



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

The following are the Lexicon definitions related to Standards 3 and 7.

TERM	DEFINITION
Caregiver (Found in element 7.4, 7.6, 7.8)	<p>A caregiver is anyone designated informally or legally (by the person, their proxy, or through other legal means) to be considered like family in providing care or support to the person.</p> <p><i>* Approved by the CACMS for inclusion in the documents for AY 2026-2027.</i></p>
Clinical affiliate (Found in element 1.4, 3.4, 3.5) Includes: “Affiliated clinical site” & “Affiliated clinical facility” (Found in elements 5.6, 5.11)	<p>A clinical site or facility that provides inpatient medical care and provides required clinical learning experiences for the school’s medical students. These institutions have formal affiliation agreements with the medical school as specified in Element 1.4.</p> <p>(Derived from LCME definition)</p> <p><i>* Approved by the CACMS for inclusion in the documents for AY 2026-2027.</i></p>
Cultural Safety (Found in element 7.6)	<p>Cultural safety is about the experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.</p> <p>(Adapted from Public Health Agency of Canada 2023)</p> <p><i>* Approved by the CACMS for inclusion in the documents for AY 2026-2027.</i></p>
Discrimination (Found in element 3.4, 3.6)	<p>Discrimination is an action or decision that results in the unfair or negative treatment of a person or a group for reasons protected under federal and applicable provincial and territorial human rights legislation.</p> <p>(Adapted from Canadian Human Rights Commission chrc-ccdp.gc.ca)</p> <p><i>* Approved by the CACMS for inclusion in the documents for AY 2026-2027.</i></p>
Faculty of a medical school (Found in elements 1.4, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 8.1, 8.2, 8.3, 10.3)	<p>The complement of appointed individuals (as constituted by the university) working collectively or through a duly constituted group or structure with the authority to speak on behalf of the collective body of faculty members.</p> <p><i>* Excerpt from Lexicon AY 2025-2026.</i></p>
Mistreatment (Found in element 3.6)	<p>Mistreatment is intentional or unintentional behaviour directed at an individual or a group of individuals that has a negative effect on the learning environment. It includes acts of commission or acts of omission and microaggressions.</p> <p>(Adapted from AAMC 2011)</p> <p><i>* Approved by the CACMS for inclusion in the documents for AY 2026-2027.</i></p>
Required learning experience. (Found in elements 6.1, 6.5, 7.4, 8.2, 8.3, 8.5, 8.7, 8.8, 9.1, 9.5, 9.6, 9.7, 9.8, 10.6, 10.7, 11.1, 12.4)	<p>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 may be mandatory to complete, but significant aspects of the experiences are of the student’s choosing.</p> <p><i>* Excerpt from Lexicon AY 2025-2026.</i></p>

<p>Senior Academic and Educational Leadership (Found in element 3.3, 4.4)</p>	<p>Individuals in high-level positions who are leaders of academic units e.g., department chairs, or leaders of the medical education program e.g., vice-dean, associate dean, curriculum chair, and directors of required learning experiences. * Excerpt from Lexicon AY 2025-2026.</p>
<p>Social determinants of health (found in element 7.5)</p>	<p>Social determinants of health refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health. Definition adapted from Health Canada (Health Canada, 2023). * Excerpt from Lexicon AY 2025-2026.</p>
<p>Trauma-informed healthcare (Found in element 7.6)</p>	<p>Trauma-informed healthcare is provided when an individual understands the impacts and root causes of historical intergenerational trauma, recognizes the symptoms of trauma in others, and integrates this knowledge into their clinical and learning environments in order to reduce unintentional harm. (Adapted from Public Health Agency of Canada 2023) * Approved by the CACMS for inclusion in the documents for AY 2026-2027.</p>

The following are proposed substantive changes for public comment via the website and at the public hearing in April 2024. These revisions are being considered for inclusion in the Standards & Elements for AY 2026-2027

CURRENT 2025-2026 VERSION	FINAL VERSION APPROVED FOR PUBLIC CONSULTATION
<p>3.3 Diversity Programs and Partnerships</p> <p>A medical school in accordance with its social accountability mission has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to demonstrate progress towards mission-appropriate diversity outcomes among its medical students, faculty members, senior academic and educational leaders, and other relevant members of its academic community. These activities include the appropriate use of effective policies and practices, programs or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of policy and practices, program, or partnership outcomes.</p>	<p>3.3 Diversity Programs and Partnerships</p> <p>A medical school, in accordance with its social accountability mission, has effective policies and processes, programs, and partnerships in place to demonstrate progress towards mission-appropriate diversity outcomes among its medical students, faculty members, and senior academic and educational leaders.</p> <p>The school monitors the effectiveness of the activities undertaken to make progress towards the diversity outcomes including focused recruitment and retention activities.</p>
<p>3.4 Anti-Discrimination Policy</p> <p>A medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, national origin, race, sex, diverse sexual orientation, gender identity, and gender expression. The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect and take steps to prevent discrimination, including the provision of a safe mechanism for reporting incidents of known or apparent breaches, fair and timely investigation of allegations, and prompt resolution of reported incidents with a view to preventing their repetition.</p>	<p>3.4 Anti-Discrimination and Anti-Racism Policy</p> <p>A medical school has an anti-discrimination policy and processes that align with federal, and applicable provincial and territorial, human rights legislation.</p> <p>The medical school, its clinical sites, and its clinical affiliates adhere to this policy, take steps to prevent discrimination, and foster an environment in which all individuals are treated with respect.</p> <p>This includes:</p> <ol style="list-style-type: none"> 1) that the anti-discrimination policy and process specifically addresses racism, 2) a system of student assessment and advancement that protects students from all forms of discrimination, 3) the provision of a safe mechanism for reporting incidents, 4) a fair and timely response to, and resolution of, reported incidents to prevent their repetition.

CURRENT 2025-2026 VERSION	FINAL VERSION APPROVED FOR PUBLIC CONSULTATION
<p>3.5 Learning Environment</p> <p>A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviours in its medical students, faculty members, and staff at all locations.</p> <p>The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment to:</p> <ol style="list-style-type: none"> a. identify positive and negative influences on the maintenance of professional standards b. implement appropriate strategies to enhance positive and mitigate negative influences c. identify and promptly respond to reports of violations of professional standards 	<p>3.5 Learning Environment</p> <p>A medical school ensures that the learning environment is conducive to the ongoing development of explicit and appropriate professional behaviours in its medical students, faculty members, and staff at all locations. The medical school is responsible for:</p> <ol style="list-style-type: none"> 1) the periodic evaluation of the learning environment to identify positive and negative influences on the maintenance of professional standards, 2) the implementation of its professionalism policies and processes, 3) using appropriate strategies to mitigate negative influences, 4) identification and timely correction of violations of professional standards and/or policies, 5) collaborating with its clinical affiliates and clinical sites to address any learning environment concern.
<p>3.6 Student Mistreatment</p> <p>A medical school has policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment and retaliation. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students and ensure that any mistreatment can be registered and responded to.</p>	<p>3.6 Student Mistreatment</p> <p>A medical school has a policy that defines mistreatment, has effective processes in place for reporting and responding to any complaint, and supports activities aimed at preventing mistreatment. The mistreatment policy must specifically address all forms of discrimination including racism. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students.</p>

CURRENT 2025-2026 VERSION	FINAL VERSION APPROVED FOR PUBLIC CONSULTATION
<p>7.1 Biomedical, Behavioural, Social Sciences</p> <p>The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioural, and social sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.</p>	<p>7.1 Biomedical, Behavioural, Social Sciences</p> <p>The curriculum includes content from the biomedical, behavioural, and social sciences to support medical students' application of contemporary science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.</p>
<p>7.4 Clinical Decision-Making Skills</p> <p>The faculty of a medical school ensures that the medical curriculum incorporates the fundamental principles of medicine and provides opportunities for medical students to develop clinical decision-making skills (i.e., clinical reasoning and clinical critical thinking) including critical appraisal of new evidence, and application of the best available information to the care of patients. These required learning experiences enhance medical students' skills to solve problems of health and illness.</p>	<p>7.4 Clinical Decision-Making Skills</p> <p>A medical school ensures opportunities for medical students to develop clinical decision-making skills in partnership with the patient and/or their caregivers. This curriculum includes clinical reasoning, critical thinking, critical appraisal of evidence, shared decision-making, and application of the best available information in alignment with the patient's experiential knowledge, values, beliefs, expressed needs, and preferences.</p>
<p>7.6 Cultural Competence and Health Care Disparities</p> <p>The faculty of a medical school ensures that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address the unique needs of people of diverse cultures, genders, races and belief systems, in particular the Indigenous peoples of Canada.</p> <p>The medical curriculum prepares medical students to:</p> <ol style="list-style-type: none"> a) recognize and appropriately address the manner in which people of diverse cultures, genders, races and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments; b) recognize and appropriately address personal biases (cultural, gender, racial, belief) and how these biases influence clinical decision-making and the care provided to patients; c) develop the basic skills needed to provide culturally competent health care; d) identify health care disparities and participate in developing solutions to address them. 	<p>7.6 Cultural Safety</p> <p>The curriculum provides opportunities for medical students to learn to recognize and address the diverse needs of all peoples of Canada, in particular Indigenous Peoples (because of their special constitutional relationship), and to recognize a person's human rights, as enshrined in federal, provincial, and territorial human rights legislation and articulated in international declarations.</p> <p>The medical curriculum prepares medical students to:</p> <ol style="list-style-type: none"> a. Identify protected rights under federal, provincial, and territorial legislation and international declarations, b. Develop the knowledge, skills, and behaviours needed to provide culturally safe and trauma-informed healthcare, in partnership with the patient and their caregivers, and c. Identify the role of the health care system in systemic oppression (including racism) and in perpetuating health care inequities and harm.

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<p>7.7 Medical Ethics</p> <p>The faculty of a medical school ensures that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.</p>	<p>7.7 Medical Ethics</p> <p>A medical school defines the core principles of medical ethics and there is a longitudinal curriculum for these core principles including prior to clinical learning experiences. The medical school requires students to demonstrate these values towards patients, their caregivers, and others involved in their care.</p>
APPROVALS GRANTED AND PENDING	
Preliminary review and approval of substantive changes by the SSC (November 2022 – September 2023)	<i>Complete</i>
Initial approval by the CACMS (May 2023)	<i>Complete</i>
Comments from Sponsor and interested parties (July – October 2023)	<i>Complete</i>
Final review of substantive changes to Standard 3 and 7 by SSC (July 2023 – January 2024)	<i>Complete</i>
Approval of French Translation by SSC (January 2024)	<i>Complete</i>
Final approval by the CACMS (February 2024)	<i>Complete</i>
Public Consultation (February 15, 2024 – August 15, 2024)	<i>Pending</i>
Public Hearing; ICAM Vancouver BC (April 13, 2024, between 12p.m.-1p.m PT)	<i>Pending</i>
AFMC and CMA Sponsor Agreement (August 2024)	<i>Pending</i>
Final CACMS Approval (September 2024)	<i>Pending</i>
Inclusion in DCI AY2026-2027 (Published February 2025)	<i>Pending</i>