subcommittees. Subcommittees review and analyze the relevant sections and prepare reports that are forwarded to the task force. If not begun already, action should be taken to correct issues identified by the various subcommittees.
-4/-3 months	The CACMS Secretariat sends the faculty accreditation lead instructions for the visit and a final list of visiting team members is sent to the dean. The faculty accreditation lead reviews the DCI, self-study summary report, and other required documents and makes any required updates/corrections.
-3 months	The final accreditation package, consisting of the DCI and supporting documentation, the ISA report, and the MSS report is submitted according to the instructions available on the CACMS webpage.
-3/2.5 months	Shortly after receiving the school's accreditation materials, the secretary of the visiting team will contact the faculty accreditation lead to begin work on the visit schedule and will contact the staff visit coordinator to discuss logistical planning. The faculty accreditation lead drafts a visit schedule based on the sample visit template in this document and sends it to the team secretary for review. Based on initial review of the accreditation package, the team secretary may request additional information/materials and/or that additional sessions with specific faculty or staff be added to the schedule.

-2 month	If necessary, corrections and/or updates to the DCI are bundled and sent to the visiting team secretary following the procedures outlined on the CACMS webpage The team secretary and school finalize the visit schedule.
-1 month	If necessary, a final set of bundled corrections and/or updates to the DCI are sent to the visiting team secretary following the procedures outlined on the CACMS webpage
0	Team visits the school. The visit exit conference is conducted. The faculty accreditation lead submits one bundled update to the CACMS Secretariat containing any supplementary material provided to the team before or during the visit, and any corrections or updates provided to the team after the initial submission (at -3 months). This includes updates/corrections made at the time of the visit. These are submitted electronically on a USB memory stick sent to the CACMS Secretariat by mail.
+1/+2 weeks	The team secretary sends a first draft of the report to the CACMS Secretariat for review; Secretariat feedback is incorporated as seen fit by the team into a second draft, which is sent to the dean for review.
+2-4 weeks	The dean provides feedback within 10 business days; feedback is incorporated into the final report at the discretion of the team secretary and chair.
+4-6 weeks	The report is finalized. The team secretary sends the final report to the CACMS Secretariat. The Secretariat sends final report to the dean and circulates it to CACMS members for review prior to the next CACMS meeting.
+2-4 months	The CACMS determines an accreditation decision at its next regularly scheduled meeting (January/May/September). CACMS decision is reviewed by LCME at its next meeting. Final joint decision is rendered.
Within 30 days of LCME meeting	The university president/chief executive and medical school dean are sent copies of the final report and are notified, in writing, of the final decision regarding accreditation status and any required follow-up.

APPENDIX D
POINTS TO BE ADDRESSED IN THE EXIT CONFERENCE

An exit statement template is provided below. The template does not have to be strictly followed **as long as the components outlined below are addressed.** The dean should be provided with a list of the findings)not associated with ratings of the elements) and positive observations at the beginning of the exit conference.

Components to include in exit conference:

1. Acknowlegements and expressions of appreciation
2. The Chair presents the team's findings (elements found to be Unsatisfactory or Satisfactory with a need for monitoring), listed in order of the elements. The findings are listed but the rating of the corresponding element is not provided at this time as it may change as the team writes its report.
3. The Chair presents the team's positive observations (e.g., commitment of the faculty to teaching, relationship of the dean and the clinical affiliates, and practices and outcomes achieved by the school that are worthy of emulation). The positive observations do not need to be linked to specific elements. There may not be any positive observations.
4. There can be no discussion or debate about the team findings.
5. The team will recommend a decision for each element in the site visit report but does not recommend a compliance status for standards.
6. CACMS renders final decisions about satisfaction with each element and compliance status with standards.
7. CACMS and LCME make final decisions about accreditation status and required follow-up.
8. A draft report will be forwarded to the dean; the dean will have an opportunity to address factual errors and the tone of the report.

The Chair can clarify the subsequent steps but should not engage in conversations about what the accreditation committees are likely to do with respect to accreditation status or follow-up.

The dean can decide to have one exit session which the university chief executive also attends or two i.e. one with the dean with or without individuals of his or her choosing, and another one with the university chief executive with the dean.

CACMS
CAFMC

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

Exit Conference Template

During this site visit, team members assessed the medical education program at the [name of the medical school] using the relevant standards outlined in the *CACMS Standards and Elements* for medical schools. The purpose of this exit conference is to report the preliminary team's findings to you.

The site visit team makes decisions about the extent to which, in its professional judgement, the requirements of the elements of the CACMS accreditation standards are being met by the medical school at the time of the visit. Today you will be provided with the team's findings for elements that are not deemed satisfactory. The ratings will not be provided today but will be provided in the draft site visit report. The CACMS may come to differing conclusions when it reviews the team's report and any related information.

The team does not make recommendations about the extent to which the medical education program is in compliance with the standards, the accreditation status of the program or any required follow-up. These are the purviews of the CACMS and the LCME.

The team expresses its sincere appreciation to [name of the dean] and the staff, faculty, and students of the [name of the medical school] for their many courtesies and accommodations during the visit. [Insert the names of individuals who] merit special recognition and commendation for their thoughtful visit preparations and generous support during the conduct of the visit.

The findings of the team are listed in the Summary of Findings that I gave you. These will be revised during the review process by the CACMS Secretariat and after you and your school have the opportunity to review the draft site visit report. In addition, the CACMS may change the rating assigned to an element, delete a finding, or add new findings based on its review of the site visit report. I will now share the summary of our findings.

Site Visit Team Summary of Finding
(See Site Visit Report Guide Evaluation of Elements Section D regarding how to phrase Element Findings)

Examples:

Finding: Faculty members in the departments of Internal medicine and surgery do not receive regularly scheduled and timely feedback from departmental and/or medical education program or university leaders on his or her academic performance and progress toward promotion and, when applicable, tenure at each campus.

Finding: The medical school recently implemented a new system to ensure that:
Formal feedback occurs at least at the mid-point of each required learning experience <u>an</u>d formal feedback occurs approximately every six weeks for required learning experiences that are semester or year-long (e.g., longitudinal integrated clerkship). The school provided evidence that the system has been effective for the last 6 months".

Positive observations:

The team was impressed with…

Next steps

The team secretary will draft a site visit report that includes all the element rating forms and documentation to support those ratings. You will have <u>ten</u> working days to review this draft and provide feedback on factual errors and concerns about the tone of the report prior to its submission to the CACMS. The details of this process are summarized in the *CACMS Rules of Procedure*.

The team will then finalize the site visit report. After reviewing the final report if you have no remaining concerns about the <u>process of this visit</u> or <u>tone of the report</u>, you are asked to inform the CACMS Secretariat team in a letter/email within ten working days.

If you have any remaining concerns about the <u>process of this site visit</u> or the <u>tone of the report</u> you may write a letter to the CACMS Secretariat, as explained in the *CACMS Rules of Procedure*.

Once the CACMS and the LCME have made their determinations, you will receive a copy of the final report, along with a letter of accreditation that specifies the accreditation status of the medical education program and any required follow-up.

[This concludes the Exit Session.]

APPENDIX E
TEAM ASSIGNMENT TEMPLATE

(Team assignments take into consideration the possibility of a campus visit where Team A remains at the main campus on the second day of the visit and Team B visits one campus). The team members take primary responsibility for completing their assigned element evaluation forms. All members should contribute to the evaluation of elements (participate in team discussions and serve as a resource to the responsible team member) for the sessions in which they participate even if those elements have not been assigned to them.

Team Members	Team Chair	Team Secretary	Team Member	Team Member	Student Member
	Team A	Team B	Team A	Team B	Team A
Standard #	Standard 1 Standard 2 Standard 4 Standard 5	Comments on the DCI, MSS, ISA Section 11 Curriculum Description Section 12 Comments on Key Parameters Overview Summary Table Element Rating Summary Table Summary of Site Visit Team Findings and positive observations Standard 8 Standard 9	Standard 3 Standard 10 Standard 11	Standard 6 Standard 7	Standard 12

APPENDIX F

Faculty accreditation lead and site visit coordinator designation form

Please complete and email this page to:
Claudine Le Quellec, Accreditation Manager, CACMS Secretariat, Claudine@afmc.ca

Full CACMS site visit of _____
                                                    School name and Faculty

PLEASE IDENTIFY YOUR DESIGNATED "FACULTY ACCREDITATION LEAD"
The Faculty Accreditation Lead* (typically a faculty member/ senior administrator) is the main point of contact with the CACMS Secretariat and the site visit team secretary. He/she oversees the school's institutional self-study process, coordinates data collection for the school's Data Collection Instrument, and develops the visit agenda with the team secretary.

Type full name, title, and <u>complete</u> mailing address for the Faculty Accreditation Lead:

Name:	
Title:	
School:	
Address:	
Phone:	
Email:	
Name of Assistant:	

PLEASE IDENTIFY YOUR DESIGNATED "SITE VISIT COORDINATOR".
The Logistics Coordinator * (typically an experienced staff person) is responsible for the logistics of the site visit visit, including hotel reservations and ground transportation for the team and restaurant recommendations. The Logistics Coordinator often handles the production and transmittal of the completed Data Collection Instrument.

Type full name, title, and <u>complete</u> mailing address for the Logistics Coordinator:

Name:	
Title:	
School:	
Address:	
Phone:	
Email:	
Name of Assistant:	