



CACMS Rules of Procedure

COMMITTEE ON THE ACCREDITATION OF CANADIAN
MEDICAL SCHOOLS

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RULES OF PROCEDURE

Committee on the Accreditation of Canadian Medical Schools

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INTRODUCTION

The Committee on Accreditation of Canadian Medical Schools (CACMS) was founded in 1979 by the Association of Faculties of Medicine of Canada (AFMC), formerly, the Association of Canadian Medical Colleges (ACMC), and the Canadian Medical Association (CMA) to act as the reliable authority for the accreditation of programs of medical education leading to the MD degree in Canada. Canadian medical education programs¹ were accredited by the Liaison Committee on Medical Education (LCME) since 1942, and from 1979 until 2021, by both the CACMS and the LCME using a joint process. In 2013, the sponsors of CACMS (AFMC and CMA) and the sponsors of the LCME [the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA)] signed a Memorandum of Understanding (MOU) to further codify the relationship between CACMS and the LCME. This MOU concluded in September 2021. The decision was made to implement separate processes going forward in which the CACMS assumes independent accreditation of Canadian medical education programs and the LCME will continue to accredit medical education programs in the United States. Canadian medical education programs will however continue to be considered as LCME-accredited until June 30, 2025, as long they remain CACMS-accredited.

A. Scope of CACMS Responsibility

The CACMS accredits complete and independent medical education programs whose students are geographically located in Canada¹ for their education, and which are offered by universities that are chartered and operated in Canada.

B. Overview of Accreditation

As practiced in Canada today, accreditation is a process by which institutions and programs voluntarily undergo an extensive peer evaluation of their compliance with accepted standards for educational quality. Through accreditation, the CACMS provides assurance to medical students, graduates, the medical profession, healthcare institutions, health authorities, regulatory authorities and the public that (1) educational programs culminating in the award of the M.D. degree meet reasonable, generally-accepted, and appropriate national standards for educational quality, and (2) graduates of such programs have a complete and valid educational experience sufficient to prepare them for the next stage of their training. CACMS standards for educational program quality are contained in the document *CACMS Standards and Elements*, available electronically from the CACMS website (www.cacms-cafmc.ca).

A list of medical schools offering accredited programs leading to the M.D. degree is available on the CACMS website.

¹ A medical education program will be considered by the CACMS to be complete and independent if the CACMS determines that the program meets both of the following conditions: (a) the program offers all required learning experiences and any needed elective activities for students to complete all degree requirements from the time of their initial matriculation into the program until the time of award of the M.D. degree (“complete”); and (b) the program is operated by an accredited institution of higher education which is chartered by appropriate legal authority in Canada, and exhibits sufficient structure (educational objectives, curriculum, student assessment and grading system, faculty, etc.) and resources to be able to comply with all CACMS accreditation requirements (“independent”). “Canada” refers to those geographic locations where citizens are issued passports by the government of Canada.

I. CACMS MEMBERSHIP AND ORGANIZATION

A. Composition of the CACMS

The CACMS consists of 15 voting members who belong to one of the following three categories:

1. Professional members representing the medical education and clinical practice communities: There must be at least three practitioner members and at least three educator members of the CACMS at any one time. The AFMC and the CMA each appoints five professional members, and the College des Médecins du Québec (CMQ) appoints one. Professional members are appointed for a three-year term renewable once, allowing a maximum term of six years, with the exception of the professional member appointed by the CMQ whose term is determined by the CMQ.
2. Student members: The CACMS has four student members: two appointed by the Canadian Federation of Medical Students (CFMS) and two by the Fédération médicale étudiante du Québec (FMEQ). All student members have a voice, however, only one student of each association has voting privileges. Student members serve two-year terms.
3. Public members: The CACMS has two members who represent the interests and perspective of the general public: one appointed by the AFMC and one by the CMA. Public members, like professional members, are appointed for a three-year term renewable once, allowing a maximum term of six years.

Eligibility for Membership

1. Professional Members

Professional members must hold the M.D. degree or its recognized foreign equivalent, or an advanced degree in basic medical science, educational science, or hospital or healthcare administration.

A practitioner professional member must hold an active medical license and must be actively and significantly engaged in the clinical practice of medicine while on the CACMS.

An educator professional member must hold or recently have held an administrative or faculty position at a Canadian medical school while on the CACMS and must have been significantly engaged in teaching or supervising medical students and/or resident physicians.

Regardless of their educator or practitioner status, professional members must be knowledgeable about and experienced with the process of medical education and accreditation in Canada, and ideally experienced as accreditation visitor for undergraduate medical education.

If the timing of the appointment permits, new members will join the CACMS as observers for one meeting in advance of taking their role as voting member, thus their attendance overlaps with the member they will replace. An orientation will take place to help new members familiarize themselves with accreditation policies and procedures. As all members are expected to participate in accreditation visits, new members will be scheduled to take part in a visit as soon as feasible.

2. Student Members

Student members must be in good academic or professional standing, which would not be jeopardized by the time needed to discharge responsibilities to the CACMS. They should be student leaders with a demonstrated interest in medical education.

3. Public Members

Public members must, by virtue of education, experience, and public service, possess qualifications that allow them to provide a public perspective to the assessment of medical education program quality. To ensure the requisite impartiality to represent the public at large, members of the medical profession or their spouses, persons otherwise eligible for selection as professional members, or anyone else with financial, political, professional, or other interests in the institutions being evaluated, are ineligible for service as a public member.

The AFMC and the CMA will not appoint as a public member any person who is:

- i. an employee, member of the governing board, owner, shareholder of, or consultant to any institution or program that is accredited by the CACMS or is actively seeking accreditation by the CACMS.
- ii. a staff or board of trustees, member of any trade association or membership organization related to, affiliated with, or associated with the CACMS; or
- iii. a spouse, partner, parent, child, or sibling of an individual who meets criterion (i) or (ii) above.

4. Observers

The Federation of Medical Regulatory Authorities of Canada (FMRAC), the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) will each appoint an observer. Observers may not vote. They may pose questions and participate in discussions after a vote has been taken about a specific motion.

Nomination, selection, and appointment of professional and public CACMS members

The CACMS Secretariat identifies the need to fill an impending or existing vacancy and notifies the CACMS and the Board of the CMA and/or AFMC, as appropriate.

The CACMS Secretariat conveys to the sponsoring organization potential desired characteristics of applicants to be considered e.g., geographic location, gender, diversity, etc.

The sponsoring organization will vet candidates who meet CACMS eligibility criteria for professional and public members as stipulated in these Rules of Procedures and identify a pool of nominees, no fewer than two and up to three per vacancy.

The sponsoring organization will then forward the nominations to the CACMS Secretariat.

The CACMS Steering Subcommittee reviews the nominations brought forward by the sponsoring organization for membership on the CACMS, identifies the preferred candidate for each vacancy and then makes a recommendation to CACMS for approval.

Then CACMS communicates its decision to the respective sponsoring organization's Board for the formal appointment of the member selected by the CACMS.

The CMQ professional member is appointed by the CMQ.

Grounds for Removal or Non-reappointment of Members

Members may decide to terminate their membership at any time.

A member of the CACMS may be removed or not reappointed whenever, in the sole judgment of the CACMS, the member has:

- lost eligibility for CACMS members or developed a conflict of interest;
- unjustified absences;
- repeatedly neglected or acted in derogation of their duty as a member of the CACMS;
- failed to comply with CACMS policy (for example, conflict of interest, confidentiality);
- been the subject of documented allegations of unethical conduct or unprofessional behavior; or
- engaged in behaviour otherwise inconsistent with the best interests of the CACMS.

B. CACMS Chair

Role

The Chair oversees all Committee functions. The Chair leads all CACMS meetings, chairs the CACMS Steering Committee, and is an ex-officio non-voting member of the Standards Subcommittee and on the Policy Subcommittee.

Qualifications

The Chair is a professional member appointed by one of the sponsors of the CACMS and a faculty member of a Canadian medical school. The Chair has served on the CACMS as regular member for a minimum of one year.

Appointment

The Chair position ideally alternates between a professional member appointed by the AFMC and a professional member appointed by the CMA. Past AFMC or CMA appointed CACMS professional members are eligible to be considered for the position.

Upon notification that the Chair's term is ending, there will be a call to the CACMS and to the Board of the CMA and/or AFMC, as appropriate, to submit nominations for a Chair. CACMS members can self-nominate. A list of nominees will go to the Steering Committee, which will then submit a list of one preferred candidate and one alternate to the CACMS for approval. If a member of the Steering Committee is a nominee, the member will be recused from discussions of the Steering Committee that relate to the nomination of the Chair and be replaced by a non-nominee CACMS member selected by the remaining non-nominees voting members of CACMS.

After approval by the CACMS, the names of the two candidates (preferred and alternate) will be forwarded to the AFMC-CMA-CACMS Council (ACCC), which will submit the name of the preferred candidate to the respective Board for approval and appointment.

Term

The term for the position of the Chair is of two years, renewable once. This is in addition to the years completed on CACMS as regular member.

C. CACMS Deputy-Chair

Role

The CACMS Deputy-Chair assumes the role of the CACMS Chair when the Chair cannot undertake chair responsibilities temporarily due to extenuating personal or professional circumstances or when the Chair must be recused from a portion of a CACMS meeting due to a conflict of interest. The Deputy Chair is a CACMS professional member other than the Chair of the Policy or the Standards Subcommittee.

The Deputy-Chair is not Chair-Elect and therefore does not automatically become the next CACMS Chair.

The Deputy-Chair chairs the CACMS Steering Committee in the absence of the CACMS Chair.

The Deputy-Chair shall not have the same conflict of interest as the Chair.

Qualifications

The Deputy-Chair is a professional member appointed by one of the sponsors of the CACMS and a faculty member of a Canadian medical school. The Deputy-Chair has served on the CACMS as a regular member for a minimum of one year.

Term

The term for the position of the Deputy-Chair is of two years, renewable once not to exceed the CACMS term of 6 years.

Nomination Process

Members of the CACMS can nominate a CACMS professional member as CACMS Deputy-Chair. Professional members interested in the position of Deputy-Chair can self-nominate. The Chair will issue a call for nominations six months before the term of the current Deputy-Chair is due to end.

If no name is put forward, the Chair will nominate a CACMS professional member as Deputy-Chair.

Nominations of eligible candidates will be brought forward for a vote at the CACMS meeting preceding the end of the term of the sitting Deputy-Chair.

D. Training of CACMS Members

All members of the CACMS are provided with all relevant CACMS policy and procedure documents and are oriented to their roles by the Secretariat staff prior to assuming their duties. If the timing of the appointment permits, new members will be invited to participate as a non-voting observer at a CACMS meeting prior to assuming their roles as full voting members.

All CACMS members are expected to be members of CACMS accreditation visit teams.

The Secretariat ensures on-going training and support to members as to their roles. This includes roles as reviewers, accreditation team members and committee-related accreditation decision-making.

E. CACMS Secretariat

The CACMS Secretariat has formal responsibility for managing all activities and documentation related to the accreditation of Canadian medical education programs and supports the operations of the CACMS.

The CACMS Secretariat is comprised of professional and administrative personnel. The professional members are experienced medical educators who have been senior faculty members. The Secretariat is responsible for recruitment and training of additional professional and administrative staff.

External legal counsel is available to advise the membership and Secretariat as needed on legal issues relating to accreditation activities.

Functions of the CACMS Secretariat

The CACMS Secretariat communicates with Canadian medical schools on all accreditation matters on behalf of the CACMS. The CACMS Secretariat supports the operations of the CACMS and manages the accreditation process, including development of all documentation related to accreditation, implementation of orientation activities for programs undergoing accreditation review, selection of visit teams, and ongoing training programs for visit team members and CACMS members.

F. Information on CACMS Members and Staff

The CACMS maintains on its website the names of current CACMS members and Secretariat personnel.

G. Committees and Subcommittees of the CACMS

CACMS Standards Subcommittee

This standing subcommittee of the CACMS is responsible for ongoing review of individual accreditation standards and their constituent elements, periodic review, and revision of sections of the *CACMS Standards and Elements* and the document as a whole, consideration of ideas for changes to, or creation of, standards and their constituent elements, and drafting of new standards and elements. Recommendations from this Subcommittee for changes to standards and their constituent elements are presented for review and discussion at the CACMS meetings. Substantive changes are presented to the sponsoring organizations for review and comment; a public hearing is held subsequently, and final action taken by the CACMS.

The CACMS Secretariat, in consultation with the Standards Subcommittee, monitors the quality of the Data Collection Instrument and the Medical School Self-Study and revises these documents as appropriate.

Membership of the Standards Subcommittee includes at least three CACMS professional members, one CACMS public member, two CACMS student members (one from the FMEQ, one from the CFMS), and one external professional member from the Canadian medical education community at large. The external member will be selected to best meet the current needs of the Subcommittee. One of the CACMS professional members will serve as Chair. The term of the chair will not exceed the term limit of membership on the CACMS. In addition, the CACMS Chair is an ex-officio non-voting member of the Standards Subcommittee.

At the end of the Chair's term, members of the Standards Subcommittee will nominate at least one of the current professional members of the Standards Subcommittee as Chair. These nominations will be forwarded to the Steering Committee. The Steering Committee will bring forward one nomination for approval by the CACMS.

The Subcommittee is supported by the CACMS Secretariat.

The Subcommittee will conduct its business in conjunction with CACMS regular meetings and by audio or video conference as needed between regularly scheduled meetings.

Quorum will be established when 50% + 1 voting members are in attendance at a meeting. Decisions are taken by the affirmative vote of a simple majority of members in attendance.

The Standards Subcommittee reports to the CACMS. Oral reports of meetings are presented at CACMS meetings. Minutes are filed with the CACMS Secretariat.

CACMS Policy Subcommittee

This standing subcommittee of the CACMS is responsible for development and revision of CACMS policies, periodic review of the document the *CACMS Rules of Procedure*, and monitoring of changes in the environment of academic medicine that may affect CACMS policies or procedures. Recommendations of the Policy Subcommittee are presented for review and discussion by the CACMS. Policy issues touching on the CACMS's accreditation function are sent to the sponsoring organizations for review and comment and then to the CACMS for final action.

The Policy Subcommittee has the authority to make recommendations on CACMS policies for review and approval by the CACMS.

Membership of the Policy Subcommittee includes at least three CACMS professional members, one CACMS public member, and two CACMS student members (one from the FMEQ, one from the CFMS). One of the CACMS professional members will serve as Chair. The term of the chair will not exceed the term limit of membership on the CACMS. In addition, the CACMS Chair is an ex-officio non-voting member of the Policy Subcommittee.

At the end of the Chair's term, members of the Policy Subcommittee will nominate at least one of the current professional members of the Policy Subcommittee as Chair. These nominations will be forwarded to the Steering Committee. The Steering Committee will bring forward one nomination for approval by the CACMS.

The Policy Subcommittee is supported by the CACMS Secretariat.

The Subcommittee will conduct its business in conjunction with CACMS regular meetings and by audio or video conference as needed between regularly scheduled meetings.

Quorum will be established when 50% + 1 voting members are in attendance at a meeting. Decisions are taken by the affirmative vote of a simple majority of members in attendance.

The Policy Subcommittee reports to the CACMS. Oral reports of meetings are presented at CACMS meetings. Minutes are filed with the CACMS Secretariat.

CACMS Steering Committee

This standing Committee, an advisory committee to the CACMS, facilitates the work of the CACMS by considering issues and presenting recommendations for action to the full CACMS. The Steering Committee receives recommendations from the CACMS Policy and Standards subcommittees for changes in CACMS policies and procedures, and accreditation standards and elements. The CACMS Policy and Standards Subcommittees do not report to the Steering Committee but rather to the CACMS itself.

The Steering Committee advises the Secretariat on the business and affairs of the CACMS between regularly scheduled meetings. Recommendations arising from the deliberations of the Steering Committee are presented to the CACMS for discussion, approval, and action. The Steering Committee assists in the nomination of AFMC and CMA-appointed members according to approved policy.

The voting members of the Steering Committee will be the CACMS Chair, the CACMS Deputy-Chair, the Chair of the Policy Subcommittee, and the Chair of the Standards Subcommittee. The CACMS Chair acts as Chair of the Steering Committee. The Steering Committee is supported by the CACMS Secretariat.

The Steering Committee meets three times per year coinciding with the regularly scheduled CACMS meetings. Additional meetings, in person or by conference call, can be scheduled based on needs, at the discretion of the Chair. Decisions are taken by the affirmative vote of a majority of members.

The Steering Committee reports to the full CACMS Committee. Oral reports of meetings are presented at CACMS meeting; minutes are filed with the CACMS Secretariat.

Ad Hoc Committees

The CACMS may designate *ad hoc* committees, subcommittees, or working groups at its discretion to address policy issues, accreditation standards, or other matters deemed important for the effective functioning of the organization.

II. POLICIES ON THE ACCREDITATION OF MEDICAL EDUCATION PROGRAMS

A. Term of Accreditation

Accreditation visits normally take place every eight years for each medical education program. However, the CACMS may vote to advance the date of a full accreditation visit, so that the medical education program has a full accreditation visit in less than eight years if there are questions about the sustainability or quality of the medical education program.

New medical education programs seeking CACMS accreditation undergo a stepwise review process (described below) until full accreditation is awarded. When a new medical education program receives full accreditation, that status will be reviewed by means of a full accreditation visit five years after the initial award of full accreditation.

A medical education program, once accredited, remains accredited until the program voluntarily terminates its accreditation status or the CACMS terminates the accreditation through a formal accreditation action. Accreditation status does not change until a formal action taken by the CACMS is final. When the CACMS withdraws accreditation, the letter transmitting that decision specifies the date at which accreditation ceases.

B. Entities Eligible for CACMS Accreditation

The CACMS accredits only complete and independent medical education programs geographically located in Canada² that lead to the M.D. degree in Canada.

Existing and developing medical education programs must meet and maintain the following eligibility requirements by the times specified.

Receipt of Degree-Granting Authority

To apply for CACMS accreditation, the university must have applied for authority to grant the M.D. degree from the entity that grants such authorization in the institution's home province or territory. Before a developing medical education program admits its charter class, it must be legally authorized under applicable law in Canada to provide medical education leading to the M.D. degree and the institution must have received degree-granting authority.

In the case of failure to meet or maintain these eligibility requirements, the CACMS will take action to deny or withdraw accreditation according to its procedures for such an action.

The CACMS does not separately accredit segments of educational programs (for example, two-year basic science programs), distinct parallel curricula ("tracks") or campuses³ within an educational program.

If a medical school in Canada provides more than one complete and independent medical education program leading to the M.D. degree, and (a) each such program and its students are located within the geographic scope of Canada, and (b) the diplomas awarded for each such program are clearly differentiated, the CACMS will separately review such programs for accreditation.

The CACMS's interpretation of a medical education program assumes that all required instructional units (required

² See footnote 1 for definition of a "complete and independent medical school."

³ Campus: an instructional site that offers a complete pre-clerkship academic year

learning experiences⁴) are provided under the auspices of the university which offers the accredited program, thus ensuring the university has control over educational program quality and maintains responsibility for compliance with relevant accreditation standards. The CACMS recognizes that accredited medical education programs may wish to broaden learning opportunities for their students, which could include education in programs not accredited by the CACMS. Although educational experiences in programs not accredited by the CACMS may be of high quality, and hence of substantial value to students, there is no guarantee that such experiences would conform to all accreditation requirements. To assure ongoing compliance with accreditation standards, medical education programs must restrict learning opportunities in non-accredited programs to elective courses, or courses or clinical learning experiences that are not required.

C. Teach-out Plans for new medical education programs and new campuses

Although all medical education programs should have contingency plans to ensure that students have the opportunity to obtain their medical degree in the event of unforeseen circumstances or closure, this is required of all **new** medical education programs as part of their application for accreditation and at the time of a notification of a new campus.

A written teach-out plan includes the process by which the parent institution or medical education program ensures that instructional and academic support services are available to students enrolled in an educational program that has been discontinued or has failed to make adequate progress toward achieving full CACMS accreditation. These services may be provided by the medical education program/institution or through formal agreement with another CACMS-accredited medical education program/institution.

The teach-out plan must provide for the equitable treatment of students if the educational program (or campus) ceases to operate before all students have completed their program of study. Therefore, the teach-out process is expected to extend beyond the date on which the medical education program is closed permanently to admissions to allow time for all enrolled students to complete the program in a reasonable amount of time. The plan should include the following:

- An explanation of how students will be supported to complete their medical education either by the medical education program's sponsoring institution or through a formal teach-out agreement with another medical education program/sponsoring institution.
- Signed copies of agreements with the host institution, other educational programs, or other institutions that ensure students have adequate resources and support to complete the educational program.
- Arrangements for the storage or transfer (in the case of teach-out agreements) of educational records to ensure that all parties with legitimate interests can obtain documentation of students' completion of the program (e.g., students, training programs, provincial registrars, etc.).
- Arrangements to ensure that students have access to financial aid to complete the program.
- A provisional communication plan to notify students of how they will be able to complete the educational program and any additional costs that students may incur.

D. Fees for Accreditation Reviews

New programs seeking preliminary accreditation, and unaccredited programs seeking full accreditation, must pay an application fee (contact CACMS Secretariat for details) if the program has never applied for accreditation or has not been reviewed in the preceding three years.

If programs granted applicant status do not submit a completed *Data Collection Instrument* (DCI) and Planning Self-

⁴ Required learning experience: 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.

Study for preliminary accreditation within 18 months of the initial grant of applicant status, that status will lapse, and the program must resubmit an application fee if it wishes to be granted applicant status again.

A developing medical education program granted applicant status may have a total of three reviews for candidate status. If candidate status is not granted after the third review, the applicant status will lapse, and the program must re-apply for applicant status and submit a reapplication fee. Developing programs that are denied preliminary accreditation following an accreditation visit and action by the CACMS may reapply for applicant status after one year and must pay a reapplication fee (see “Accreditation Visit Process for New or Developing Medical Education Programs” in this document).

All expenses related to CACMS Secretariat consultations and visits will be charged to the program until it receives full accreditation status. Programs reapplying for accreditation are responsible for all expenses related to Secretariat consultations and visits until full accreditation is awarded. Expenses for on-site consulting visits to medical education programs contemplating application for accreditation are paid by those schools. Expenses for consultation visits requested by accredited programs are paid by the medical schools.

There are no fees for regular full accreditation visits.

E. The Accreditation Visit Process

Medical education programs are reviewed solely to determine compliance with CACMS standards and performance in elements. Throughout this document, unless otherwise specified, the term “visit” refers to the two-stage accreditation process (virtual visit and on-site in-person follow-up visit).

The CACMS documents are available on the CACMS website (www.cacms-cafmc.ca).

The Accreditation Visit Process for Complete Medical Education Programs

The evaluation process for complete and independent but unaccredited medical education programs, and for existing accredited programs, consists of a comprehensive medical school self-study, an evaluation by a team of peer reviewers, and CACMS review of the report of the accreditation visit team. All accreditation-related activities in Canada are managed by the CACMS Secretariat.

If an existing component of a medical education program, such as a campus, plans to become a separate medical education program and seek separate accreditation, the program must follow the process for the review of a new medical education program (see below). If granted following CACMS’s review, accreditation will apply to the first class entering in the year after accreditation is granted or to a later class if requested by the institution.

For programs that are already accredited, the CACMS Secretariat will contact the medical school at least 18 months before the anticipated date of the next accreditation visit to establish specific dates for the visit. For unaccredited complete medical education programs, the review process begins with the receipt of a written request for evaluation and the accompanying fee.

The CACMS Secretariat will provide the medical education program with access to all necessary accreditation materials. Programs undergoing accreditation use the documents for the academic year in which their accreditation visit is scheduled. The CACMS Secretariat staff are available to answer questions about the process.

To assist medical education programs in preparing for upcoming accreditation visits, the Secretariat staff offers school preparation sessions.

Secretariat staff are also available for pre-visit consultations. Medical education programs requesting on-site

consultation from the Secretariat staff are responsible for all travel and related expenses associated with the consultation.

Approximately four months before the dates of the accreditation visit, the Secretariat will provide information to both the medical education program being reviewed and accreditation visit team members regarding the program's recent accreditation history, composition of the visit team, and background materials regarding conduct of the visit and preparation of the visit report. The Secretariat will also include information about how the program should submit its material to the accreditation visit team and the CACMS Secretariat.

If the dean of a medical school being reviewed has reason to believe that any accreditation visit team member has a conflict of interest that should disqualify the person from evaluating the program the Secretariat must be contacted immediately to determine if an alternate member can be appointed. Final decisions about accreditation visit team membership will be made by the Secretariat.

The full accreditation visit is typically conducted in two stages, an initial virtual visit followed, 4 to 6 weeks later, by an on-site visit. If, during the accreditation visit, the dean has concerns regarding the conduct of the visit, the CACMS Secretariat should be contacted immediately.

After concluding the second stage of the accreditation visit, team members compile a written report of their findings. The visit team makes neither recommendations nor decisions regarding the medical education program's accreditation status; the determination of accreditation status is the purview of the CACMS. A draft version of the report is sent by the accreditation visit team secretary to the CACMS Secretariat for a preliminary review to verify that the report is complete and adequately documents the team's findings. It is then sent back to the team secretary who, in consultation with the team, will produce the draft that will be forwarded to the dean for review. The team report must be submitted in English for all programs for CACMS reviews.

The dean has 10 business days to respond to the draft report in writing with areas believed to be errors of fact or concerns about the "tone" of the report. Information provided as part of the dean's response must be referenced to information contained in the Data Collection Instrument or provided to the accreditation visit team during the visit and must refer to the time of the visit. Events occurring, or actions taken by the program after the accreditation visit will not be considered in mitigation of the findings identified in the accreditation visit report. The dean's comments about the accreditation visit report will be sent to the CACMS Secretariat to be forwarded to the team secretary. The team secretary will submit the final accreditation visit report to the CACMS Secretariat, who will forward a copy to the dean.

Following receipt of the final report, if the dean has remaining concerns about the process of the visit, errors of fact or the tone of the report, a letter to the CACMS Secretariat may be written detailing these concerns within 10 business days. The information referenced must have been contained in the Data Collection Instrument or provided to the accreditation visit team at the time of the accreditation visit. No new information, regarding events or actions taken by the program after the visit may be provided in the dean's letter to the CACMS Secretariat and no attachments to the letter will be accepted. The dean's letter will be provided to the CACMS when the accreditation visit report is reviewed by the committee.

The CACMS decision-making process is outlined in section III A of this document.

The CACMS Secretariat communicates the outcome of the CACMS's deliberations, including the program's accreditation status and any follow-up actions, in a letter of accreditation to the university's chief executive officer, with a copy to the dean. A copy of the accreditation visit report is included with the letter communicating the CACMS's decision.

After the final report of the accreditation visit has been received by the CACMS Secretariat, the CACMS Secretariat

may send the dean a form for evaluating the accreditation process. Results of such evaluations are used internally by the CACMS Secretariat staff to review the performance of team members and the effectiveness of the accreditation process.

The Process for New or Developing Programs

New programs seeking CACMS accreditation should contact the Secretariat for advice and consultation to facilitate orderly development of the program and full understanding of the accreditation process and standards.

Programs engaging in any of the following actions, or any similar actions directed toward admission of new students, will forfeit their eligibility for consideration as a new program, and will not be permitted to apply for CACMS accreditation until the medical education program is complete and at least one class has graduated: Prior to receiving preliminary accreditation, programs must not recruit or advertise for students, solicit or collect application fees, collect applicant information, initiate a process for reviewing applications for admission, schedule applicant interviews, or issue letters of admission.

If an existing component of a medical education program, such as a campus, plans to become a separate accredited medical education program, it must follow the process for the review of a new or developing medical education program.

Initiation of Review

The accreditation review process for a new medical education program formally begins when the president or equivalent chief executive of the institution planning to offer the new program submits a formal letter to the CACMS Secretariat stating the goal of seeking CACMS accreditation and submits the appropriate application fee as described under “Fees for Accreditation Reviews.” The formal letter must affirm that the medical education program intends to meet the following eligibility criteria:

- The applicant will be a complete and independent medical education program that is operated by a university or medical school that is chartered and located in Canada and whose students will be geographically located in Canada for their education.
- The applicant’s affiliated institution must have a timeline to begin the process to apply for MD-granting authority from the entity that grants such authorization in the institution’s province or territory. Before a developing medical education program admits its charter class, it must be legally authorized under applicable law in Canada to provide medical education leading to the MD degree and must have received degree-granting authority.

If there are appropriate plans to meet these eligibility criteria, the program will be listed on the CACMS website as an “Applicant.” A program with applicant status is not accredited.

Step 1: Consideration for preliminary accreditation

Upon receiving Applicant status, the CACMS Secretariat will direct the applicant program to conduct a Medical School Self-Study (MSS-PA) and Data Collection Instrument (DCI-PA) for Preliminary Accreditation. The DCI-PA includes those accreditation elements and standards that are deemed by the CACMS to be essential prerequisites for a charter class to be admitted. Applicants should consider the following timelines for submission of materials. If a developing program granted applicant status does not submit the completed DCI-PA and MSS-PA documents within 18 months, its applicant status will lapse, and it must re-apply and again pay the application fee (see “Fees for Accreditation Reviews”).

A developing medical education program may have a total of three reviews for candidate status. For such a program, the timing between reviews for candidate status will be no sooner than 12 months and no later than 18 months from the last date of denied candidate status. If the CACMS does not grant candidate status after the third review, the program must re-apply for applicant status and pay a resubmission fee, as described under “Fees for Accreditation Reviews.” Denial of candidate status with an opportunity to reapply is not subject to appeal.

At one of their regularly scheduled meetings, the CACMS will review the completed DCI-PA and the MSS-PA to determine if sufficient progress has been made to warrant an accreditation visit. If the CACMS authorizes the visit for preliminary accreditation, it will grant “Candidate” status to the medical education program.

Once the CACMS grants Candidate status, the CACMS Secretariat will schedule a visit for preliminary accreditation. After that visit, the team will prepare a report of its findings for the CACMS to consider at one of its regularly scheduled meetings. If the CACMS determines that the medical education program has achieved sufficient compliance with relevant accreditation standards and satisfactory performance in accreditation elements for this stage in its development and has developed satisfactory plans for its educational program, it will grant preliminary accreditation. If minor issues related to performance in accreditation elements are noted, the CACMS may grant preliminary accreditation but require written status reports addressing the issue(s). Once the CACMS grants preliminary accreditation, the program may begin reviewing and accepting applications for enrollment.

If the CACMS denies preliminary accreditation to the program, the decision may be appealed according to the “CACMS Appeal Process for Adverse Actions” described in [Appendix B](#). A program that has been denied preliminary accreditation may not reapply for a period of one year from the time of the final decision to deny accreditation. If students are admitted after preliminary accreditation has been denied, the program will forfeit its eligibility for reapplication as a new program and will not be permitted to apply for CACMS accreditation until its medical educational program has graduated at least one class.

Step 2: Evaluation for provisional accreditation

The purpose of the review for provisional accreditation is to evaluate progress to date in the implementation of the medical education program and the status of planning for later stages of the program. After the program admits a charter class, it must complete the Data Collection Instrument (DCI) and conduct an independent student analysis (ISA). No Medical School Self-Study (MSS) is required for provisional accreditation. The CACMS will perform an initial review of the DCI and ISA to determine next steps. If the CACMS identifies concerns regarding performance in elements, compliance with standards, or planning for the later stages of the medical education program, it will continue preliminary accreditation and conduct a provisional accreditation visit. Based on the results of the provisional accreditation visit, the CACMS will again consider whether provisional accreditation should be granted. The CACMS may grant provisional accreditation without a site visit and require one or more written status reports if from the initial review of the DCI and ISA they identify: (1) no or minor issues related to performance in accreditation elements; (2) no issues related to compliance with standards; and (3) no concerns related to planning for the later stages of the medical education program.

If, after the provisional accreditation visit, the CACMS determines that there are significant issues related to performance in accreditation elements and/or compliance with standards that could be resolved within a relatively short period of time, the CACMS may continue the program’s preliminary accreditation instead of granting provisional accreditation. If the CACMS continues a program’s preliminary accreditation, it may require the program to delay plans for a class size increase and/or cease admitting new students and focus its resources on students already enrolled. The CACMS may also place the program on warning or on probation. The specific actions taken by the CACMS will determine the nature and timing of further reviews. The CACMS will schedule a status report, or a

limited accreditation visit to address the cited areas. If the program demonstrates satisfactory performance and compliance based on review of the status report or limited visit, the CACMS may then grant provisional accreditation and the program may again enroll new students if the CACMS had previously required it to suspend new admissions.

If the CACMS determines that a program has failed to remedy the problems identified at the time that its preliminary accreditation was continued, the CACMS will give notice to the medical education program that they intend to withdraw preliminary accreditation. A decision to withdraw preliminary accreditation is subject to appeal. If the CACMS withdraws preliminary accreditation after an appeal or after the program has waived its right to appeal, the program may not reapply for CACMS accreditation for a period of one year from the date that the final decision to withdraw accreditation was communicated in writing to the institution. At that time, the program may reapply by submitting a new application and an application fee as described under “Fees for Accreditation Reviews.”

Step 3: Evaluation for full accreditation

For medical education programs with provisional accreditation, the CACMS Secretariat will usually schedule a full accreditation visit to take place when the charter class is in the final year of the curriculum. The program must complete the Data Collection Instrument for Full Accreditation Visits, conduct a Medical School Self-Study, and have the student body conduct an Independent Student Analysis to prepare for the visit. After that visit, the team will prepare a report of its findings for the CACMS to consider at one of its regularly scheduled meetings.

If the CACMS determines that the program demonstrates satisfactory performance in accreditation elements and compliance with accreditation standards, the CACMS will grant full accreditation for a period of five years (the subsequent full accreditation visit will initiate the typical eight-year cycle). If minor performance/noncompliance issues are found, the CACMS may grant accreditation but require additional status reports.

If the CACMS determines that there are performance and noncompliance issues that could be resolved within a relatively short period of time, the CACMS may continue the program’s provisional accreditation status for a specific period of time. If the CACMS continues provisional accreditation, the program may be required to delay plans for a class size increase and/or to cease admitting new students and focus its resources on students already enrolled. The CACMS may require a status report or a visit. If the program demonstrates satisfactory performance and compliance based on review of the status report or limited visit, the CACMS may then grant full accreditation and the program may again enroll new students if the CACMS had previously required it to suspend new admissions.

If the CACMS determines that performance and noncompliance issues remain that cannot be resolved within a relatively short period of time, the CACMS will give notice that they intend to withdraw provisional accreditation. A decision to withdraw provisional accreditation is subject to appeal. If the CACMS withdraws provisional accreditation after an appeal or after the program has waived its right to appeal, the program may not reapply for CACMS accreditation for a period of one year from the date the final decision to withdraw was communicated in writing to the institution. At that time, the program will be required to submit a new application for accreditation, along with a new application fee as described under “Fees for Accreditation Reviews.”

A medical education program must achieve full CACMS accreditation within five years from the date that the CACMS awarded provisional accreditation. If this does not occur, the CACMS will withdraw the current accreditation status achieved by the medical education program and require the program to wait one year to submit a new application for accreditation, along with a new application fee, as described under “Fees for Accreditation Reviews.” Withdrawal of accreditation is subject to appeal.

F. Accreditation Visit Teams

Selection and Training of Accreditation Visitors

The CACMS Secretariat is responsible for recruitment and training of accreditation visit team members who are knowledgeable about medical education and clinical practice. Consideration will be given to gender, language, conflict of interest, geography, areas of specialty and familiarity with the type of program being visited. Accreditation visit teams consist of practitioners, educators, students, and others as appointed by CACMS Secretariat (i.e., public members, accreditation advisors). Practitioners are defined as physicians who hold an active medical license and engage in significant clinical practice. Educators are defined as individuals (physicians, education specialists, basic scientists, or others) who currently hold a faculty position, with or without an administrative title, at an educational program leading to the MD degree and engage in the teaching or supervision of medical students and/or residents. Individuals who do not currently hold faculty positions may be considered if they have extensive undergraduate medical education accreditation experience.

The CACMS Secretariat may invite a senior faculty member with leadership responsibilities from a medical education program with an upcoming full accreditation visit to participate in a visit as a “faculty fellow.” Apart from faculty fellows, deans of schools to be visited within the following year or two, and newly appointed deans, are given priority for visit team assignment. The Secretariat may also solicit nominations for new visit team members when there is a perceived need for specific kinds of visitor expertise (for example, experience with more than one campus or in student or faculty affairs).

The CACMS Secretariat provides workshops to prepare accreditation visit team members including team Secretaries, team Chairs and Accreditation Advisors.

Accreditation Visit Team Size and Composition

The selection of accreditation visit teams for any type of visit considers the CACMS’s policies related to conflict of interest, as described elsewhere in this document. In addition, an individual will not be assigned to a visit team if the individual has served as a visit team member to that medical education program in the last full accreditation visit or in any limited visits or mock accreditation visits since the last full visit.

For full accreditation visits

For programs undergoing a full accreditation visit, the visit team will normally consist of five or six members. One of the team members is designated as the 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 medical education program and compiles the visit report. The remaining team members will normally include a professional member, a student member (in order of priority: CACMS current member, CACMS former member, or a student with past accreditation experience with no current or previous CACMS affiliation), and a faculty fellow as described above who also functions as a regular team member. In addition, the team will normally include an accreditation advisor who serves as an independent reviewer and whose role is meant to be one of support and mentorship for the team and does not represent the CACMS or the CACMS Secretariat.

For limited accreditation visits

For programs undergoing limited accreditation visits, the visit team will typically consist of a team chair, team secretary, a professional member appointed by the CACMS and a student member, when possible, for a minimum number of three team members; the team may also include a faculty fellow or an observer.

Observers on visits

In certain occasions, a visit team may include an observer as approved by the CACMS Secretariat. The dean of the medical education program being reviewed will be asked to authorize the participation of the observer on the visit. All observers must affirm that they will adhere to the CACMS's confidentiality and conflict of interest policies. Guidelines for participation by observers are contained in [Appendix A](#).

Responsibility of Visit Expenses

For full visits of accredited programs, the CACMS pays the expenses of all team members except the faculty fellow, who is supported the fellow's own institution. The medical education program being evaluated is responsible for transporting the visit team, including faculty fellows, to and from the team's hotel, for arranging for visit team meals during the day, and for arranging and funding any transportation to affiliated hospitals and to campuses. For all other visits, the program being reviewed covers all visit team expenses except faculty fellows and observers.

For accreditation visits of new or unaccredited medical education programs, the program seeking accreditation is responsible for all visit expenses.

Accreditation visit team members cannot accept gifts of any type.

G. Accreditation Visit Reports

Accreditation visit reports are submitted in English. Visit reports and status reports are reviewed by the CACMS, which will formulate the accreditation status and type of follow-up.

The reports of accreditation visit teams constitute the formal record of the accreditation visit and are the source of information used by the CACMS in making decisions regarding satisfaction with elements and compliance with standards and by CACMS in making decisions regarding accreditation status and required follow-up. The report of a full accreditation visit includes background information, a detailed narrative about how the program achieves satisfactory status with each accreditation element based on information taken from the Data Collection Instrument/Medical School Self-study/Independent Student Analysis. Reports of limited visits include background information, the team's description of the program's progress in addressing issues with elements rated as unsatisfactory or satisfactory with a need for monitoring, and supporting documentation selected from data supplied by the program.

The CACMS will review the final report of an accreditation visit at its next regularly scheduled meeting, provided that its members have had at least three weeks to review the report prior to the meeting.

III. CONDUCT AND OUTCOMES OF CACMS MEETING

A. Organization, Timing, and Conduct of Meetings

Regular Meetings

The CACMS meets for regular sessions (in person or virtually) three times a year. Under exceptional circumstances, and following approval of the Secretariat and Chair, a member could participate remotely in an in-person meeting.

Special Meetings

The Chair, in consultation with the Secretariat, may call a special meeting to deal with any issue(s) that cannot wait until the next scheduled regular meeting.

Formal action may be taken according to the following process:

1. through the use of a telephone conference call or other virtual communications medium by means of which all members participating can simultaneously communicate with each other. Participation and voting at such a meeting will follow the same rules as those followed at CACMS meetings.
2. by electronic mail ballot or another asynchronous communications medium.

Rules of Order and Quorum

All meetings of the CACMS are conducted in accordance with the current edition of Robert's Rules, but by consensus may be temporarily relaxed to facilitate discussion or deal with various minor issues. A quorum will consist of a majority of the voting members of the CACMS.

Decision-making process regarding rating of accreditation standards and elements

All documents (e.g., visit and status reports, action plans, notifications⁵, complaints⁶) are reviewed by the CACMS for existing, new, and developing medical education programs.

Ratings for standards include:

- **Compliance (C)**
Taken as a whole, the expectations of the standard are being met.
- **Compliance with a need for monitoring (CM):**
While there are concerns based on the performance in individual elements, those concerns do not seriously compromise meeting the expectations of the standard.
- **Noncompliance (NC):**
Taken as a whole, the performance in elements does not permit the expectations of the standard to be met.

Ratings for elements include:

- **Satisfactory (S):**
The required policy, process, resource, or system is in place and, if specified by the element, there is sufficient

⁵ Medical education programs are required to notify the CACMS of any substantial changes as described in Section IV A-E.

⁶ Complaints are described in Section V A and the procedures for addressing complaints are described in [Appendix D](#).

evidence to indicate that it is effective.

- **Satisfactory with a need for Monitoring (SM):**

1. 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.
2. 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.

- **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.

Decision-making process regarding accreditation status of medical education programs

Depending on the extent of the program's compliance with accreditation standards and satisfaction with elements, the CACMS will formulate the accreditation status and follow-up for the medical education program.

B. Accreditation Actions

Types of Accreditation Actions

Based on evidence, when considering the accreditation status of a medical education program, the CACMS may grant one of the accreditation statuses described below. **For established medical education programs, all statuses, with the exception of withdrawal of accreditation, represent FULL ACCREDITATION.**

1. **Accreditation for an eight-year term.** The current term is 8 years between full accreditation visits. Follow-up activities typically consist of status reports.
2. **Accreditation with indeterminate term.** The lack of a specified term of accreditation indicates that the CACMS has concerns about the degree to which the medical education program does not meet compliance with accreditation standards or satisfaction with elements identified in the program. This action is normally accompanied by a limited visit within twenty-four months of the CACMS's decision.
3. **Accreditation with shortened term.** This action indicates a greater degree of concern of the CACMS about the program's compliance with accreditation standards and satisfaction with elements. Shortening the term of accreditation occurs when the sustainability of the program is in question.
4. **Accreditation with warning.** This action is taken based on the identification of: 1) areas of noncompliance or elements rated unsatisfactory of recent origin that will, if not corrected promptly (within 12-24 months as determined by the CACMS), seriously compromise the ability of the school to conduct the educational program; or 2) areas of noncompliance identified in a previous visit or elements rated as unsatisfactory that have not been adequately addressed in the interim or have re-emerged as problematic areas. The decision to place a medical education program on warning may follow a full or limited accreditation visit or a status report.

This is an action that cannot be appealed, and the decision is not subject to reconsideration by the CACMS. This is a confidential action, not posted on the CACMS website. The program is not required to notify its students. The medical education program must produce an Action Plan submitted to CACMS within 3 to 6

months of the notification of the “warning”. The CACMS Secretariat will provide a template for the action plan.

A Secretariat consultation visit to assist the program in developing its Action Plan is scheduled within 3 months of notification of the “warning”. The action plan is reviewed by the CACMS, and a limited accreditation visit is scheduled within 18 months of the notification. The CACMS may provide comments for the school’s consideration in implementing the action plan but does not formally approve the action plan.

A medical education program that is placed on **warning** will be informed of the timeline for correction of identified problematic areas. At the end of that time, the CACMS will determine the accreditation status. If the CACMS does not judge that sufficient progress has been made, **probation or withdrawal of accreditation** will be imposed.

5. **Accreditation with probation.** Probation is an action of the CACMS based on the determination that an accredited medical education program is not in substantial compliance/satisfaction with accreditation standards/elements. Such a determination may be based on the CACMS’s judgment that the areas of noncompliance or unsatisfactory elements have seriously compromised the quality of the medical education program, or that the medical education program has failed to make appropriate progress in achieving compliance with standards or satisfaction with elements after having been granted ample opportunity to do so. Programs placed on probation retain their accredited status with all the rights and privileges conveyed by such status but are subject to withdrawal of accreditation if noncompliance issues are not satisfactorily addressed. Any program placed on probation must promptly notify all enrolled students, those newly accepted for enrollment, and those seeking enrollment, of this accreditation status; failure to do so may result in withdrawal of accreditation.

This decision is not an adverse action and cannot be appealed. The program may ask the CACMS for a reconsideration of the decision (See [Appendix B](#)). Once the decision is final (following a reconsideration hearing if requested), this is a public action that will be posted on the CACMS website. The faculty is required to produce an Action Plan. The CACMS Secretariat will provide a template for the action plan. A teach-out plan may also be requested by the CACMS as part of the action plan. A Secretariat consultation visit will be held within 3 months to assist the education program in developing its Action Plan. The Action Plan will be reviewed by the CACMS within 3-6 months. The CACMS may provide comments for the school’s consideration in implementing the action plan but does not formally approve the action plan.

A **post-probation visit** that will occur approximately eighteen months after finalization of the decision to place the program on probation. The Secretariat will provide the program with a summary of the documentation required for the post-probation visit in the transmittal letter.

After reviewing the **post-probation visit report** and the CACMS judges that the program is now in substantial compliance with the accreditation standards and meets accreditation elements in a substantially satisfactory manner, **probation** will be rescinded. If the program is judged by the CACMS to remain in substantial noncompliance with accreditation standards or still does not meet accreditation elements in a substantially satisfactory manner, then the action to **withdraw accreditation** may be taken.

6. **Withdrawal of Accreditation.** Withdrawal of accreditation is an action based on the determination of the CACMS that an accredited medical education program exhibits substantial deficiencies in compliance with standards and satisfaction with elements, and the deficiencies are sufficiently serious, and in the judgment of the CACMS, to raise concern whether graduates of the program are competent to enter the next stage of their training. Under normal circumstances, a program will have an opportunity to correct serious problems

through mechanisms of limited visits or probationary status before the CACMS takes action to withdraw accreditation. However, rapid, and precipitous deterioration in the quality of an educational program may be sufficient grounds for withdrawal of accreditation, whether or not a limited visit or probationary period has preceded the decision to withdraw accreditation. Accreditation will be withdrawn at a time specified by the CACMS.

This action is an adverse action that is subject to appeal (See [Appendix B](#)). This is a public action that will be posted on the CACMS website. The medical education program must promptly notify all enrolled students, those newly accepted for enrollment, and those seeking enrollment, of this accreditation status and about the timing of withdrawal of accreditation.

The following are accreditation actions that the CACMS may take **for programs that are currently not accredited** i.e., programs that have lost accreditation, developing medical education programs or existing unaccredited medical education programs.

7. **Denial of Accreditation.** Denial of accreditation is an action taken by the CACMS when reviewing the application of existing non-accredited medical education program. For example, this would apply to a program from which accreditation had been withdrawn which subsequently applies for accreditation. This action would be taken if the CACMS judges that the program is not in substantial compliance with accreditation standards and substantial satisfaction with accreditation elements. This action is an adverse action that is subject to appeal (See [Appendix B](#)).
8. **Grant an accreditation status (full, preliminary, or provisional).** This action relates to developing medical education programs or existing unaccredited medical education programs e.g., programs from which accreditation status was withdrawn. A developing medical education program will be granted **preliminary** accreditation status when it meets the requirements stipulated by the CACMS to be ready to admit its charter class. A limited visit will be conducted by the mid-point of the second year of the program. If the CACMS judges that the education program meets all the requirements outlined for new and developing medical education programs, the program will be granted **provisional** accreditation status. Another limited visit will be conducted when the charter class is in its final year of the curriculum. If the CACMS judges that the program fully complies with all the accreditation standards, full accreditation will be granted for a five-year term that began when the program was granted full accreditation status.

Accreditation Actions Subject to Reconsideration or Appeal

Action to grant accreditation with probation is subject to reconsideration.

Adverse actions (denial of accreditation or withdrawal of accreditation) are subject to appeal.

Follow-up Activities

The CACMS may require one or more follow-up activities (status reports, consultations, action plans and/or limited visits), if they determine that the program is not in full compliance/satisfaction with all accreditation standards/elements, or if areas in compliance/satisfaction requiring monitoring are identified where the final outcome could result in noncompliance with accreditation standards or non-satisfaction with accreditation elements.

1. Status Reports

A medical education program may be asked to submit one or more status reports documenting steps taken to correct specific areas of noncompliance / nonsatisfaction or the resolution of areas in compliance / satisfaction requiring monitoring. Status reports are reviewed at the next regularly scheduled meetings of the CACMS following their receipt.

If the requested documentation in a status report is sufficiently complete, the CACMS may take an accreditation action as described above, with or without additional follow-up. If the documentation is inadequate (either because requested information was not provided or the information provided was insufficiently detailed or ambiguous) the CACMS may reject the report and/or defer action pending receipt of additional or clarifying information.

2. Limited Accreditation Visits

Limited visits are on-site evaluations conducted by ad hoc visit teams to verify the documentation indicating compliance / satisfaction with standards/elements and resolution of areas in compliance / satisfaction requiring monitoring to assess the extent of a program's progress in achieving full compliance / satisfaction with accreditation standards/elements. A limited visit is part of the follow-up for programs placed on **warning** or placed on **probation**. In either case, the program will receive a Secretariat Consultation visit to ensure that it understands the areas of noncompliance / nonsatisfaction and areas in compliance / satisfaction requiring monitoring and the concerns of the CACMS. The Secretariat also assists the program in preparing its Action Plan and provides the school with the required template. An Action Plan describes the processes, responsible individuals/groups, and timelines the school anticipates are necessary to achieve compliance with standards/satisfaction with elements leading up to the time of the limited site visit. The findings of a limited visit and supporting documentation are compiled in a report which is reviewed by the CACMS.

A **post-probation visit** is a limited visit that follows the placement of the program on probation. Prior to the on-site evaluation, the Secretariat will provide the program with instructions regarding the documentation required for the limited visit.

3. Secretariat Fact-Finding Visits

A Secretariat Fact-Finding visit is conducted by Secretariat staff for the purpose of fact-finding and assessment of standards and elements of concern identified by the CACMS. The Secretariat uses this opportunity to relay these concerns to the school. Secretariat fact-finding visits are used instead of limited visits when insufficient time is available to recruit and prepare a limited visit team to conduct the review of the program. The Secretariat visit team normally consists of two members of the CACMS Secretariat professional staff. The CACMS Secretariat provides the program with instructions regarding the documentation required for the Secretariat visit prior to the visit.

4. Secretariat Consultation

A Secretariat consultation is a purely consultative activity between Secretariat staff and representatives of the program and does not result in the preparation of a report. Such consultation may be initiated at the request of the CACMS or by the program. Secretariat consultations are part of the follow-up for programs placed on **warning** or **probation**.

C. Reporting of CACMS Accreditation Actions

To Institutions

Within 30 days of any final CACMS action on the reports of full or limited visits, the CACMS Secretariat will provide (1) a Letter of Accreditation conveying the CACMS action, and (2) a copy of the final visit report, to the president or equivalent chief executive of the university and to the dean of the medical school. The Letter of Accreditation includes the CACMS action, the CACMS findings regarding the program's areas of noncompliance / nonsatisfaction with accreditation standards/elements, and areas in compliance / satisfaction with a need for monitoring, and any follow-up required by the CACMS. The Letter of Accreditation and final team report are held confidential by the CACMS but may be disclosed by the university at its discretion.

Within 30 days of any CACMS action on status reports, the Secretariat will send a letter to the dean of the medical school conveying the CACMS action and any required follow-up.

To External Groups and the Public

Final decisions to deny or withdraw accreditation or to place a program on probation will be conveyed to the public, by posting of the accreditation action on the CACMS website within 24 hours of the notification of the final decision to the university or program.

The current accreditation status of all accredited programs is posted publicly on the CACMS website and generally will be updated within two weeks after a CACMS meeting, except in the case of reconsideration of a probation decision or appeal of an adverse action.

The accreditation information made public includes the current accreditation status of an accredited program and the date of its next full accreditation visit but does not include visit reports, correspondence with a medical education program regarding its accreditation status, nor the basis for CACMS actions regarding a program's accreditation status.

If a medical education program makes a public disclosure of its accreditation status, the program must disclose that status accurately. Any incorrect or misleading statements made by a program about accreditation actions or accreditation status must be corrected or clarified by an official notification announcement. Failure to make such a correction or clarification may result in reconsideration of the program's accreditation status. The public information also must include contact information for the CACMS Secretariat so that the information can be verified. Such contact information could include the names, addresses, and telephone numbers of the CACMS Secretariat.

IV. REQUIRED NOTIFICATIONS TO THE CACMS

A medical school is required to notify the CACMS in any of the following circumstances, which could impact the balance of services provided and available resources:

- A. Changes in enrollment, class size, student distribution and/or the resources to support the educational program.
- B. Creation of a new campus or expansion of an existing campus.
- C. Changes in curriculum.
- D. Changes in program delivery at an existing campus.
- E. Changes in governance or ownership.

Unplanned loss of facilities or clinical teaching sites or financial resources necessary to deliver the medical education program must be reported immediately. After reviewing the report of any such changes, the CACMS will determine if any changes in the program's accreditation status or term are warranted, or if any additional follow-up or visit is needed.

A. Changes in enrollment, class size, student distribution and/or the resources to support the educational program

Accreditation is awarded to a medical education program based on the judgment that there is an appropriate balance between student enrollment and the total resources of the institution (including its faculty, physical and clinical facilities, patient population and available funding).

Notification to the CACMS is required when one or more successive increases of the entering class size results in a cumulative increase (from the time of the last full accreditation visit) of 10% or more at any campus. A template is available on the CACMS website to allow programs to document the resources available to support the change. After reviewing the report of any such changes, the CACMS will determine if any changes in the program's accreditation status or term are warranted, or if any additional follow-up is needed.

Any successive increase of students after admission (i.e., transfers, IMG, or others) which will amount to a cumulative increase of more than 10% from the time of the last full survey in any of the program years will also require notification to the CACMS.

B. Creation of a new campus or expansion of an existing campus

Prior notification is required if a new campus is being created or the educational program at an existing campus is being expanded to include more years of the curriculum. A template is available on the CACMS website to allow programs to document the adequacy of resources to support this change. After reviewing the report of any such changes, the CACMS will determine if changes in the program's accreditation status or term are warranted, or if any follow-up is needed.

C. Changes in curriculum

The CACMS must be notified prior to the introduction of significant changes in the curriculum. A template is available on the CACMS website to allow programs to document the proposed changes.

D. Changes in program delivery at an existing campus

The CACMS must be notified of a major reorganization of one or more years of the program or the program as a whole. A template is available on the CACMS website to allow programs to document the proposed changes. No notification is required for changes such as introduction of new or revisions to existing individual learning

experiences or individual clinical learning experiences. Notification to the CACMS must take place before implementation. After reviewing the notification of proposed changes, the CACMS will determine if changes in the program's accreditation status or term are warranted or if additional follow-up is needed.

E. Changes in governance or ownership

Normally, CACMS must receive prior notification of any change in the ownership or governance of a medical education program. After reviewing the report of any such changes, the CACMS will determine if any changes in the program's accreditation status or term are warranted or if any additional follow-up is needed.

V. CIRCUMSTANCES THAT MAY LEAD TO AN UNPLANNED ACCREDITATION REVIEW OR ACCREDITATION VISIT

In addition to the changes described above, the CACMS may request an accreditation visit in the following circumstances:

A. Validated complaints about educational program quality

If, after review of a valid complaint regarding educational program quality, the CACMS determines that a medical education program is not in compliance/satisfaction with relevant accreditation standards/elements, the CACMS may request a status report, conduct a limited visit, or direct a visit team to review the issue(s) as part of an upcoming full visit (see [Appendix D](#) for policies relating to complaints and third-party comments).

B. Willful deception

If, as part of the accreditation process, a medical education program knowingly supplies false or misleading information to the CACMS or to visit teams (including information provided in annual questionnaires, the Data Collection Instrument that accompanies a visit, or status reports), the CACMS will reconsider the program's accreditation status and term, and determine any appropriate follow-up action, which may include a change in the program's accreditation status or term. Similar action may be taken if a program knowingly fails to provide material information to the CACMS or to visit teams, makes misleading or incorrect public statements or disclosures regarding its accreditation status, or fails to notify interested parties of an adverse accreditation action.

VI. OTHER POLICIES AND PROCEDURES

A. Development and Review of Accreditation Standards

Creation, Review, and Modification of Accreditation Standards and Elements

Suggestions for new standards and elements or modifications to existing standards and elements may come from any source; recommended changes most commonly originate from the medical education community (educational program leadership, faculty, students) or from organizations interested in the improvement of medical education quality. Proposals for new or revised standards or elements are to be submitted in writing to the CACMS Secretariat.

The CACMS conducts periodic reviews of all accreditation standards and elements. In planned reviews of accreditation standards and elements, the CACMS may solicit review and comments from the sponsoring organizations, as well as feedback from appropriate stakeholder groups, including medical education program leadership and faculty, medical students, and others in Canada as appropriate, regarding the validity and clarity of the standards and elements. In addition to planned reviews of accreditation standards and elements, the CACMS may also re-evaluate any existing standard or element when circumstances warrant. If the CACMS determines that such reviews indicate a need to revise one or more standards and/or elements, the CACMS will take action within 12 months, including seeking review and comment from the sponsoring organizations, to initiate the needed change(s).

Substantive changes to existing standards and elements (which impose new or additional requirements on programs to achieve compliance) must undergo review by the CACMS's sponsoring organizations and be considered at a public hearing, as described in [Appendix C](#), before being adopted. Public notice of the time and format of the public hearing generally will be given at least three months prior to the hearing date. In addition to an opportunity for virtual or in-person testimony, written responses will be accepted for a total of six-months. There will be public notification of the deadline for submission of written comments.

Minor or technical modifications to existing standards and elements (i.e., changes to clarify the intent or focus of the standard by rewording it) are developed by the Standards Subcommittee for consideration by the CACMS. Such modifications do not require sponsor approval or public hearing.

Subject to the final approval of a new or revised standard or element, the new/revised version will be published in the CACMS Standards and Elements and in other relevant accreditation documents showing the effective date.

B. Conflicts of Interest

Conflict of interest statements are collected from CACMS members, visit team members, Appeals Panel members, and Secretariat staff. To avoid actual or perceived conflicts of interest, CACMS members, Secretariat staff, visit team members, and Appeals Panel members must agree in writing to abide by the following policies:

Participation in Accreditation Visits, Accreditation Decisions, or Appeals

No member of the CACMS, of the Secretariat staff, of a visit team, or of an Appeals Panel will participate in a visit, in discussions/voting at CACMS meetings, or in an appeal, if the medical education program being visited or discussed is one:

1. with which the individual is or has recently been (within five years) connected as a student, faculty member, administrative officer, staff member, or agent; or is considering applying for a faculty member position or was denied promotion or dismissed from the University

2. which has cooperative or contractual arrangements with the individual's own Faculty of Medicine/program, which could create a conflict of interest
3. which has engaged the individual to act as a consultant on behalf of the Faculty of Medicine/program within the past five years
4. in which the individual has any financial, political, professional, or other interest that may conflict with the interests of the organization/committee.

Consultations

No CACMS member will act as a paid or unpaid external consultant on matters such as program development or evaluation, organizational structure or design, and medical school management or finances. Provision of short-term educational services (such as guest lectures) is not considered consulting that poses a conflict of interest. No CACMS member will act as a paid or unpaid external consultant on CACMS accreditation matters to any program or institution subject to CACMS accreditation unless such consultation is authorized by the CACMS Chair. CACMS members and staff will not provide consultation on CACMS accreditation matters to any program or university subject to CACMS accreditation (other than their own) for a period of two years after completion of their service with the CACMS.

C. Records Retention

All materials provided by schools in conjunction with accreditation visits, including the Data Collection Instrument (DCI), Medical School Self-Study (MSS), Independent Student Analysis (ISA), and any other relevant documents, such as school responses to visit reports, will be retained in electronic format for the most recent accreditation cycle. For schools with follow-up visits conducted between full visits, the information provided to and by the school, including school responses to visit reports, will be retained through the end of the accreditation cycle. Accreditation visit reports, status reports, change notifications, historical records, and decision letters of CACMS accreditation actions for each accredited program and each program seeking accreditation, and all CACMS meeting minutes and agendas will be retained indefinitely in electronic format. Other correspondence with individual medical education programs will also be kept in electronic format for the most recent eight-year cycle. For medical education programs not granted accreditation or whose accreditation has been revoked, all records will be kept electronically for at least six months. Complaints against program quality or third-party comments, if shown to relate to areas of noncompliance with accreditation standards, will be retained indefinitely, so as to inform future visit team reviews.

D. Research and Confidentiality of Information Collected During the Accreditation Process

Research

CACMS Secretariat staff may conduct research based on confidential information contained in the Data Collection Instrument, Self-Study documents, and visit and status reports. Neither the source documents used for such research, nor the results of such research may be shared or made available to other individuals or organizations (including staff of the CACMS's sponsoring organizations) unless authorized by the CACMS. Aggregated data obtained from annual CACMS questionnaires may be shared or made available to other individuals or organizations to the extent that confidentiality requirements and data-sharing agreements of the CACMS's sponsoring organizations permit.

Confidentiality of Information Collected During the Accreditation Process

All information collected in preparation for accreditation visits or collected thereafter is held in strict confidence by the Secretariat and the CACMS.

Accreditation visit team members must sign a confidentiality statement agreeing to abide by the CACMS's confidentiality requirements as a condition for participating in the visit. All information received by the CACMS that relates to a program's accreditation status (including visit reports and status reports) is treated as confidential data,

and CACMS members and staff must also sign a confidentiality statement as a condition for participating in CACMS meetings and related activities. Confidentiality obligations also apply to members of an Appeals Panel. The confidentiality obligation includes a requirement related to the confidential disposal of materials after visits, CACMS meetings, or appeals.

E. Complaints, Third-Party Comments, and Information from Public Sources about Program Quality

Complaints about Program Quality

The CACMS will consider complaints about program quality, which if substantiated, would represent noncompliance/non-satisfaction with one or more CACMS accreditation standards/elements. The CACMS Secretariat will manage all activities related to complaints about the quality of a medical educational program in Canada. The CACMS will not intervene on behalf of a complainant to achieve redress of grievances with regard to issues such as admission to medical school, dismissal or disciplinary actions involving students or faculty, or faculty appointment or advancement. Complaints may come from any source. All complaints must be submitted in writing to the Secretariat and complainants must sign a form allowing the complaint to be disclosed to the medical education program. Anonymous complaints will not be considered.

If, at any time through the public media, the CACMS is informed of circumstances at a medical education program that might indicate noncompliance/non-satisfaction with accreditation standards/elements, the information will be treated as a complaint about program quality.

The Secretariat will conduct an initial evaluation of any complaint about program quality to determine whether it represents potential noncompliance/non-satisfaction with accreditation standards/elements. If the Secretariat determines that the complaint presents evidence of one or more areas of noncompliance/unsatisfactory performance, the school's dean will be sent a copy of the complaint and will be given an opportunity to respond in writing.

The issue(s) raised in the complaint and the program's response will be reviewed by an *ad hoc* Subcommittee on Complaints appointed by the CACMS Secretariat and the Chair of the CACMS. Details of these procedures are set forth in [Appendix D](#).

The complainant will not be informed of the result of any review.

The accreditation visit team conducting a full visit will receive documentation of complaints, including those from students, that have been found to relate to areas of noncompliance with accreditation standards/unsatisfactory performance in elements. Accreditation visit team members also will receive information on the final CACMS action related to these complaints.

Third-Party Comments

The CACMS provides opportunity for third-party comment related to a medical education program undergoing review for preliminary, provisional, or full accreditation. The CACMS includes on its website the month and academic year in which such review will occur, along with the process by which third-party comments may be submitted. Comments must be focused on potential areas of noncompliance/non-satisfaction with accreditation standards/elements or other related matters that could impact the school's ability to provide a quality medical education program. Comments must be submitted to the CACMS Secretariat at least three months before a scheduled visit. Anonymous comments will not be accepted.

Comments will be handled in accordance with the procedures set forth in [Appendix D](#) of these *Rules of Procedure*.

Complaints about CACMS Accreditation Standards, Policies, Procedures, and Operations

Complaints about the CACMS accreditation standards, elements, policies, procedures, or operations are reviewed by CACMS Steering subcommittee. Such complaints must be submitted in writing to the Secretariat and will not be considered if they are submitted anonymously. If a member of the Secretariat staff is the subject of a complaint, the Secretariat staff member will not participate in the investigation of or decision-making about the complaint. The Steering subcommittee will present its findings and any recommended actions to the CACMS at its next regularly scheduled meeting. The complainant will be advised in a timely manner of the CACMS's response to the complaint.

Complaints about visit teams or visit team members must be submitted in writing or through a call to a member of the Secretariat and may not be anonymous. The CACMS Secretariat will investigate the complaint by collecting information relevant to the specific incident, for example, through interviews with medical education program personnel and/or visit team members. The CACMS Secretariat will present the results of the investigation to the Chair of the CACMS for appropriate action, which the CACMS Secretariat will carry out. The CACMS will not notify the complainant of the results of the investigation.

F. CACMS Continuous Quality Improvement (CQI) Activities

CACMS staff monitors such things as consistency in decision making. The results of such analyses are used in the training of CACMS members and accreditation teams. Also, as part of its CQI activities, the CACMS Secretariat provides feedback to visitors on their report. The Secretariat seeks feedback from undergraduate medical education (UGME) programs having been visited about their accreditation experience including communications with the Secretariat, ease of completion and submission of documents, conduct and tone of the visit and professionalism of visitors.

VII. AFMC-CMA-CACMS Council (ACCC)

Preamble

The Association of Faculties of Medicine of Canada (AFMC) and the Canadian Medical Association (CMA) [the Sponsoring Organizations of the Committee on Accreditation of Canadian Medical Schools (CACMS)] entered into a Memorandum of Agreement (“MOA”) on December 20, 2013, for the purpose of supporting and assisting each other in achieving a mutual goal “to promote and support the accreditation of Canadian undergraduate medical educational institutions in ensuring graduates have the requisite entry-level competencies to meet the next stage of their training, by delivering educational programs and creating learning environments that meet national standards and the future of medical education in Canada”. A new MOA is effective as of January 23, 2019 with CMA and AFMC as equal funding partners regarding CACMS.

In furtherance of the foregoing, the AFMC and the CMA have established a joint Council (the “AFMC-CMA-CACMS Council”) to facilitate communications among the AFMC, the CMA and the CACMS, to improve long-term planning on matters related to MD program accreditation and to facilitate the functions of CACMS. The AFMC and the CMA affirm their commitment to the CACMS’s autonomy in conducting evaluations and in making decisions about the accreditation status of MD programs, with no review or participation by this Council. The AFMC-CMA-CACMS Council (the “Council”) has no role in setting CACMS accreditation standards. As the Sponsoring Organizations of CACMS, the CMA and the AFMC determine the membership, role, duties and obligations of the CACMS.

Purpose

The overall purpose of the Council is to serve as a conduit between the sponsoring organizations and the CACMS, and to provide oversight of the CACMS for matters relating to:

- a) Strategic planning and priority setting
- b) Review of the MOA between the AFMC and CMA
- c) Nomination of new AFMC and CMA members on the CACMS
- d) Review of the budget annually
- e) Risk management

Membership

- a) The Council has six (6) members, including two (2) appointed by each of the sponsoring organizations (one of whom will be the chief executive officer (or senior management designate) of the sponsoring organization, and the other the Board Chair or designate) and two (2) by the CACMS, including the CACMS Chair and the CACMS Secretary.
- b) The term of the members is defined by the term of their position in the respective organization or committee.
- c) The Council is co-chaired by a representative of each of the sponsoring organizations.

Functions

- a) The Council acts under delegated authority of and within parameters established by the sponsoring organizations.
- b) The Council provides the sponsoring organizations with an integrated structure to interact with the CACMS.

- c) The Council provides the CACMS with a single entity to address issues needing sponsoring organization input.
- d) The Council approves CACMS policies other than those directly affecting the accreditation process.
- e) The Council has no role in specific CACMS accreditation decisions or the setting of CACMS accreditation standards or policies.
- f) The Council guides strategic and other planning on behalf of the CACMS, including planning to ensure that accreditation processes are aligned with changes and innovations in medical education such as the Future of Medical Education in Canada recommendations.
- g) The Council approves CACMS business initiatives, including the engagement of consultants or advisors.
- h) The Council deals with issues of new resources, including fees and other sources of revenue, if these are needed to accomplish strategic directions.
- i) The Council reviews and approves the CACMS budget prior to submitting it for approval to the AFMC Board of Directors and CMA Board of Directors.
- j) The Council recommends the nomination of new AFMC and CMA-appointed members of the CACMS.
- k) The Council approves the CACMS's participation in collaborations with other organizations relating to accreditation.

Budgeting, Financial Support, and Financial Management

The CACMS Secretariat will prepare a budget proposal to be presented to the ACCC in the fall of each year before the December meeting of the CMA board and the AFMC Finance Committee. A final budget proposal will then be submitted for approval to the AFMC and CMA Board of Directors in January of the following calendar year.

Dispute Resolution Mechanism

In the event of a dispute, the parties will make best efforts to achieve a satisfactory resolution, agreeing to the following steps.

- a) At the onset of a dispute, the parties, or their representatives, agree to meet promptly for the purposes of attempting, in good faith, to negotiate a resolution.
- b) Where the Parties are unable to achieve a resolution at the staff or governance level, the matter will be referred to the CMA's CEO and the AFMC's CEO for resolution.
- c) If after ten (10) business days or any other period agreed to, these senior leaders are unable to resolve the issues, the parties agree to submit the dispute to mediation.
- d) The parties will jointly select a single mediator within fourteen (14) calendar days of submitting the dispute to mediation. If the parties are unable to agree upon the choice of a mediator, one will be chosen by the Alternative Dispute Resolution (ADR) Institute of Canada. The place of mediation will be Ottawa, Ontario. The language of the mediation will be in English.
- e) The parties agree to participate in good faith in the mediation for a period of up to sixty (60) calendar days

(which may be extended on mutual agreement). If they cannot resolve the dispute within that time, the Parties are free to submit the dispute to litigation or any other dispute resolution procedure.

Operating Procedures

Responsibility of Council Members

In their commitment to the CACMS, Council members will:

- a) Learn about and continue to stay informed about the CACMS.
- b) Attend Council meetings and participate actively and responsibly.
- c) Support the decisions of the Council.

Council Meetings

- a) The Council meets at least two (2) times per year and at such other times at the discretion of the co-Chairs of the Council. Face to face meetings will be held yearly at a minimum. Logistics for meetings will be coordinated by the AFMC. Other meetings may occur by using conferencing technology.
- b) Meeting agendas are prepared by the Council Co-Chairs.
- c) A quorum is satisfied by the participation of four (4) members, including one (1) appointee from each of the sponsoring organizations and one from the CACMS.
- d) Council decisions, presuming a quorum is present, require the affirmative vote of two thirds (2/3) of the members eligible to vote, provided that the decision is supported by at least one (1) appointee from each sponsoring organization.
- e) Minutes will be taken by AFMC staff. The Co-Chairs will ensure an executive summary of the minutes is delivered in a timely fashion to the Council members and members of the CACMS.
- f) Council members will follow the reimbursement guidelines of their respective sponsoring organization for Council-related expenses.

APPENDIX A

OBSERVERS ON CACMS ACCREDITATION VISITS

Individuals from appropriate organizations with an interest in the CACMS process who wish to participate in an accreditation visit must contact the CACMS Secretariat in writing. The request must include the reason for participating and the individual's role in medical education or program evaluation.

The Secretariat will identify a medical education program where the observer may be included on the accreditation visit team. Permission observer participation must be obtained from the dean of the school. The observer may be present for all aspects of the visit but may not participate in accreditation-related discussions or decision-making or contribute to report writing. The observer must agree in writing to hold confidential all information obtained during the visit.

APPENDIX B

RECONSIDERATION AND APPEALS

A. RECONSIDERATION OF ACTIONS TO GRANT ACCREDITATION WITH APPROBATION

The reconsideration will be limited to the time and circumstances that triggered the CACMS action (e.g., an accreditation visit, status report, etc.) and will be based solely on the information contained in the final visit or status report. Descriptions of changes made since that time will not be considered.

Notice of CACMS Action

Upon a finding that a medical education program is not in compliance/satisfaction with the CACMS's published accreditation standards/elements, and imposition of an initial action negatively impacting the program's accreditation status, the CACMS Secretariat will promptly notify the university in writing of the action and of the specific areas of noncompliance/non-satisfaction that support the imposition of the action. The Secretariat also will inform the medical education program of the right to reconsideration.

The process for reconsideration of actions to grant accreditation with probation consists of: (1) review by an independent *ad hoc* review committee and (2) CACMS review with or without a hearing. At the end of this process, the CACMS will decide whether to affirm, modify, or reverse its initial accreditation decision.

Request for Reconsideration

If the institution wishes to request reconsideration of the CACMS's decision to grant accreditation with probation, it must notify the CACMS Secretariat within thirty (30) calendar days from the date of receipt of the notice of the CACMS action. A request for reconsideration must be addressed to the CACMS Secretariat and must contain a concise statement of why the institution believes that the CACMS's decision was improper.

If a request for reconsideration is not received by the CACMS Secretariat within thirty (30) days, the CACMS's initial action will constitute the final action by the CACMS.

Step 1: Review by an Independent Review Committee

The first step in the reconsideration process is review by an *ad hoc* Independent Review Committee, which will be advisory to the CACMS. The Independent Review Committee will consist of three individuals appointed by the CACMS Secretariat in consultation with the CACMS Chair. Individuals appointed to the *ad hoc* Independent Review Committee should be former members of the CACMS or otherwise meet the qualifications for membership.

The Independent Review Committee for a given program will not include any person who participated in an accreditation visit that triggered the CACMS action; reviewed recent visit findings, status reports, or other CACMS findings or CACMS conclusions regarding that program on behalf of the CACMS; or has a conflict of interest as determined under the CACMS Conflict of Interest Guidelines.

The CACMS Secretariat will forward to each of the members of the Independent Review Committee the following materials, which will constitute the Review Record: a complete file of all documents concerning the program that were available to the CACMS and upon which the CACMS relied in the action that is the subject of the reconsideration.

The Independent Review Committee will make one of the following recommendations to the CACMS:

1. Affirm the initial CACMS's action; or
2. Modify the CACMS's action.

If the Independent Review Committee concludes that there is no reason to alter the initial CACMS's action, it will recommend that the CACMS's action be affirmed. If the Independent Review Committee concludes that the CACMS's action is not supported by evidence or was not made in substantial accordance with CACMS's policies and procedures, it will recommend that the CACMS modify its action. The Independent Review Committee will forward a written report of its recommendation and its reasons to the CACMS

The institution will not receive a copy of the report or recommendation of the Independent Review Committee.

Step 2: Hearing before the CACMS

Any hearing of the reconsideration will take place (in English) before the membership of the CACMS.

CACMS Hearing

The CACMS will schedule the reconsideration hearing for a regularly scheduled CACMS meeting that will occur after receipt of the report of the Independent Review Committee.

The CACMS Secretariat will notify the university in writing of the date, time, and place of the hearing. The notice will be provided at least forty-five (45) calendar days prior to the hearing. The notice will advise the institution that:

1. it may send representatives to appear before the CACMS.
2. it may be represented by legal counsel; and
3. it may submit a written response to the CACMS cited areas of noncompliance / non-satisfaction with accreditation standards/elements. Such response must be based solely on the information contained in the final accreditation visit report or status report unless otherwise provided herein; and
4. the reconsideration will be limited to the time and circumstances that triggered the CACMS action (e.g., an accreditation visit, status report, etc.) and will be based solely on the information available to the Committees at the time of their decision. Descriptions of changes made since that time will not be considered.

The university's written intent to send representatives to appear before the CACMS, the names of the representatives and, if any, the legal counsel who will attend the hearing, must be received by the CACMS Secretariat no later than twenty-one (21) calendar days before the scheduled date of the hearing, along with its written response.

The CACMS Secretariat will send to each member of the CACMS who will participate in the hearing the following materials, which will constitute the Reconsideration Record: the Review Record and the Independent

Review Committee's report and recommendation, and the university's request for review and written response to the CACMS's cited areas of noncompliance / non-satisfaction. The CACMS may choose to have legal counsel present during the hearing and the deliberations of CACMS.

Conduct of the hearing before the CACMS

The hearing before the CACMS will be chaired by the Chair of CACMS.

If the university, without good cause, fails to appear or fails to advise the CACMS Secretariat in writing more than five (5) calendar days before the scheduled date of the hearing that it will not appear, the CACMS may elect to notify the university that no further opportunity for a personal appearance will be provided.

Decision of the CACMS

At the conclusion of the hearing, the members of CACMS will meet to review the Reconsideration Record and the information presented during the hearing. The CACMS will determine by the affirmative vote of a majority of those members present whether substantial evidence supports the existence of the cited areas of noncompliance / non-satisfaction with accreditation standards/elements, and whether the initial CACMS action should be affirmed, modified or reversed. This decision will constitute the CACMS's final decision on the accreditation status of the medical education program.

The CACMS Secretariat will notify the institution in writing of the final CACMS's decision, including the reasons therefore, within thirty (30) calendar days after the CACMS reached its final decision on accreditation status.

CACMS Review without a Hearing

A university may inform the CACMS Secretariat in writing that it does not wish to appear before the CACMS. In such event, the CACMS will consider the accreditation status of the medical education program at the next regularly scheduled meeting. The CACMS will rely on the Reconsideration Record for information. The CACMS will determine by the affirmative vote of a majority of those members present whether to affirm, modify or reverse the initial action. This decision will constitute the CACMS's final decision on the accreditation status of the medical education program. The CACMS Secretariat will notify the university in writing of the final CACMS decision, including the reasons therefore, within thirty (30) calendar days after the CACMS meeting. Such determination will constitute the final action by the CACMS.

B. CACMS APPEAL PROCESS FOR ADVERSE ACTIONS

Only denial of accreditation and withdrawal of accreditation are appealable actions. The appeal will be limited to the time and circumstances that triggered the CACMS action (e.g., an accreditation visit, status report, etc.) and will be based solely on the information available to the Committees at the time of their decision. Descriptions of changes made since that time will not be considered, except as expressly provided herein.

Notice of CACMS Action

Upon a finding that a medical education program is not in compliance/satisfaction with the published accreditation standards/elements, and imposition of an appealable action affecting accreditation by the CACMS, the CACMS Secretariat will promptly notify the university in writing of the action and of the specific areas of noncompliance/non-satisfaction that support the imposition of the action. The CACMS Secretariat also will inform the university of its right to appeal.

Notice of Appeal

If a university wishes to appeal the CACMS decision, it must notify the CACMS Secretariat within thirty (30) calendar days from the date of receipt of the notice of the CACMS action. Such Notice of Appeal must be addressed to the CACMS Secretariat and must contain a concise statement of why the institution believes that the CACMS action (1)

was based on a procedural error that materially affected the outcome of the accreditation review process, or (2) the adverse action imposed by the CACMS is arbitrary or capricious.

If a Notice of Appeal is not received by the CACMS Secretariat within thirty (30) days, the CACMS initial action will constitute final action by the CACMS.

APPEAL AT A HEARING BEFORE AN INDEPENDENT APPEALS PANEL

The appeal process consists of a hearing before an Independent Appeals Panel. The CACMS may choose to have CACMS legal counsel present during the hearing and the deliberations of CACMS.

Identification and Training of Appeals Panel Members

A three-member Independent Appeals Panel will be appointed by the CACMS Secretariat in consultation with the Chair of the CACMS and will include individuals who are former CACMS members or who otherwise meet the qualifications for membership on the CACMS, such as educator or practitioner and will include a representative of the public. The Independent Appeals Panel will not include current members of the CACMS or past members who have taken part in the decision that led to the adverse action under appeal.

There will be three alternate members, including a representative of the public, who will be called upon to participate if an Independent Appeals Panel member must be excused.

Independent Appeals Panel members are subject to the same conflict of interest provisions as CACMS or visit team members (see Conflict of Interest Guidelines elsewhere in this document).

Once the Independent Appeals Panel has been established, neither the university nor any member of the CACMS will contact any member of the Independent Appeals Panel concerning the matter under appeal.

Information Presented to the Independent Appeals Panel

The CACMS Secretariat will forward to each member of the Independent Appeals Panel the following materials, which will constitute the Appeal Record: the program's accreditation history; the visit report that was available to the CACMS and upon which the committees relied in the action that is the subject of the appeal; a copy of the Data Collection Instrument as originally submitted by the program, including the appendix and updates submitted to the visit team by the medical education program by the end of the visit; a copy of the Letter of Accreditation notifying the university of the adverse action and containing a written summary of the CACMS's grounds for the adverse action; and a copy of the university's Notice of Appeal; and the program's response to the cited areas of noncompliance/unsatisfactory performance and supporting documentation. No new information will be presented to or will be considered by the Independent Appeals Panel, except when (1) the adverse action that is the subject of appeal was based **solely** upon a failure by the university to meet an accreditation standard pertaining to finances, (2) the information was unavailable to the university prior to the decision by the CACMS to take the adverse action, **and** (3) the information is significant and bears materially on the financial deficiencies identified by the CACMS, that information also will be forwarded to and may be considered by the Independent Appeals Panel.

Timing of and Representation at the Independent Appeals Panel Hearing

The Chair of the Independent Appeals Panel will notify the university in writing of the date, time, and place of the hearing. The notice will be provided at least forty-five (45) calendar days prior to the hearing. The notice will advise the university that it:

1. may send representatives to appear before the Independent Appeals Panel.

2. may be represented by legal counsel.
3. may submit a written response to the CACMS cited areas of noncompliance/non-satisfaction. Such response must be limited to the time and circumstances that triggered the adverse action and will be based solely on the information contained in the final accreditation visit report. Descriptions of actions taken, or changes made since that time may not be submitted and will not be considered unless otherwise provided herein.

The university's written intent to send representatives to appear before the Independent Appeals Panel, the names of the representatives and, if any, the legal counsel who will attend the hearing, must be received by the Chair of the Independent Appeals Panel no later than twenty-one (21) calendar days before the scheduled date of the hearing.

The university will be notified that failure to appear without good cause or failure to notify the Chair of the Independent Appeals Panel at least ten (10) calendar days before the scheduled date of the hearing that it will not appear may result in the Independent Appeals Panel making its decision based on the information before it with no further opportunity for an appearance by the university.

During the hearing, the CACMS will be represented by the Chair of CACMS, the CACMS Secretary and legal counsel.

Conduct of the Hearing before the Appeals Panel

Although strict adherence to the formal rules of evidence will not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing will follow the following general format:

- a) Introductory statement by the Chair of the Independent Appeals Panel. The Chair will be a member appointed by the CACMS.
- b) Review of procedures by legal counsels.
- c) Oral presentation by the CACMS Chair, presenting the grounds for the adverse action (30 minutes).
- d) Oral presentation by the university (one hour).
- e) Follow-up by CACMS Chair
- f) Questions by the Independent Appeals Panel.
- g) Independent Appeals Panel executive session.
- h) Additional questions by the Independent Appeals Panel.
- i) Closing statement by the CACMS Chair (10 minutes)
- j) Closing statement by the university (10 minutes).
- k) Adjournment.

A record of the hearing will be made by a certified court reporter.

Decision of the Independent Appeals Panel

At the conclusion of the hearing, the Independent Appeals Panel will meet in executive session to review the proceedings and to reach a decision. The Independent Appeals Panel will consider the Appeal Record and the information presented during the hearing. The Independent Appeals Panel will determine by the affirmative vote of a majority of those members present whether substantial evidence supports the CACMS decision on accreditation status, and whether the adverse action should be affirmed, modified or reversed.

The Independent Appeals Panel will make one of the following decisions:

- a) Affirm the adverse action; or
- b) Reverse or modify the adverse action; or
- c) Remand the matter back to the CACMS for further consideration, identifying specific issues that the accrediting body must address.

If the Appeals Panel determines that there is no reason to alter the adverse action, it will affirm the action. If the Appeals Panel determines that the adverse action is not supported by the evidence or was not made in substantial accordance with CACMS policies and procedures, it will reverse or modify the adverse action, or remand the matter back to the CACMS for further consideration, identifying specific issues that the CACMS must address.

The Appeals Panel decision, the reasons therefore, and any instructions to the CACMS will be submitted to the CACMS in the form of a written report.

The Appeals Panel process, including the filing of the report with the CACMS, will be completed within ninety (90) days from the time that the institution files its Notice of Final Appeal.

The decision of the Appeals Panel will constitute the final decision of the CACMS, except as provided below.

Remand to the CACMS with Instructions. If the Appeals Panel remands the matter back to the CACMS for further consideration, the CACMS will reconsider the matter paying close attention to any specific issues and instructions identified by the Appeals Panel. The CACMS after reconsidering any specific issues and instructions identified by the Appeals Panel will render its decision. This decision will constitute the CACMS final decision on the accreditation status of the medical education program. The CACMS Secretariat will notify the university in writing of the Appeals Panel decision, and the action taken by the CACMS on remand, including the reasons therefore, within sixty (60) calendar days after receipt of the Appeals Panel Report.

NOTIFICATION OF ACCREDITATION STATUS

The prior accreditation status of a program will remain in effect until the CACMS action becomes final pursuant to the provisions of this [Appendix B](#).

If the CACMS final action is to assign probationary status, withdraw accreditation, or deny or refuse to consider a medical education program for accreditation, the institution will be required to notify all students enrolled, those accepted for enrollment, and those seeking enrollment. The university will provide the CACMS Secretariat with a copy of such notification promptly after receiving notice of the final action by the CACMS assigning probationary status, withdrawing accreditation, or denying or refusing to consider for accreditation. The program also will notify others, on request, of its accreditation status.

RESPONSIBILITY FOR THE COST OF RECONSIDERATIONS AND APPEALS

The costs of the reconsiderations and appeals conducted by the CACMS will be allocated in the following manner:

- a) The CACMS will bear all of the administrative and meeting costs, including the travel and other expenses of the Review Committee or Appeals panel.
- b) The university appealing a CACMS decision will bear all of the costs involved in its presentation at the reconsideration or appeal hearing, as well as the travel and other expenses of its representatives.
- c) Organizations requiring transcripts of the hearing will bear the associated costs.

NOTICE AND FILINGS WITH THE CACMS SECRETARIAT

Whenever, under any of the provisions of this [Appendix B](#), there is a requirement for a written notice or request to the CACMS Secretariat, said notice or request will be sent to the following address:

CACMS Secretary

The Association of Faculties of Medicine of Canada

Ottawa, Ontario, Canada

cacms@afmc.ca

APPENDIX C

PROCEDURES FOR CHANGING ACCREDITATION STANDARDS OR THEIR CONSTITUENT ELEMENTS

Requests for new or revised accreditation standards or their constituent elements may arise from any source. Any requests for additions to or modification of existing standards or elements should be sent to the CACMS Secretariat in writing and will be referred to the CACMS Standards Subcommittee for further action.

Modifications to elements or additional CACMS standards require the approval of the CACMS only.

The CACMS conducts regular reviews of the standards and their elements. Such reviews involve collecting information from external stakeholder groups. If these reviews indicate a need to revise one or more elements, the CACMS will initiate appropriate action within 12 months.

The CACMS Standards Subcommittee develops draft language for new and modified standards or their elements and submits them to the CACMS for consideration. Other supporting documentation to improve understanding of the standards or their elements may be developed by the Standards Subcommittee when appropriate.

Technical/editorial changes to Elements

Technical/editorial changes to CACMS Elements that improve the clarity but do not have resource implications in order to achieve compliance (e.g., financial, changes in processes/systems, curriculum development, formal curricular change) can be approved and adopted immediately by the CACMS.

Substantive changes to Elements

New elements, as well as substantive revisions to existing CACMS elements that alter their content or requirements for compliance, will be sent to the sponsoring organizations of the CACMS. Comments from the sponsoring organizations will be considered by the CACMS and inform the development of a version that will be sent to identified stakeholder groups in Canada for comment and presented to the wider medical education community at a public hearing. In addition, proposed changes to elements will be posted on the CACMS website for public comment.

Changes to Standards

New CACMS standards as well as revisions to existing CACMS standards that alter their content or requirements for compliance will be sent to CACMS sponsoring organizations for their review. Comments from the sponsoring organizations will be considered by the CACMS and inform the development of a version that will be sent to identified stakeholder groups in Canada for comment and presented to the wider medical education community during a public hearing. In addition, proposed changes to standards will be posted on the CACMS website for public comment.

Public Hearing

Announcements of the public hearing, including location and format (virtual or in person), are disseminated through the publicly available CACMS website and to sponsoring organizations. The CACMS Chair or Secretary presides at the public hearing.

Comments made during a hearing are recorded or transcribed and, together with written documentation submitted prior to or during the hearing, constitute the hearing record.

If there is substantial agreement during the public hearing, the proposed changes to elements or new or existing CACMS standards are considered for final adoption at the next regularly scheduled CACMS meeting. If the public commentary reflects substantial disagreement, the CACMS will direct the CACMS Standards Subcommittee to prepare a revised draft for reconsideration by the CACMS or will withdraw the proposed new or modified standard or element. Should the CACMS approve a version appreciably different from that originally considered by the sponsors, the amended version is sent back to the sponsoring organizations for review and comment. The amended version will again be subject to public hearing.

Final decision on the content of any element or any CACMS accreditation standard is at the sole determination of the CACMS.

Any new or revised element or CACMS standard adopted by the CACMS will be published on the CACMS website and in the document *CACMS Standards and Elements*, along with the academic year in which the standard or element will be applied.

APPENDIX D

PROCEDURES FOR HANDLING COMPLAINTS ABOUT PROGRAM QUALITY

The CACMS will consider complaints about program quality, third-party comments, and information from public sources (hereinafter, “Complaints”), **which, if substantiated, may constitute noncompliance with CACMS accreditation standards or unsatisfactory performance in one or more elements. The CACMS will not intervene on behalf of an individual complainant regarding, for example, matters of admission, appointment, promotion, or dismissal of faculty or students. The handling of all complaints will be managed by the CACMS Secretariat.**

Submitting a Complaint

All complaints must be made in writing, may come from any source and must be submitted to the CACMS Secretariat. Anonymous submissions will not be considered.

The written submission should contain as much information and detail as possible about the circumstances that form the basis of the complaint. The complainant must cite the relevant accreditation standard or element relating to the complaint. Upon receipt of a complaint, the CACMS Secretariat will request a signed release form from the complainant. The CACMS Secretariat will then review the complaint to confirm that it relates to the cited accreditation standards and merits review. If the complaint indicates circumstances which, if substantiated, would indicate areas of noncompliance / non-satisfaction with CACMS accreditation standards / elements, the CACMS Secretariat will contact the author to obtain additional documentation or corroboration, if needed. If the complainant does not comply with the request for the release form or for additional information, the file will be closed, and no further action will be taken.

The CACMS will attempt to maintain the confidentiality of complaints and any corroborating material. However:

- Any information about a program or school may be released to the dean of the medical school, members and staff of the CACMS, their respective attorneys, and other persons authorized by the dean, required by law or necessity, at the discretion of the CACMS, to fully investigate the complaint.
- The complainant and any corroborators will be required to sign an authorization to release the written complaint and corroborating materials to the dean of the medical school, members and staff of the CACMS, their respective attorneys, and appropriate outside parties.
- The complainant and any corroborators also will be required to authorize the school to release any information deemed necessary by the CACMS.

Investigating a Complaint

If the CACMS Secretariat determines that the complaint does raise issues relating to the medical education program’s compliance/satisfaction with accreditation standards/elements, the CACMS Secretariat will provide the dean with the complaint and corroborating information and describe the information that the dean should provide in response.

Review of Complaint

An ad hoc Subcommittee on Complaints appointed by the CACMS Secretariat will review complaints/comments together with corroborating materials and the response from the dean. The subcommittee will present a report of its findings and recommendations related to the program’s performance in relevant accreditation elements and compliance with relevant accreditation standards to the CACMS for discussion at one of its regularly scheduled meetings. The CACMS will make a final determination, including any change in the program’s performance in elements, compliance with standards, and accreditation status and specify the nature and timing of any required follow-up. It will also direct the Secretariat to notify the dean of its decision.

Response to Complainant

The complainant will be notified whether an investigation will be undertaken or not. The complainant will not be informed of the result of any such investigation.