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

CACMS STANDARDS AND ELEMENTS

Standards for Accreditation of
Medical Education Programs Leading to the M.D. Degree

Standards and Elements Effective July 1, 2023
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CACMS Standards and Elements
Standards for Accreditation of Medical Education
Programs Leading to the M.D. Degree

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Table of Contents

Introduction to the CACMS *Standards and Elements* iii
Lexicon iv
Standard 1: Mission, Planning, Organization, and Integrity 1
Standard 2: Leadership and Administration 3
Standard 3: Academic and Learning Environments 5
Standard 4: Faculty Preparation, Productivity, Participation, and Policies 7
Standard 5: Educational Resources and Infrastructure 8
Standard 6: Competencies, Curricular Objectives, and Curricular Design 10
Standard 7: Curricular Content 12
Standard 8: Curricular Management, Evaluation, and Enhancement 14
Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety 16
Standard 10: Medical Student Selection, Assignment, and Progress 18
Standard 11: Medical Student Academic Support, Career Advising, and Educational Records 20
Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services 22

Introduction to the CACMS *Standards and Elements*

The Committee on Accreditation of Canadian Medical Schools (CACMS) Standards and Elements provides the assessment basis for the peer-review process of accreditation of Canadian medical education programs leading to the M.D. degree. The procedures governing the accreditation process appear in a separate document entitled CACMS Rules of Procedure.

Each accreditation standard is numbered and followed by a title and a general statement of principle. The elements within a given standard identify the requirements that the CACMS process evaluates to determine compliance with the standard.

An important part of the CACMS *Standards and Elements* is its lexicon. The lexicon defines selected terms that are necessary for the accurate interpretation of the standards and elements.

The CACMS regularly reviews the standards and elements and, as appropriate consults with its sponsor organizations, the Association of Faculties of Medicine of Canada (AFMC) and the Canadian Medical Association (CMA) as well as with members of the medical education community including stakeholder groups. Following review changes may arise that modify, eliminate or impose new or additional accreditation requirements. Before their adoption by the CACMS, substantive changes are submitted for comment to the sponsors, stakeholders, and the Canadian public. Once approved by the CACMS, new or revised standards or new or revised elements are published in a subsequent edition of the CACMS *Standards and Elements.*

More information about the standards and elements, procedural rules, or the accreditation process in general, contact the CACMS Secretariat at cacms@afmc.ca.

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Lexicon

The following table is a lexicon of terms used in this document and is essential for accurate interpretation of the standards and elements.

Academic schedule *(Found in element 10.6)*	The academic schedule indicates dates when classes start and end, and timing of breaks and vacations.
Calendar *(Found in element 10.6)*	The calendar is the university's official listing of admission procedures and deadlines, academic regulations, programs of study, academic standards, degree requirements and general university policies and codes.
Campus *(Found in elements 2.5, 2.6, 5.11, 5.12)*	An instructional site that offers a complete pre-clerkship academic year.
Comparable *(Found in elements 8.7, 10.7. 10.9)*	Very similar, like, commensurate, close.
End-of-life care *(Found in element 7.2)*	Care of patients with terminal illness or condition; includes palliative care, and where appropriate medical assistance in dying.
Equivalent *(Found in element 8.7)*	Essentially equal, identical, same
Learning objectives *(Found in elements 6.1, 8.2, 8.3, 8.7, 9.1)*	Statements of what medical students are expected to be able to do at the end of a required learning experience (see lexicon).
Medical education program objectives *(Found in elements 6.1, 8.2, 8.3, 8.4, 9.4, 10.6)*	Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.
Medical school	The Faculty of Medicine, Faculty of Medicine and Dentistry, Faculty of Health Sciences, School of Medicine, School of Medicine and Dentistry or College of Medicine that provides the education program leading to the degree of Doctor of Medicine in Canada
Narrative assessment *(Found in element 9.5)*	A written description of a student's performance that is provided in addition to a grade (e.g., pass/fail, letter or number) to help guide learning.
Non-cognitive *(Found in element 9.5)*	Refers to the physician's intrinsic CanMEDS roles.

Required clinical learning experience *(Found in elements 1.4, 2.6, 3.1, 5.6, 8.8, 9.2, 11.2)*	A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.
Required learning experience *(Found in elements 6.1, 6.5, 7.4, 8.2, 8.3, 8.5, 8.7, 9.1, 9.5, 9.6, 9.7, 9.8, 10.6, 10.7, 11.1, 12.4)*	An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.
Senior Administrative Staff *(Found in elements 1.5, 2.1, 2.4)*	Individuals in high-level positions responsible for the operation of the medical school e.g., finances, information technology, and facilities.
Senior Academic and Educational Leadership *(Found in elements 3.3, 4.4)*	Individuals in high-level positions who are leaders of academic units e.g., department chairs, or leaders of the medical education program e.g., vice-dean, associate dean, curriculum chair, and directors of required learning experiences.
Service-learning *(Found in element 6.6)*	A structured learning experience that combines community service with preparation and reflection.
Technical Standards *(Found in element 10.5)*	The underlying cognitive, communication, sensory, motor and social skills necessary to interview; examine; diagnose and provide comprehensive, compassionate care; and competently complete certain technical procedures in a reasonable time while ensuring patient safety.
Translational research *(Found in element 7.3)*	Studies or investigations aimed at finding solutions to clinical problems such as those: applying discoveries generated in the laboratory or through preclinical studies to the development of trials and studies in humans; promoting the adoption of best practices in the community or targeting cost-effectiveness of prevention and treatment strategies.
University *(Found in elements 1.6, 2.1, 2.3, 4.4, 4.5)*	The university or universities of which the medical school is a part.

Standard 1: Mission, Planning, Organization, and Integrity

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

1.1 Strategic Planning and Continuous Quality Improvement

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

1.1.1 Social Accountability

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

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

1.2 Conflict of Interest Policies

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

1.3 Mechanisms for Faculty Participation

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

1.4 Affiliation Agreements

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

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

1.5 Bylaws

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

1.6 Eligibility Requirements

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

* Details are found in the CACMS Rules of procedure.

Standard 2: Leadership and Administration

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

2.1 Senior Leadership, Senior Administrative Staff and Faculty Appointments

The dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, and senior administrative staff and faculty members of a medical school are appointed by, or on the authority of, the governing board of the university.

2.2 Dean's Qualifications

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

2.3 Access and Authority of the Dean

The dean of a medical school has sufficient access to the university president or other university official charged with final responsibility for the medical education program and to other university officials in order to fulfill the dean's responsibilities. The dean's authority and responsibility for the medical education program are defined in clear terms.

2.4 Sufficiency of Administrative Staff

A medical school has in place a sufficient number of vice, associate, assistant deans, or positions of an equivalent nature; leaders of organizational units; and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

2.5 Responsibility of and to the Dean

The dean of a medical school with more than one campus is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus (e.g., regional/vice/associate/assistant dean or site director) is administratively responsible to the dean.

2.6 Functional Integration of the Faculty

At a medical school with more than one campus, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., participation in shared governance; regular minuted meetings and/or communication; periodic visits; review of student clinical learning experiences, performance, and evaluation data; and review of faculty performance data related to their educational responsibilities).

Standard 3: Academic and Learning Environments

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

3.1 Resident Participation in Medical Student Education

Each medical student in a medical education program participates in at least one required clinical learning experience conducted in a health care setting in which the medical student works with a resident currently enrolled in an accredited program of postgraduate medical education.

3.2 Community of Scholars/Research Opportunities

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities of its faculty.

3.3 Diversity Programs and Partnerships

A medical school in accordance with its social accountability mission has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior academic and educational leadership, and other relevant members of its academic community. These activities include the appropriate use of effective policies and practices, programs or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of policy and practices, program or partnership outcomes.

3.4 Anti-Discrimination Policy

A medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, gender identity, national origin, race, sex, or sexual orientation. The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect and take steps to prevent discrimination, including the provision of a safe mechanism for reporting incidents of known or apparent breaches, fair and timely investigation of allegations, and prompt resolution of documented incidents with a view to preventing their repetition.

3.5 Learning Environment

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations.

The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to:

a) identify positive and negative influences on the maintenance of professional standards
b) implement appropriate strategies to enhance positive and mitigate negative influences
c) identify and promptly correct violations of professional standards

3.6 Student Mistreatment

The medical school has written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students and ensure that any mistreatment can be registered and investigated without fear of retaliation.

Standard 4: Faculty Preparation, Productivity, Participation, and Policies

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

4.1 Sufficiency of Faculty

A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the medical school.

4.2 Scholarly Productivity

The medical school's faculty, as a whole, demonstrates a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

4.3 Faculty Appointment Policies

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve a faculty member, the appropriate department head(s), and the dean, and provides each faculty member with written information about the faculty member's term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

4.4 Feedback to Faculty

A medical school faculty member, consistent with the terms of the faculty member's appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on academic performance, and, when applicable, progress toward promotion or tenure.

4.5 Faculty Professional Development

A medical school and/or the university provides opportunities for professional development to each faculty member (e.g., in the areas of teaching and student assessment, curricular design, instructional methods, program evaluation or research) to enhance the faculty member's skills and leadership abilities in these areas.

4.6 Governance and Policy-Making Procedures

The dean and a committee of the faculty at a medical school determine the governance and policy-making procedures of the medical education program.

Standard 5: Educational Resources and Infrastructure

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

5.1 Adequacy of Financial Resources

The present and anticipated financial resources of a medical school are adequate to sustain the medical education program and to accomplish other goals of the medical school.

5.2 Dean's Authority/Resources

The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean's responsibility for the management and evaluation of the medical curriculum.

5.3 Pressures for Self-Financing

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

5.4 Sufficiency of Facilities and Equipment

A medical school has, or is assured the use of, facilities and equipment sufficient to achieve its educational, clinical, and research missions.

5.5 Resources for Clinical Instruction

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

5.6 Clinical Instructional Facilities/Information Resources

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

5.7 Security, Student Safety, and Disaster Preparedness

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

5.8 Library Resources/Staff

A medical school ensures access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the medical school.

5.9 Information Technology Resources/Staff

A medical school ensures access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the medical school.

5.10 Resources Used by Transfer/Visiting Students

The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

5.11 Study/Lounge/Storage Space/Call Rooms

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

5.12 Required Notifications to the CACMS

A medical school is required to notify* the CACMS in any of the following circumstances:

a) changes in enrollment, student distribution and/or the resources to support the educational program;
b) creation of a new or expansion of a campus;
c) changes in curriculum;
d) changes in program delivery at an existing campus;
e) changes in governance or ownership.

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

Standard 6: Competencies, Curricular Objectives, and Curricular Design

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enables its medical students to achieve those competencies and objectives. The medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

6.1 Program and Learning Objectives

The faculty of a medical school define its medical education program objectives in competency-based terms that reflect and support the continuum of medical education in Canada and allow the assessment of medical students' progress in developing the competencies for entry into residency and expected by the profession and the public of a physician. The medical school makes these medical education program objectives known to all medical students and those faculty members with leadership roles in the medical education program, and others with substantial responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.2 Required Patient Encounters and Procedures

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills and procedures to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

6.3 Self-Directed and Life-Long Learning

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and unscheduled time to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills.

6.4 Outpatient/Inpatient Experiences

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

6.4.1 Context of Clinical Learning Experiences

Each medical student has broad exposure to, and experience in, generalist care including comprehensive family medicine. Clinical learning experiences for medical students occur in more than one setting ranging from small rural or underserved communities to tertiary care health centres.

6.5 Elective Opportunities

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences, permit medical students to gain exposure to and deepen their understanding of medical specialties and pursue their individual academic interests.

6.6 Service-Learning

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in a service-learning activity.

6.7 *Currently, there is no element 6.7*

6.8 Education Program Duration

A medical education program includes at least 130 weeks of instruction.

Standard 7: Curricular Content

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

7.1 Biomedical, Behavioral, Social Sciences

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and social sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

7.2 Curriculum across the life cycle

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, and end-of-life care.

7.3 Scientific Method/Clinical/Translational Research

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.

7.4 Critical Judgment/Problem-Solving Skills

The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine and provides opportunities for medical students to develop clinical decision-making skills (i.e., clinical reasoning and clinical critical thinking) including critical appraisal of new evidence, and application of the best available information to the care of patients. These required learning experiences enhance medical students' skills to solve problems of health and illness.

7.5 Societal Problems

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

7.6 Cultural Competence and Health Care Disparities

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address the unique needs of people of diverse cultures, genders, races and belief systems, in particular the Indigenous peoples of Canada. The medical curriculum prepares medical students to:

a) recognize and appropriately address the manner in which people of diverse cultures, genders, races and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments;
b) recognize and appropriately address personal biases (cultural, gender, racial, belief) and how these biases influence clinical decision-making and the care provided to patients;
c) develop the basic skills needed to provide culturally competent health care;
d) identify health care disparities and participate in developing solutions to address them.

7.7 Medical Ethics

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

7.8 Communication Skills

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

7.9 Interprofessional Collaborative Skills

The faculty of a medical school ensure that the core curriculum prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These required curricular experiences include practitioners and/or students from the other health professions.

7.10 Professional and Leadership Development

The curriculum provides educational activities to support the development of each student’s professional identity, core professional attributes, knowledge of professional responsibilities and leadership skills.

Standard 8: Curricular Management, Evaluation, and Enhancement

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that the medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

8.1 Curricular Management

The faculty of a medical school entrust authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This committee and its subcommittees, or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

8.2 Use of Program and Learning Objectives

The faculty of a medical school, through the curriculum committee, ensure that the formally adopted medical education program objectives are used to guide the selection of curriculum content, and to review and revise the curriculum. The learning objectives of each required learning experience are linked to the medical education program objectives.

8.3 Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality.

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee.

8.4 Evaluation of program outcomes

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after program completion.

8.5 Medical Student Feedback

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

8.6 Monitoring of Required Patient Encounters and Procedures

A medical school has in place a system with central oversight that monitors, remedies any gaps, and ensures completion of the required patient encounters, clinical conditions, skills and procedures to be performed by all medical students.

8.7 Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

8.8 Monitoring Time Spent in Educational and Clinical Activities

The curriculum committee and the program's administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

9.1 Preparation of Resident and Non-Faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach or assess medical students are familiar with the learning objectives of the required learning experience in which they participate and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance and improve residents' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

9.2 Faculty Appointments

A medical school ensures that supervision of medical students is provided throughout required clinical learning experiences by members of the medical school's faculty.

9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the delegated activities supervised by the health professional are within the health professional's scope of practice.

9.4 Assessment System

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

9.5 Narrative Assessment

A medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.

9.6 Setting Standards of Achievement

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

9.7 Timely Formative Assessment and Feedback

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

9.8 Fair and Timely Summative Assessment

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

9.9 Student Advancement and Appeal Process

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including:

a) timely notice of the impending action,
b) disclosure of the evidence on which the action would be based,
c) an opportunity for the medical student to respond,
d) an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

9.10 Student Health and Patient Safety

The medical school has effective policies to address situations, once identified, in which a student's personal health reasonably poses a risk of harm to patients. These patient safety policies include:

a) timely response by the medical school
b) provision of accommodation to the extent possible
c) leaves of absence
d) withdrawal processes

Standard 10: Medical Student Selection, Assignment, and Progress

A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

10.1 Premedical Education/Required Coursework

Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

10.2 Final Authority of Admission Committee

The final responsibility for accepting students to a medical education program rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

10.3 Policies Regarding Student Selection/Advancement and their Dissemination

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, advancement, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, policies, and procedures regarding these matters.

10.4 Characteristics of Accepted Applicants

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

10.5 Technical Standards

A medical school develops and publishes technical standards for the admission of applicants and the retention and graduation of medical students.

10.6 Content of Informational Materials

A medical school's calendar and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the undergraduate medical degree and all associated joint degree programs, provide the most recent academic schedule for each curricular option, and describe all required learning experiences in the medical education program.

10.7 Transfer Students

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior required learning experiences, and other relevant characteristics comparable to those of the school's medical students at the same level. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

10.8 *Currently, there is no element 10.8.*

10.9 Visiting Students

A medical school oversees, manages and ensures the following:

a) verification of the credentials of each visiting medical student
b) each visiting medical student demonstrates qualifications comparable to those of the school's medical students
c) maintenance of a complete roster of visiting medical students
d) approval of each visiting medical student's assignments
e) provision of a performance assessment for each visiting medical student
f) establishment of health-related protocols for visiting medical students

10.10 *Currently, there is no element 10.10.*

10.11 Student Assignment

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., alternative curricular track) and uses a centralized process to fulfill this responsibility. The medical school considers the preferences of students and uses a fair process in determining the initial placement. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

11.1 Academic Advising

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

11.2 Career Advising

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

11.3 Oversight of Extramural Electives

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

a) potential risks to the health and safety of patients, students, and the community;
b) availability of emergency care;
c) possibility of natural disasters, political instability, and exposure to disease;
d) need for additional preparation prior to, support during, and follow-up after the elective;
e) level and quality of supervision;
f) potential challenges to the code of medical ethics adopted by the home school.

11.4 Provision of the Medical Student Performance Record

A medical school provides a Medical Student Performance Record required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.

11.5 Confidentiality of Student Educational Records

At a medical school, student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by relevant legislation. A medical school follows policy for the collection, storage, disclosure and retrieval of student records that is in compliance with relevant privacy legislation.

11.6 Student Access to Educational Records

A medical school has policies and procedures in place that permit medical students to review and to challenge their educational records, including the Medical Student Performance Record, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.

Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

12.1 Financial Aid/Debt Management Counseling/ Student Educational Debt

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

12.2 Tuition Refund Policy

A medical school has clear policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

12.3 Personal Counseling/Well-Being Programs

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

12.4 Student Access to Health Care Services

A medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required learning experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

12.5 Providers of Student Health Services/Location of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or advancement of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

12.6 Student Health and Disability Insurance

A medical school ensures that health insurance is available to each of its medical students and their dependents and that each medical student has access to disability insurance.

12.7 Immunization Requirements and Monitoring

A medical school follows accepted guidelines that determine immunization requirements and ensures compliance of its students with these requirements.

12.8 Student Exposure Policies/Procedures

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:

a) the education of medical students about methods of prevention;
b) the procedures for care and treatment after exposure, including a definition of financial responsibility;
c) the effects of infectious and environmental disease or disability on medical student learning activities.

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.