

**Memorandum of Understanding
on a
Joint Commitment to Medical Education and Accreditation**

Effective Date: September 8, 2017

This Memorandum of Understanding (the “MOU”) is entered into between the American Medical Association (the “AMA”), the Association of American Medical Colleges (the “AAMC”), the Canadian Medical Association (the “CMA”) and the Association of Faculties of Medicine of Canada (the “AFMC”) as of the Effective Date set forth above. This MOU continues the relationship established between the parties herein in a first MOU (September 13, 2013 to September 13, 2016, as extended August 31, 2016 to September 12, 2017), and is to be considered a new MOU. This MOU supersedes and replaces the Memorandum of Understanding executed by the parties effective September 13, 2013. See attached Schedule “1” which forms part of the MOU.

Preamble

The desire to develop and maintain the world’s premier medical education system has forged a unique, valued, and ongoing relationship between Canada and the United States of America. For over a century, our medical education programs have worked to meet national health needs while addressing similar cross-border academic challenges. For nearly fifty years, our accrediting bodies have been working together to ensure that medical school graduates in both Canada and the United States meet their respective national standards for educational quality and that graduates of these programs are prepared for the next stage of their professional training in either country. The working relationships between our organizations are strong, focus on the common theme of quality medical education, and are based on mutual respect. We appreciate the different needs, cultures and perspectives of each country while recognizing that quality educational programs are best assured through the application of high standards and a rigorous accreditation system.

Our commitment to medical education and accreditation has been continuous and significant.

Background

The American Medical Association (AMA, 1846) and the Association of American Medical Colleges (AAMC, 1876) sponsor the Liaison Committee on Medical Education (LCME, 1942). The LCME accredits complete and independent medical education programs delivered in the United States and Canada and offered by institutions that are chartered and located in the United States or Canada.

The Canadian Medical Association (CMA, 1867) and the Association of Canadian Medical Colleges (ACMC, 1947), which later became the Association of Faculties of Medicine of Canada (AFMC, 2004), sponsor the Committee on Accreditation of Canadian Medical Schools (CACMS, 1979).

The CACMS and the LCME jointly accredit complete and independent medical education programs whose students are geographically located in Canada, and which are offered by universities and medical schools that are chartered in Canada. The CACMS and the LCME have historically used the same policies and standards.

Purpose and Scope

We recognize the historical, present, and future value of our close professional and organizational relationships and the need to work together to meet the ongoing challenges facing medical education in Canada and the United States. While we endorse the same high standards for our medical educational programs, we recognize that differences may arise in some aspects to better allow for each country's medical educational programs to meet unique national demands. In this context, and to ensure the quality and substantial equivalency of accreditation standards and processes, it is essential that the LCME and the CACMS continue to work collaboratively at all levels. We therefore commit to ongoing and strategic communication to ensure the continued, dynamic and proactive review of accreditation standards, policies, and outcomes. It is our desire that the close association and collaboration between the Canadian and United States medical communities and our ability to serve the health needs of our nations be enhanced through this commitment.

Principles of Accreditation

To further codify this relationship, Schedule 1, attached to this MOU, titled "Principles of Accreditation", has been prepared and agreed to by the parties.

The CACMS and the LCME policies and processes reflect the six overarching principles outlined in the Principles of Accreditation, as well as the components that are specific to the Canadian and US medical program accreditation. To ensure ongoing enhancements to the accreditation processes, there is continuous operational and strategic communication between the CACMS and the LCME to ensure timely evolution of the policies and processes as outlined in the Principles of Accreditation. A formal review of this MOU, including the Principles of Accreditation as contained in Schedule 1, will occur in two years.

Rule of Construction

This MOU, including Schedule 1, is not intended and shall not be construed to deviate from what is required under the laws or regulations applicable to any party.

Term

This MOU, including Schedule 1, is effective upon execution by all parties. The term of this MOU will be for two years from the date of execution. It will automatically renew for an additional two years, unless the AMA and AAMC, or the CMA and AFMC, give notice to terminate this MOU as specified below.

Termination

If a joint party (CMA and AFMC, or AMA and AAMC) is desirous of terminating this MOU, then the following process will apply:

Written notice to terminate may be submitted in writing by either of the joint parties.

The effective date of termination of this MOU may not be less than eighteen months following the delivery of the written notice to terminate.

Upon submission of notice to terminate, there will be a period of nine months wherein efforts will be made by the parties to address and rectify issues. During this period, all signatories to the MOU and the Affiliation Oversight Committee (as defined in Schedule 1, paragraph 19), will be kept informed as to the progress of the discussion.

Until the expiry of the aforesaid eighteen months, joint accreditation actions will not be delayed or held in abeyance.

Notices

Any notice, direction or other communication (a "notice") regarding the matters contemplated by this MOU must be in writing and must be delivered personally, sent by courier, or transmitted by electronic mail, as follows:

In the case of the CMA, at:

Dr. Jeff Blackmer
1867 Alta Vista Drive
Ottawa, ON K1G 5W8
jeff.blackmer@cma.ca

In the case of the AFMC, at:

Dr. Geneviève Moineau
2733 Lancaster Rd.
Ottawa ON K1B 0A9
gmoineau@afmc.ca

In the case of the AMA, at:

Susan E. Skochelak, MD, MPH
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885
susan.skochelak@ama-assn.org

In the case of the AAMC, at:

John E. Prescott, M.D.
655 K Street, NW, Suite 100
Washington, DC, 20001-2399
jprescott@aamc.org

A notice is deemed to be delivered and received (i) if delivered personally, on the date of delivery if delivered prior to 5:00 p.m. (recipient's time) on a business day and otherwise on the next business day; (ii) if sent by same-day courier, on the date of delivery if delivered prior to 5:00 p.m. (recipient's time) on a business day and otherwise on the next business day; (iii) if sent by overnight courier, on the next business day.

A party may change its address for service from time to time by notice given in accordance with the foregoing provisions:

General Provisions

(a) This MOU does not represent, and in no way implies: (a) a partnership, joint venture or other commercial relationship between the parties hereto; nor (b) an authorization for any party to act as the agent or representative of any other party.

(b) Any charges or expenses incurred by a party in the negotiation and settlement of the terms of this MOU or as a result of this MOU or the parties' meetings and communications or any work done hereunder, including during the termination notice period, are for the sole account of the party incurring such costs and expenses unless otherwise agreed in writing.

Except for paragraphs (a) and (b) above in this General Provisions section, this MOU reflects only a non-binding statement of intent of the parties and does not create any liabilities or obligations on the part of any party.

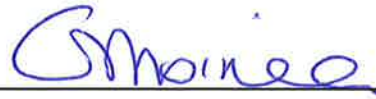
Execution and Delivery

This MOU may be executed in any number of counterparts each of which will be deemed to be an original and all of which taken together will be deemed to constitute one and the same instrument. Delivery by electronic transmission in portable document format (PDF) of an executed counterpart of this MOU is as effective as delivery of an originally executed counterpart of this MOU. Any party delivering an executed counterpart of this MOU by electronic transmission in portable document format (PDF) shall also deliver an originally executed counterpart of this MOU.

IN WITNESS WHEREOF this MOU has been executed by the parties hereto as of the Effective Date set forth above.

Association of Faculties of Medicine of Canada

By: Geneviève Moineau, MD, FRCPC
President and Chief Executive Officer



Canadian Medical Association

By: Jeff Blackmer, MD MHSc FRCPC
VP, Medical Professionalism

American Medical Association

By: Susan Skochelak, MD,
Group Vice President, Medical Education

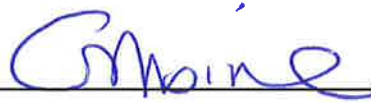
Association of American Medical Colleges

By: John E. Prescott, M.D.
Chief Academic Officer

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Canadian Medical Association

By: Jeff Blackmer, MD MHSc FRCPC
VP, Medical Professionalism



American Medical Association

By: Susan Skochelak, MD,
Group Vice President, Medical Education

Association of American Medical Colleges

By: John E. Prescott, M.D.
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**By: Jeff Blackmer, MD MHS FRCPC
VP, Medical Professionalism**


American Medical Association

**By: Susan Skochelak, MD,
Group Vice President, Medical Education**



Association of American Medical Colleges

**By: John E. Prescott, M.D.
Chief Academic Officer**



Schedule 1

Principles of Accreditation

Preamble

These principles of accreditation (the “Principles of Accreditation”) are Schedule 1 to the Memorandum of Understanding on the Joint Commitment to Medical Education and Accreditation (the “MOU”) between the Association of Faculties of Medicine of Canada (“AFMC”), the Canadian Medical Association (“CMA”), the American Medical Association (“AMA”) and the Association of American Medical Colleges (the “AAMC”).

The Principles of Accreditation have been developed in order to maintain the highest standards of medical education in both Canada and the United States through accreditation. These principles reflect the history of undergraduate medical education accreditation in Canada and the United States, reinforce the mutual benefits of working together, and ensure substantial equivalency between the accreditation systems in Canada and the United States.

The Committee on Accreditation of Canadian Medical Schools (“CACMS”) and the Liaison Committee on Medical Education (“LCME”) Rules of Procedure reflect the following six overarching principles:

Principle 1: Committees

1. The CACMS and the LCME membership will continue to have, at a minimum, professional members, student members and public members (all voting). The chair of the CACMS will be a voting member of the LCME, and the chair of the LCME will be a voting member of the CACMS.
2. The chairs of the LCME policy and standards subcommittees will be voting members of the CACMS policy and standards subcommittees, and vice versa. The LCME Secretariat will attend the CACMS policy and standards subcommittee meetings, and vice versa. Similar cross-representation on other committees is desirable.
3. The LCME Secretariat will attend CACMS meetings, and the CACMS Secretariat will attend LCME meetings. The LCME and CACMS Secretariats will also collaborate regularly.
4. The Joint Committee of the CACMS and the LCME consists of the CACMS chair, the LCME chair, and the LCME chair-elect. When the LCME and the CACMS disagree on the recommended accreditation status and follow-up for a Canadian medical school, the Joint Committee will be convened immediately after LCME meetings to reach a decision by consensus. Decisions of the Joint Committee will be final.

Principle II: Accreditation Standards and Elements

5. The accreditation standards used by the CACMS and by the LCME will be substantially equivalent.
6. The CACMS and the LCME share twelve accreditation standards; each accreditation committee has the option of creating additional standards.
7. Changes in elements (i.e. addition, removal, modification) adopted by one committee will not apply to the other committee unless also approved by the other committee.
8. When recommending a change in a standard or a substantive change in an element, each committee (CACMS or LCME) will seek feedback from the other committee, the committee's sponsoring associations, relevant stakeholders and the public prior to final approval and implementation by the recommending committee (CACMS or LCME).
9. Either the CMA and the AFMC acting together, or the AMA and the AAMC acting together, may request an early review of the MOU and the Principles of Accreditation if concerns arise regarding substantial divergence of the accreditation standards and/or elements. The request will be sent to the Affiliation Oversight Committee (AOC) (see paragraph 19 for description of the AOC) for resolution.

Principle III: Accreditation Procedures

10. The accreditation procedures used by the CACMS and by the LCME will be substantially equivalent.
11. Each committee (CACMS and LCME) is responsible for determining its rules of procedure. Recommended changes that have resource implications will be brought to the respective council [AFMC-CMA-CACMS Council (ACCC) and LCME Council].
12. When recommending a change in accreditation procedures, each committee (CACMS or LCME) will seek feedback from the other committee prior to final approval and implementation by the recommending committee (CACMS or LCME).

Principle IV: Accreditation Surveys

13. Survey visits to Canadian medical schools will continue to be carried out by a single survey team with one designated LCME member whenever possible and with all other members appointed by the CACMS. Team members will continue to participate in decision-making regarding the summary of findings and writing of the report.

14. The CACMS Secretariat will serve as the contact for Canadian medical schools. Activities of the CACMS Secretariat include but are not limited to all communications with Canadian schools on accreditation matters including complaints; preparation of schools for accreditation visits; and providing activities to prepare Canadian site visit team members, team secretaries, and team chairs. The LCME appointees to the CACMS survey teams will be invited to attend these preparatory activities. At a minimum, the LCME-appointed team members will be briefed on any differences between the CACMS and the LCME survey processes, including variations in accreditation elements.

Principle V: Accreditation Decision-making

15. Accreditation documents submitted by Canadian medical school are reviewed by CACMS reviewers and the CACMS.
16. The CACMS will make decisions about level of compliance with standards and performance in elements. The CACMS will determine the accreditation status and follow-up for Canadian medical education programs.
17. The LCME, upon review of all CACMS documentation will either accept the CACMS decisions on accreditation status and follow-up or will disagree with the CACMS decision. In the case of disagreement, the matter is referred to the Joint Committee. The Joint Committee decision will constitute the final CACMS and LCME medical education program accreditation status and follow-up.
18. Canadian medical education programs are jointly accredited by the CACMS and the LCME.

Principle VI: Alignment of Standards, Elements, Procedures and Outcomes

19. The AOC provides oversight of the implementation of this MOU, in particular of the alignment of standards, elements, procedures and outcomes. The AOC consists of one appointee each from the AFMC, CMA, AAMC, AMA, CACMS, LCME, CACMS Secretariat and LCME Secretariat.
20. The AOC will convene as needed prior to the MOU renewal date and to address significant changes in areas covered by this MOU.

- 21. Prior to the MOU renewal, the AOC will determine the documentation required for evaluation and decision-making for MOU renewal. The following components, at a minimum, will be assessed: alignment of accreditation standards and elements; alignment of policies and procedures; review of the activities of the Joint Committee; and review of outcomes.

- 22. The AOC will determine if the Principles of Accreditation require modification.

Revision History

Version	Date	Description
1.0	September 13, 2013	Original Principles of Accreditation adopted by AMA, AAMC, CMA, and AFMC
	August 31, 2016	Extension of MOU
2.0	August 7, 2017	Approved by the AAMC, AFMC, AMA, CMA