



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

## **GUIDE TO THE MEDICAL SCHOOL SELF-STUDY**

**FOR MEDICAL EDUCATION PROGRAMS  
LEADING TO THE M.D. DEGREE**

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## **A. 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.

Specific information on the DCI, the ISA, and the conduct of an accreditation visit can be found respectively in the following documents: Data Collection Instrument, Role of Students in CACMS Accreditation Visits and Guide to the Independent Student Analysis, Guide for CACMS Accreditation Site Visits. These documents are available on the CACMS webpage.

### **The current document provides information on the Medical School Self-Study (MSS).**

Schools 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 the self-study process and give participants an opportunity to discuss specific issues with members of the Secretariat. Designated school personnel will automatically receive invitations to these events.

## **B. PURPOSES OF THE MEDICAL SCHOOL SELF-STUDY (MSS)**

Obtaining accreditation from the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) has two general and related aims: to promote medical school self-evaluation and improvement, and to determine whether a medical education program meets prescribed standards.

As a process of evaluation, 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 its 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?

The MSS process and the resulting findings are central to these aims. In the process of conducting its self-study, a medical school brings together representatives of the medical school administration, faculty, student body, and other constituencies to: 1) collect and review data about the medical school and its educational program, 2) assess the medical education program's performance on accreditation standards and elements, 3) identify areas that require improvement, and 4) define strategies to ensure that any problems are addressed effectively.

The MSS report (in Word format), the ISA report, and the completed DCI (in Word format) with its appendices need to be submitted to the visiting team three months prior to the visit.

The report resulting from the self-study process provides an evaluation of the quality and effectiveness of the medical education program and the adequacy of resources to support it. The usefulness of the self-study as a guide for planning and change is enhanced when participation is broad and representative, when the results and conclusions are widely disseminated, and when the participants have engaged in a thoughtful process of analysis and

reflection. Because of the time and resources required to conduct a self-study, schools should give careful thought to other purposes that may be served by the process. For example, the self-study might serve as a vehicle to familiarize a new dean, dean's staff member or department chair with the environment and operation of the school; to initiate a curriculum review; and/or to provide the academic community at large with an opportunity to reaffirm the school's educational mission and goals or set new strategic directions for the medical education program. A self-study process that serves multiple purposes and involves multiple constituencies is more likely to have a productive outcome related to medical school improvement than one that is conducted solely to satisfy accreditation requirements.

## **C. CONDUCTING THE MEDICAL SCHOOL SELF-STUDY**

### **1. THE MSS STEERING COMMITTEE**

The self-study 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 ultimate responsibility for conducting the self-study and preparing the final self-study report rests with a self-study steering committee, as supported by the faculty accreditation lead. This group determines the objectives of the self-study, sets the timetable for the completion of all related activities, and finalizes the MSS report.

The MSS steering 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 steering 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 steering committee should be followed, each school must make its own decisions about membership based on its specific environment and circumstances. The MSS steering committee might be chaired by the dean or by a vice dean, senior associate dean, department chair, or senior faculty member. The medical school should provide administrative staff assistance to facilitate the timely completion of work.

### **2. SUBCOMMITTEES OF THE MSS STEERING COMMITTEE**

Various subcommittees should be appointed to evaluate the 12 standards. Each standard should be addressed by a subcommittee; however, one subcommittee may be given responsibility for several standards. For example, there could be a subcommittee that has responsibility for the standards related to medical students (standards 10, 11, and 12). Schools may wish to create additional subcommittees to review specific topics, either to undertake a more detailed review or to accommodate unique medical school needs. For example, a school with more than one campus may want to create a separate subcommittee to review each campus, or a school with a particularly strong research mission may want to create a subcommittee to review the relationship of that mission to the medical education program.

Each subcommittee should have appropriate membership, including vice, associate, or assistant deans, faculty members, and, where appropriate, students. It is helpful to have one or more members of the steering committee serve on each subcommittee in order to provide continuity and to facilitate communication. It is useful to have a faculty member familiar with the particular standard as a member of the subcommittee (e.g., a member of the curriculum committee for standard 8). Each subcommittee should review the relevant portions of the DCI and evaluate the elements as described later in this guide.

Individual subcommittee reports consist of a summary table for each assigned standard followed by the individual evaluation pages with ratings for all elements of the standard in numeric order. The reports should be forwarded to the self-study steering committee chair or the faculty accreditation lead. There should be separate reports for each of the twelve standards.

## **D. EVALUATION OF ELEMENTS**

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.

### **1. INSTRUCTIONS**

Forms are provided to guide the evaluation of each element. Each form includes:

- a statement of the element;
- the specific requirements to achieve satisfactory performance with the element;
- space for subcommittees to comment on each specific requirement and evaluate the element overall (A);
- space for subcommittees to propose CQI activities (B).

Subcommittees review and analyze the information contained in the completed DCI for the elements to which they have been assigned. The completed DCI will include responses to the questions from the AFMC Graduation Questionnaire (AFMC GQ) and the ISA pertaining to a specific element. Subcommittee members should also read the ISA Summary to identify concerns of the students that may be relevant to the elements to which they have been assigned. If the school operates more than one campus, an analysis of all sites needs to be considered when relevant in the evaluation of whether the requirements are being met.

Subcommittees will likely need two or three months to complete their data gathering, review and analyses.

### **2. OVERALL EVALUATION OF THE ELEMENT (TAKING ALL OF THE REQUIREMENTS AND RELATED EVIDENCE INTO CONSIDERATION)**

In their evaluation of an element, subcommittees provide a comment for each requirement summarizing the extent to which the requirement is met at the medical school, referring to specific parts of the DCI as evidence. In general, the overall evaluation of an element (including all requirements) should be approximately one half-page in length. For some elements (element 1.6 *Eligibility Requirements*, and element 6.8 *Duration of the Program*), the evaluation will be very brief, consisting of a statement of fact(s). The evaluation of elements may also explain or make note of any circumstances specific to the medical school that were considered. In the event that a consensus cannot be reached on the element evaluation, differing viewpoints should be included.

### **3. RATING THE ELEMENTS (FOR SCHOOL'S INTERNAL PURPOSES ONLY)**

Based on the evaluation of the requirements for each element, the MSS subcommittees and later the MSS steering committee are strongly encouraged to rate the element as Satisfactory, Satisfactory with a need for Monitoring, or Unsatisfactory. This rating is for schools' CQI purposes and NOT submitted to the CACMS.

#### **i) Elements rated as Satisfactory (S)**

The required policy, process, resource, or system is in place and, if specified by the element, there is sufficient evidence to indicate that it is effective.

#### **ii) Elements rated as Satisfactory with a need for Monitoring (SM) (*rating only available for some elements*)**

- a) The medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved.
- b) The medical education program's performance currently is satisfactory with respect to the element, but there are known circumstances that could directly result in unsatisfactory performance in the near future. Therefore, monitoring is required.

In its evaluation of the element, the MSS subcommittee should describe the situation at the school and provide an analysis that reflects the subcommittee's judgement of whether the requirement is met.

If the element was rated as Unsatisfactory or Satisfactory with Monitoring at the time of the last full site visit or in the intervening period, a note to this effect should be added at the end of the overall evaluation.

### **iii) Elements rated as Unsatisfactory (U)**

The medical education program has not met one or more of the requirements of the element. The required policy, process, resource, or system either is not in place or is in place but has been found to be ineffective.

## **4. CONTINUOUS QUALITY IMPROVEMENT RECOMMENDATIONS FOR EACH ELEMENT**

The CACMS expects that medical schools engage in CQI activities to maintain compliance with accreditation standards (Element 1.1). Schools should develop CQI recommendations for all elements rated as Unsatisfactory (U) or Satisfactory with a need for Monitoring (SM). Even when all requirements of an element are met, schools may desire to set a goal that exceeds the basic expectation. Therefore, having a CQI recommendation for an element does not mean that the element is U or SM. Medical schools should use the MSS as an opportunity to develop and monitor CQI activities rather than simply meeting the expectations of accreditation. CQI recommendations should be as explicit as possible to serve as a practical guide for the individuals who need to follow the recommendations in order to achieve the intended outcome.

For elements rated as U, a recommendation to address the identified issues and a timeline to achieve a satisfactory rating should be provided. For elements rated as SM, schools should provide as relevant a description of the outcome data that will be used to demonstrate effectiveness of a recently implemented process or a description of the known circumstances threatening satisfaction status and recommendations to address any challenge to meet the requirement of the element.

## **E. PREPARATION OF THE SUBCOMMITTEE REPORTS**

Each subcommittee report consists of the evaluation forms for all elements assigned to the subcommittee. If all elements of a standard were assigned to a single subcommittee, the subcommittee report will also include a table summarizing the ratings attributed to each element of the standard. This summary table will be for the use of the MSS steering committee and the medical education program only and will NOT be submitted to the CACMS.

## **F. PREPARATION OF THE MSS FINAL REPORT**

It is the responsibility of the MSS steering committee to analyze all of the subcommittee evaluations of the elements including those elements that were rated as satisfactory. In conducting its review of the subcommittee reports along with the supporting documentation (e.g., ISA, DCI) and any new information, the MSS steering committee revises as appropriate the individual subcommittee element evaluations and finalizes the CQI recommendations for each element.

A table summarizing the ratings of all elements of all standards (MSS Element Rating Summary Table) is to be used by the school to derive the maximum benefit of the self-study. All rating tables should be **removed** from the material submitted to the site visit team and to the CACMS. The MSS report consists of the final evaluation forms for each element of each standard in numeric order. See the detailed description below.

The final MSS report is submitted as part of the accreditation package three months prior to the visit.

#### **COMPONENTS OF THE SELF-STUDY REPORT:**

- **TITLE PAGE**
- **TABLE OF CONTENTS**
- **INTRODUCTION**
  - **Prior accreditation history**  
Insert the table provided by the CACMS Secretariat listing the school's compliance and satisfaction status with each standard and each element, the type and timing of CACMS-requested follow-up, and the accreditation status of the medical education program since the time of the last full visit. In one page or less, briefly summarize the steps taken to address areas of noncompliance or compliance with a need for monitoring with accreditation standards and areas in unsatisfactory performance or satisfactory performance with a need for monitoring with accreditation elements identified at the time of the previous full visit.
  - **Description of the self-study**  
In one page or less, provide a brief overview of how the MSS was conducted, and the level of participation by the various members of the academic community, including students.
- **EVALUATION OF ELEMENTS**  
  
Insert the final element evaluation forms for each of the 12 standards in numeric order (minus the element rating table and the individual element ratings).
- **SELF-STUDY STEERING COMMITTEE SUMMARY STATEMENT**  
  
Limit this component of the report to no more than two pages.  
  
Without providing specific details, reflect on the effectiveness of the self-study: Were areas of unsatisfactory performance with accreditation elements or satisfactory performance with a need for monitoring identified at the last full visit again identified as unsatisfactory or satisfactory with a need for monitoring during the self-study? If so, what factors contribute to persistent problems in these areas and what strategies will the medical school use to address them? Note any challenges that may be contributing to unsatisfactory performance in more than one element within or across standards. How were these challenges considered by the steering committee in developing the final CQI recommendations?
- **APPENDIX TO THE MSS**  
  
List members (names and positions) of the self-study steering committee and its subcommittees.