



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

# **CACMS ACCREDITATION VISIT REPORT WRITING GUIDE FOR 2026-2027 VISITS**

**FOR CACMS ACCREDITATION VISITS  
(Published March 2025)**

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CACMS Accreditation Visit Report Writing Guide for 2026-2027 Visits

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## 1. Purpose of the *Accreditation Visit Report Writing Guide*

The *Accreditation Visit Report Writing Guide* is a compendium of the information needed by CACMS accreditation visit team members to write a complete and accurate accreditation visit report. This guide is meant to be read in conjunction with the *Guide for the Conduct of CACMS Accreditation Visits*.

Throughout this document, unless otherwise specified, the term **visit** refers to the two-stage accreditation process where a series of virtual meetings conducted over several days are followed by a shorter series of on-site in-person meetings. The full ‘visit’ process is described in the *Guide for the Conduct of CACMS Accreditation Visits*.

Special considerations for limited accreditation visits are discussed in Section 13 of this Guide.

## 2. Assistance from the CACMS Secretariat

Accreditation visit team members are required to attend an orientation session provided by the CACMS Secretariat in advance of conducting a visit. These sessions provide general information about accreditation, updates on new procedures or changes to *CACMS Standards and Elements* and give participants the opportunity to discuss specific issues with members of the Secretariat. Team secretaries are encouraged to contact the CACMS Secretariat by email or phone, before, during or after the visit for assistance with questions or problems.

## 3. Accreditation visit report overview

The report of an accreditation visit is the formal record of the team’s findings related to the elements of accreditation standards. The report serves as the primary source of information for accreditation decisions by the CACMS as the CACMS will not have access to the DCI or MSS evaluation forms.

Team members must review the school’s material before the visit. Within limits, the school may update or correct its information package after its initial submission (3 months before the visit). These updates will be bundled and provided to the team so that they too, may be reviewed in advance of the visit. The team, by way of the team secretary, may also request additional information from the school if the information provided is considered incomplete or unclear.

The accreditation visit report is based on the information: provided before the visit; provided in any updates given to the team either before or during the visit; and gained from discussions with medical school representatives at the time of the visit. The writing of the report is an iterative process that begins in advance of the visit, continues during the visit, and is completed after the visit.

## 4. Preparation for the accreditation visit

Approximately two months in advance of the visit, the CACMS Secretariat will send a partially pre-populated visit report template to the team secretary. The team secretary needs to review the template for accuracy and completeness and report any errors or omissions to the Secretariat.

The team secretary, often following consultation with the team chair, assigns each team member with review and report writing responsibilities. The team secretary will liaise with team members to discuss the

process of element evaluation and any known issues related to a team member's assignment. Minimally, each team member is expected to review the Medical School Self-Study (MSS) Evaluation forms, the Independent Student Analysis (ISA) report, the Data Collection Instrument (DCI) responses, and appendices for all elements assigned to them.

Prior to the visit, team members must complete a draft team evaluation form for each element specifically assigned to them. A separate Team Evaluation Form exists for each of the twelve CACMS standards. Team members should contact the team secretary immediately if additional information is needed from the school to permit the evaluation of an element.

Each team member must ensure that all element ratings are fully explained and documented and that all their assigned elements are evaluated.

Overall, team members should validate the information in the DCI and the ISA as the bases of conclusions drawn by the MSS Task Force. As this information may have been compiled by the school many months before the accreditation visit, team members should note whether previously identified areas of concern were addressed and whether any new concerns have emerged.

## 5. Drafting preliminary team evaluations in advance of the visit

### 5.1 Obtaining the correct forms

The CACMS Secretariat will provide team members with the correct Team Evaluation Forms to include in the accreditation visit report. The example included in **Appendix 2** shows what a team might submit for inclusion in the accreditation visit report.

### 5.2 Definitions for rating element satisfaction

Team members use the definitions provided below to determine the overall element rating.

#### **Satisfactory (S):**

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

#### **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.

*Note: A rating of Satisfactory with a need for Monitoring (SM) is first, and foremost a Satisfactory (S) rating that requires monitoring for the reason(s) outlined in the definition.*

#### **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.

### 5.3 Gathering evidence and adjudicating that requirements are met

A separate team evaluation form exists for each of the accreditation standards found in the *CACMS Standards and Elements*. Versions of team evaluation forms are specific to the timing of the accreditation visit.

Each team evaluation form includes a series of statements that represent the requirements for achieving satisfaction with the element (See example in **Appendix 2**).

For each standard (or element) assigned for review, a team member must complete a preliminary version of the appropriate team evaluation form *before* the visit. The preliminary pre-visit versions are likely to be revised following consideration of additional information provided by the school before or during the visit or information gained in discussions with relevant individuals during the visit.

As team evaluation forms are being completed, team members are encouraged, but not required, to identify attributes of a medical education program that are unique, innovative, and worthy of emulation. Generally, these attributes are related to policies, practices, systems, or infrastructure rather than an individual's performance in a job. Suggested positive attributes and evidence to support these need to be sent to the team secretary at the same time as team evaluation forms are submitted. Those positive attributes agreed to by the team will appear in the exit report but will not appear in the accreditation visit report.

#### Completing the preliminary team evaluation form

##### Step 1.

Assemble the accreditation visit report template, ISA, and relevant DCI and MSS pages relevant to the Standard or Element(s) that are to be reviewed.

##### Step 2.

Before addressing any requirements, use the appropriate check box on the form to indicate whether the element was rated as Unsatisfactory (U) or Satisfactory with a need for Monitoring (SM) at the time of the last full accreditation visit or anytime during the intervening period. Confirm the selection using data found in the Accreditation History table of the accreditation visit report template.

##### Step 3.

The team member reads all the appropriate source information (from the accreditation visit report template, ISA, or appropriate pages of the DCI and MSS) and records in the second row of the associated table an assessment as to whether the "Requirement" as stated is met/not met or whether the team member is unsure (See **Appendix 3** for supplemental guidance). For schools operating a program on more than one campus, each campus must be considered individually in the evaluation of whether the "Requirement" is being met.

##### Step 4.

In the third row of the associated table, enter a statement describing the source and quality of the evidence (including data where appropriate) used to determine whether the "Requirement" was met. Evidence in this preliminary version should include specific data or narrative from the accreditation visit report template, the DCI and its appendices, the ISA or the MSS Evaluation forms. Desirable statement(s) of evidence are explicit, specific, objective, and sufficient for the team to adjudicate whether the "Requirement" is met. When appropriate, refer to numerical or percentage data rather than descriptive adjectives. For example, 102/150 (68%) is preferred over "the majority." See **Appendix 2** for an example and **Appendix 4** for supplemental guidance.

When a team member needs additional information to determine whether a requirement is met, the team member must contact the team secretary to discuss the matter. The team secretary may either attempt to assist the team member using existing evidence or may file an information request with the school. Only the team secretary is permitted to contact school personnel.

Step 5.

In the final row of the associated table, record any monitoring considerations that may benefit the CACMS in its deliberations. Typically, considerations for monitoring will be included when the “Requirement” was met by a newly implemented process or policy for which data are limited or in cases where the team member is aware of known circumstances that could materialize and affect satisfaction with the “Requirement.”

Step 6.

Repeat steps 2 – 6 (above) for each “Requirement” in the element.

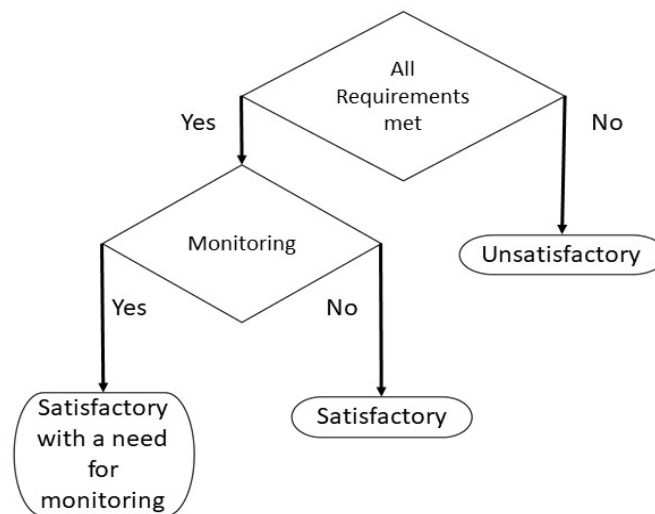
Step 7.

In the Overall Element Rating section on the bottom of the team evaluation form record a preliminary rating by marking an ‘X’ in one of the boxes:

- Satisfactory
- Satisfactory with a need for monitoring
- Unsatisfactory.

Element satisfaction must be based on CACMS definitions that are found in the *CACMS Rules of Procedure* and reproduced in Section 5.2 of this *Guide*. A decision algorithm is provided in Figure 1.

**Figure 1. Decision Algorithm for Element Satisfaction.**



Conditions for a preliminary Overall Element Rating of Satisfactory (S)

- ‘S’ is to be recommended when all “Requirements” are met and the element has no monitoring considerations.

Conditions for a preliminary Overall Element Rating of Satisfactory with a need for monitoring (SM)

- ‘SM’ is to be recommended when all “Requirements” are met but a) monitoring considerations suggest more evidence of efficacy is required or b) monitoring considerations include a reference to known circumstances that could lead to a ‘U’ in the near future.

Conditions for a preliminary Overall Element Rating of Unsatisfactory (U)

- ‘U’ is to be recommended when one or more “Requirements” is not met.

#### Step 8

For any element judged to be Satisfactory, the box labelled “Finding” remains empty. For any element judged to be “Satisfactory with a need for monitoring” or “Unsatisfactory” a Finding must be added. For any element that was SM or U at the time of or since the last full accreditation visit, a statement to this effect must also appear in the Finding. Detailed information on writing a quality Finding appears in section 5.4 of this *Guide*.

#### Step 9

Repeat steps 2 – 8 for additional elements

### 5.4 Writing preliminary findings

For each element rated Unsatisfactory (U) or Satisfactory with a need for Monitoring (SM), the assigned team member drafts a preliminary “Finding.” Elements rated Satisfactory (S) do not have a “Finding.”

In the case of a Satisfactory with a need for Monitoring (SM) rating, the Finding needs to include:

- concise statement of evidence or an analysis indicating that the requirements of the element are met.
- the reason behind the monitoring rating (i.e., more efficacy evidence needed, or a known condition of change exists).
- a clear statement of what needs to be monitored.

In the case of an Unsatisfactory (U) rating, the Finding needs to include:

- a concise statement identifying any unmet requirements.
- a concise presentation of the evidence supporting the rating.

For all elements with a preliminary SM or U rating, the team member must also consult the accreditation history table (provided by the CACMS Secretariat in the accreditation visit report template) to identify whether the element was previously cited (i.e., rated as U or SM) at the time of the last full visit or anytime during the intervening period. If so, this must be stated in the “Finding”.

Typical findings are two to four sentences in length. They should be concise, explicit, specific, and objective. As appropriate, include numerical or percentage data in descriptions of the evidence. See **Appendix 2** for an example and **Appendix 5** for supplemental guidance.

Once a team member assigned a particular standard has rated all the elements in a standard and written findings as appropriate, the completed initial element evaluation forms are sent to the team secretary.

### 5.5 Including supplemental appendices

The Core Appendix is comprised of tables and documents from the DCI that are assembled by the school and added to the accreditation visit report. A table of contents for the Core Appendix appears in the accreditation visit report template.

Supplemental appendices are assembled by the team secretary. At a minimum, the final visit schedule experienced by the team must appear as Supplemental Appendix S-1. All other supplemental appendices are included at the discretion of the team secretary in consultation with the team. The list of supplemental appendices needs to be refined throughout the visit process.

The use of supplemental appendices at the preliminary stage of report writing is recommended in the following circumstances:

- When evidence critical to support a recommendation does not reside in the Core Appendix.



- This use is particularly important when an SM or U rating is being considered.
- When a team member is unsure that the evidence provided is sufficient to support a recommendation.
- When a team member’s analysis would benefit by the availability of specific data or information.

For the final draft accreditation visit report, supplemental appendices should be used sparingly, but keeping in mind that the CACMS does not see the DCI or MSS and that the CACMS bases its decisions exclusively on the accreditation visit report and its core and supplemental appendices.

In summary, the evidence and analyses that the team member provides on the element evaluation form must stand by themselves, but as appropriate, the CACMS can be directed to find specific details in an appendix.

Notwithstanding the above, when a team member reviews data/documents that are not part of the Core Appendix and finds that this information unequivocally satisfied the requirement, there is no need to include a copy as a supplemental appendix. Instead, the team evaluation form can include a statement to the effect that the data/documents were reviewed and provided sufficient evidence to satisfy the requirement.

If the team member needs additional information to determine whether a requirement is met, the team member should contact the team secretary to discuss the matter to determine whether the team secretary needs to file an information request with the school. Only the team secretary is permitted to contact school personnel.

## 6. Submission of the preliminary team evaluation forms to the team secretary

A team member rates all the elements in an assigned standard and then forwards the completed preliminary element evaluation forms to the team secretary.

## 7. Team secretary completion of element rating summary table and summary of team findings

The team secretary will use the element evaluation forms forwarded by all team members to prepare a first draft of the team Element Rating Summary Table and Summary of Team Findings before the visit. Blank versions of these documents are included in the accreditation visit report template prepared by the CACMS Secretariat.

### **The Element Rating Summary Table**

The team secretary will transfer the ratings from each team evaluation form to the working copy of the Element Rating Summary Table by adding the appropriate color to the cell showing the element number. Instructions are included below the table.

### **The Summary of Team Findings**

Next, the team secretary will complete the Summary of Team Findings using the team evaluation forms as source documents. Only elements with a rating of U or SM are to be included in this summary.

For elements rated as Unsatisfactory (U)

The team secretary will:

- indicate a U in the left-hand column of the row, and from the team evaluation form, copy the element number and title into the right-hand column.
- copy the statement(s) from the section entitled “Finding” in the cell immediately below the element number and title. This copied text becomes the pre-visit Finding for the element.
- ensure that any history of U or SM since the last full accreditation visit is mentioned in the “Finding”.

Example of a U element rating and finding for Element 4.4. that had a previous history of U or SM

Element Rating	
U	4.4 Feedback to Faculty
	Finding: Full-time faculty members in the departments of internal medicine and surgery at campus X do not receive annual feedback from departmental or medical education program or university leaders on their academic performance, progress toward promotion or, when applicable, progress toward tenure. This element was previously rated as Unsatisfactory (U) at the time of the last full accreditation visit.

For elements rated as Satisfactory with a need for monitoring (SM)

The team secretary will:

- indicate SM in the left-hand column adjacent to the number and short title of the element.
- copy the statement(s) from the section entitled “Finding” in the cell immediately below the element number and title. The statement(s) show(s) that the requirement(s) is/are met, but either sufficient evidence of efficacy is lacking or that satisfactory status may be jeopardized due to known circumstances. This copied text becomes the pre-visit Finding for the element.
- ensure that any history of U or SM since the last full accreditation visit is mentioned.
- include recommendations for monitoring, keeping in mind that an SM rating requires that the Element be first and foremost considered “S” (see definitions in Section 5.2, above).

Example of an SM element rating and finding for Element 9.7 that had no previous history of U or SM

Element Rating	
SM	9.7 Timely Formative Assessment and Feedback
	Finding: The medical school recently implemented a new system to ensure that: 1) Formal feedback occurs at least at the mid-point of each required learning experience and 2) Formal feedback occurs approximately every six weeks for the clinical skills course that is one year long and for the longitudinal integrated clerkship.  The school provided evidence that the system has been effective for the last 6 months. The system requires monitoring to show that satisfactory results can be sustained for a minimum of one year.

### For Elements rated Satisfactory

The team secretary does not record Findings for elements achieving an S. For a standard where all the elements were rated as Satisfactory, no Summary of Findings table is needed for that standard.

## 8. Preliminary listing of positive observations

Each team member who identifies attributes of a medical education program that are worthy of emulation should report the attribute and send the suggestion to the team secretary along with the evidence to support the suggestion. In this pre-visit review, positive observations can be identified either through the team member's review of elements or from the ISA. Positive attributes must be related to policies, practices, systems, or infrastructure rather than an individual's personal characteristics or performance in a job.

The team secretary will compile a preliminary list of positive observations. The final list of positive observations (as agreed to by the team) are included only in the exit report to the dean and not in the accreditation visit report.

## 9. Team discussion of evaluation forms before the first virtual visit

During any team meetings held in advance of the first virtual visit, the preliminary evaluations forms need to be discussed so that a preliminary consensus view can be achieved. Anywhere a team member was "Unsure," attempts should be made by the team to identify the information required to resolve the uncertainty. The additional information sought can be in the form of additional documents/data to be requested from the school or a list of questions to be asked of the school or its students during the visit.

The team evaluation forms needs to be updated accordingly. The team secretary needs to update the Element Rating Summary table and the Summary of Visit Team Findings, as appropriate.

## 10. Revision of the team evaluation forms during the visit

During the visit, team members should validate the information in the DCI, the ISA and the conclusions of the MSS Task Force, especially in those circumstances where the documents do not appear to portray current circumstances accurately or they express greater optimism about the existing state of affairs than seems evident to the team. As parts of the DCI, ISA or MSS may have been compiled as long as a year before the accreditation visit, the team should confirm whether major areas of concern have since been addressed and whether any new concerns have emerged.

Throughout the visit, the team members will work from their draft team evaluation forms and the team as a whole will work from the draft versions of the Element Rating Summary Table, the Summary of Team Findings and the list of positive observations provided to them by the team secretary. All these documents should be revised as appropriate based on any new information received and discussions with the relevant individuals during the visit.

Any changes to the team evaluation forms submitted to the team secretary during the process are to be discussed among the entire team (same as the positive observation list). If the team cannot reach a consensus on a requirement or element rating, the team secretary may need to request more information from the school or recall a representative from the school to meet with the team. If a consensus still

cannot be achieved on an element by the end of the Stage 1 visit, the lack of agreement and the different viewpoints must be described in the team evaluation form, and this issue must be addressed during the Stage 2 visit. The final report cannot contain uncertainty in its observations, rating recommendations or Findings.

All team members share responsibility for reviewing all element evaluations and ratings so that the final report reflects the collective judgement of the team. Individual team members are encouraged to discuss with the team, the team secretary, or accreditation advisor, any difficulties encountered.

Team evaluation forms must be sent to the team secretary as soon as possible after the Stage 2 visit.

## 11. Exit report to the dean

The team secretary will update the team's positive observations list (Section 8) and the Summary of Team Findings (Section 7) for each element after the visit. From the Summary of Team Findings, the team secretary makes a new listing of Findings to be used exclusively for the exit report. This new listing of Findings does not reveal the proposed element rating, the standard, the element number, or the element title, but the Findings must appear in the element order according to the *CACMS Standards and Elements*.

Example entries of Findings for the exit report:

**Finding:** Full-time faculty members in the departments of internal medicine and surgery at campus X do not receive annual feedback from departmental or medical education program or university leaders on their academic performance, progress toward promotion or, when applicable, progress toward tenure. This element was previously rated as Unsatisfactory (U) at the time of the last full accreditation visit.

**Finding:** The medical school recently implemented a new system to ensure that: 1) Formal feedback occurs at least at the mid-point of each required learning experience and 2) Formal feedback occurs approximately every six weeks for the clinical skills course that is one year long and for the longitudinal integrated clerkship. The school provided evidence that the system has been effective for the last 6 months. The system requires monitoring to show that satisfactory results can be sustained for a minimum of one year.

A template for the exit report is included in the *Guide for the Conduct of CACMS Accreditation Visits*. Within one week of the conclusion of the Stage 2 visit, the team secretary emails the exit report to the dean and copies the CACMS Secretariat.

## 12. Submission of the draft report for review by the CACMS secretariat

Once all component sections of the draft report are complete, the team secretary sends the report to all team members for review. Team members, at a minimum, need to confirm the accuracy of the team evaluation forms for the elements that were assigned to them. In addition, team members must confirm that the appendices for elements assigned to them are correct and complete. As the team secretary drafted many sections of this report *de novo*, team members are encouraged to review and comment on the team secretary's description of the curriculum and evaluations of the DCI, ISA and MSS. Team members are encouraged to set aside time for this review well in advance of the visits.

After the team secretary considers suggestions from the team and incorporates them as appropriate, the team secretary emails the draft visit report to the CACMS Secretariat for review. The draft report is to be received by the CACMS Secretariat within four weeks of the conclusion of the stage 2 visit. At this point of the report writing process, certainty is required regarding all observations, rating recommendations and Findings, as any outstanding issues or questions were to have been resolved during the stage 2 visit.

Within two weeks, the CACMS Secretariat will review the report and contact the team secretary with comments and suggestions, as appropriate.

The team secretary, having received the suggestions from the CACMS Secretariat, will consider them and, at a minimum, discuss the suggestions with the team chair. The team secretary may choose to send the revised report to those team members whose team evaluation forms were subject to suggestions for change. The team secretary may wish to determine in advance the availability of team members to participate in the revision process, as the next draft of the report is due within two weeks.

Once the team secretary is satisfied with the revisions, the team secretary sends the final draft accreditation visit report to the CACMS Secretariat who will forward this draft to the dean.

The dean has 10 business days to respond to the draft visit report and comment on errors of fact and tone. The dean may identify evidence that was submitted to the team to back up claims of error.

The team secretary, considering the evidence, may revise the report using only that evidence that was made available to the team before or during the visit. After the team secretary, accreditation advisor and team chair consult on the dean's comments, the team secretary incorporates appropriate changes and within two weeks submits a final accreditation visit report to the CACMS Secretariat.

### 13. Special considerations for limited accreditation visits

Limited accreditation visits are intended to be conducted on-site (i.e., no virtual component) as a one stage process. An extra day may be added for each additional campus visited.

The team for a limited accreditation visit is typically limited to a chair, a team secretary, a member and when possible, a student. An accreditation advisor is usually not included. Teams are encouraged to discuss their preliminary team evaluation forms in advance of the visit (either virtually or on-site).

Limited accreditation visits focus on a subset of elements identified by the CACMS. A Mini-DCI is a customized document prepared by the CACMS Secretariat for completion by the school. A limited accreditation visit report template is also prepared by the CACMS Secretariat for use by the visit team. Data reviewed by the accreditation visit team in advance of the visit are from these two sources. The limited visit does not typically involve an ISA or MSS. The Mini-DCI may cover all requirements of a given element (the usual case for an element rated "U") or it may focus on select indicators (questions) for one or more targeted requirements where monitoring was needed.

Team members must keep in mind that for an element to be rated SM, the CACMS already determined that the element was satisfactory, but either efficacy data were insufficient or known circumstances existed that could cause the element to become U in the near future. For these reasons, the limited visit team must base its element satisfaction rating on the school's responses to the targeted questions (indicators) that were posed in the Mini-DCI to address the need for monitoring.

## APPENDIX 1: Components of the Accreditation Visit Report

The CACMS Secretariat will provide the team with a pre-populated template for the accreditation visit report. The team secretary must use the visit report template provided as this helps ensure consistency across accreditation visit reports.

As the exit report must be submitted no later than one week after the conclusion of the visit, team members must submit all element evaluation forms to the secretary in advance of the exit report submission date. Sooner is better.

The team secretary is expected to submit the draft accreditation visit report within four weeks after the visit. If important information is omitted from a team member's evaluation form, the team secretary may either contact that team member for additional details or may choose to supply the missing content.

Team secretary or team member duties are described below for each report section.

a. **Title Page (pre-populated by CACMS Secretariat)**

The team secretary reviews the name, location and dates of the accreditation visit listed on the template provided by the CACMS Secretariat and revises the information if required.

b. **Memorandum (pre-populated by CACMS Secretariat)**

The team secretary reviews faculty name and dates on the template provided by the CACMS Secretariat and revises the page if required. When submitting the final version, the team secretary signs the Memorandum.

c. **Site Visit Team Composition (pre-populated by CACMS Secretariat)**

The team secretary reviews information on the template provided by the CACMS Secretariat and revises the page if required after confirming its accuracy with each team member.

d. **Acknowledgement (pre-populated by CACMS Secretariat to be completed by team)**

The team secretary reviews information on the template provided by the CACMS Secretariat and revises the page if required. Typically, this means considering whether to add a person's name in the (other names) space in addition to those that have been pre-populated by the CACMS Secretariat. If no other acknowledgements are required, delete "(other names)."

e. **Disclaimer (pre-populated by CACMS Secretariat)**

Team secretary 1) reviews the name of the university and medical school, 2) checks the visit date information on the template provided by the CACMS Secretariat, and 3) revises the paragraph if required.

f. **Final Team Element Rating Summary Table (Team secretary)**

This table (included in the accreditation visit report template) should be completed by the team secretary before the visit based on the team evaluation forms submitted by team members. The table is revised as appropriate during the visit in consultation with the team. Before the draft report is sent to the CACMS Secretariat for review, the team Element Rating Summary Table should be verified by all team members.

g. **Summary of Team Findings (Team secretary)**

As explained in greater detail in Section 7 of this guide, the team secretary prepares a draft Summary of Team Findings in advance of the visit. The team secretary uses the team evaluation forms submitted by

the team members as source documents. During the visit, and in consultation with the team, the team secretary revises the Summary of Team Findings as more information becomes available during the visit.

**h. History of the School (pre-populated by CACMS Secretariat and edited by team if needed)**

The CACMS Secretariat will prepopulate the template with information provided by the school in the DCI Overview Data and Context, Section I and II). The team secretary reviews and may edit the information as appropriate to ensure completeness and accuracy as well as minimize any redundancies or extraneous information.

**i. Accreditation History of the School (pre-populated by CACMS Secretariat)**

The team secretary reviews information on the template provided by the CACMS Secretariat. If concerns arise as to the accuracy of the information, the team secretary should contact the CACMS Secretariat as soon as possible. This table should not be revised without express permission of the CACMS Secretariat.

**j. Curriculum Description (pre-populated by CACMS Secretariat and edited by team if needed)**

The CACMS Secretariat will prepopulate the template with schematics of the curriculum and other information provided by the school in the DCI Overview Data and Context, Section VI - Curriculum. Using this and other information provided to the team by the school, the team secretary should describe the design of the curriculum and any parallel curricula. If a major curricular revision is underway, briefly describe the new curriculum. Limit the text in this section to one-half page.

**k. Key Parameters Overview Summary Table (pre-populated by CACMS Secretariat)**

The CACMS Secretariat will prepopulate the template with data from DCI Overview Data and Context, Sections III - V. The team secretary in consultation with the team chair should review the data tables in this section and comment briefly on the changes that occurred between the last full accreditation visit and the current visit related to the number of students, tuition fees, and number of residents and faculty members. Limit comments in this section to one-half page.

**l. General Comments on the Visit (Team secretary)**

The team secretary should comment briefly on the context of the visit and, if applicable, any special circumstances (e.g., totally virtual, with no in-person component; absent team member, technology failures). There should be a comment as to whether the school accepted the invitation to showcase positive aspects of the program or whether the school requested the team review any specific elements. Limit this section to one-half page.

**m. Evaluation of the DCI (Team secretary)**

The team secretary should comment briefly on the quality, completeness and internal consistency of the information provided in the DCI and describe the medical school's response to requests for additional information or clarification of information provided in the DCI. Limit this section to one-half page.

**n. Evaluation of the MSS (Team secretary)**

The team secretary should comment briefly on the MSS considering the points described immediately below. The Evaluation of the MSS should be limited to one page.

- i. Briefly describe the level of participation of faculty, students, and various members of the academic community.
- ii. Describe the quality of the MSS evaluation of elements and the MSS taskforce/steering committee summary statement reflections on current findings.
- iii. Describe the extent to which the MSS report reflected and incorporated issues identified in the ISA.

- iv. Comment on how the MSS Report and DCI portrayed the circumstances at the school in comparison to what was heard in discussions with students, faculty, and others at the time of the visit.
- v. Describe the medical school's awareness of accreditation issues.

**o. Evaluation of the ISA (Team secretary)**

The team secretary should comment briefly on the ISA considering the points described immediately below. The Evaluation of the ISA should be limited to one-half page. The report of the ISA is found as Appendix C-1 in the Core Appendix.

- i. Briefly describe the level of student participation in the ISA process.
- ii. Comment on the utility of the report to the accreditation visit team in evaluating the medical education program.
- iii. Briefly summarize general student opinion of the medical school and of the educational experience it provides based on the information contained in the ISA and discussions with students during the visit.

**p. Evaluation of Elements by Standard (Team secretary)**

The team secretary, for each of the 12 standards in numeric order, inserts the completed team evaluation forms. Completion of these forms by team members is described earlier in sections 5 and 6.

The final findings included in the report must provide sufficient information for the CACMS to adjudicate the rating of the element. The CACMS only has access to the accreditation visit report and its core and supplemental appendices. The CACMS will not have access to the school's DCI or MSS evaluation forms.

**q. Core Appendix (Medical school)**

The Core Appendix is assembled by the medical school and supplied to the team and the CACMS Secretariat by the school.

Team members must review the core appendices for completeness and report any errors or omissions to the team secretary so that corrections can be requested and the Core Appendix can be finalized. The Table of Contents for the Core Appendix is included in the accreditation visit report template.

**r. Supplemental Appendices (Team secretary)**

The Supplemental Appendices are assembled by the team secretary who includes the final visit schedule experienced by the team as Supplemental Appendix S-1. See Section 5.5 for additional details about recommended content for the Supplemental Appendices.

Using a numbering format similar to that of the Core Appendix table of contents, the team secretary constructs a supplemental appendix table of contents and compiles and labels the items accordingly. The first supplemental appendix (the final virtual visit schedule) is labelled S-1. The second supplemental appendix (the final in-person visit) is labelled S-2. As appropriate, this would be followed with S-3 up to S-n (where n = the total number of supplemental appendices). Supplemental appendices related to elements should be ordered by element number, as is the case for entries in the Core Appendix.



## APPENDIX 2: Example Completed Team Evaluation Form

### 9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT

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

**This element was cited at the time of or since the last full accreditation visit**      yes       no

#### **Requirements**

9.8-1      The medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program.

<input checked="" type="checkbox"/> Requirement met	<input type="checkbox"/> Requirement not met	<input type="checkbox"/> Unsure
Evidence for the assessment of this requirement: In addition to university calendar regulations that require fair processes of assessment, the medical school uses additional summative assessment procedures (one for required experiences and another for required clinical learning experiences) that were approved by the curriculum committee to ensure fair and timely assessment practices. Students are advised of these written processes in their student handbook. Evidence was reviewed to show that students are individually advised of appeal procedures after a summative assessment is failed.		
Monitoring considerations (if applicable):		

9.8-2      Final grades are available within six weeks after the end of a required learning experience.

<input type="checkbox"/> Requirement met	<input checked="" type="checkbox"/> Requirement not met	<input type="checkbox"/> Unsure
Evidence for the assessment of this requirement: Data in DCI Table 9.8-2 A show that all students on both campuses receive final grades within five weeks after the end of all required learning experiences, except for the X & Y rotations on the main campus, where for the past two years, 20% of students did not receive final grades until twelve weeks elapsed.		
Monitoring considerations (if applicable):		

#### **OVERALL ELEMENT RATING**

- Satisfactory
- Satisfactory with a need for monitoring
- Unsatisfactory

#### **FINDING (only if rated SM or U)**

Twenty percent of students in rotations X and Y at the main campus did not receive final grades until twelve weeks elapsed. The school implemented several processes to improve timeliness of final grades including a stepped reminder system. A year's worth of data is necessary to determine that these remediation measures are effective and that all students in all required learning experience receive final grades within six weeks. This element was cited at the time of the last full visit.

## APPENDIX 3: Resolving uncertainty whether a requirement is met

The following steps are suggested when a team member is unsure whether a requirement is met. An example excerpt for Requirement 9.8 a is shown below.

- Step 1- Re-read the element and re-evaluate. If the uncertainty is resolved, then check the appropriate ‘Requirement met’ or ‘Requirement not met’ box.
- Step 2 - If the uncertainty remains, contact the accreditation advisor, the team secretary or both to discuss concerns and seek guidance.

If the uncertainty is resolved after discussion, then the team member should check the appropriate ‘Requirement met’ or ‘Requirement not met’ box.

If the uncertainty remains after discussion, consult with the team secretary to determine whether more information needs to be requested from the school in advance of the accreditation visit. If more information is provided and satisfies the uncertainty, then check the appropriate ‘Requirement met’ or ‘Requirement not met’ box.

- Step 3 - If the uncertainty remains at the time of the first accreditation visit, discuss this with the entire team at its next meeting and update the entry accordingly.

If the uncertainty is resolved, then the team member/team secretary should check the appropriate ‘Requirement met’ or ‘Requirement not met’ box.

If the uncertainty is not resolved, then the requirement must be discussed with the school during the first accreditation visit.

- Step 4 - If the uncertainty remains after the first accreditation visit, the team should discuss and plan further data requests/approaches in preparation for the second accreditation visit. *All uncertainty MUST be resolved by the end of the second accreditation visit.*

In the example below, the challenge to the team member/team is to determine whether the data provided by the school or information gained during the visit satisfy the stated requirement in this peer review process.

### ***9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT***

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

**This element was cited at the time of or since the last full accreditation visit**                      yes  no

#### **Requirement 9.8-1**

*A medical school has a policy and process in place for ensuring timely summative assessment of medical student achievement in each required learning experience.*

<input checked="" type="checkbox"/> Requirement met	<input type="checkbox"/> Requirement not met	<input type="checkbox"/> Unsure
<b>Evidence for the assessment of this requirement:</b>		
Two school policies relating to summative assessment specify a six-week timeline for provision of final grades.		
<b>Monitoring considerations (if applicable):</b>		

**Requirement 9.8-2**

*All summative assessments are available within six weeks after the end of each required learning experience.*

<input type="checkbox"/> Requirement met	<input type="checkbox"/> Requirement not met	<input checked="" type="checkbox"/> Unsure
<b>Evidence for the assessment of this requirement:</b> Data provided in Table 9.8-2 A show that all students in all required learning experiences, EXCEPT for the 8-week clerkship rotation in X, the 4-week rotation in Y and the 2-week rotation in Z receive final grades well before six weeks after the end of the required learning experience. In rotations X, Y and Z, 75%, 80% and 74% of students, respectively, receive final grades within 6-weeks, but as many as 9, 8 and 12 weeks elapsed in rotations X, Y and Z, respectively, before all students received final grades.		
Monitoring considerations (if applicable):		

## APPENDIX 4: Providing and refining evidence for the assessment of a requirement

A team member, in the first instance, collects information on how a requirement is, or is not met to:

1. establish a basis for the team member's opinion,
2. enable team members, and ultimately CACMS to arrive at the same view,
3. illuminate, if necessary, the basis for a clear and concise finding.

### At an early stage

In the evaluation of evidence, the team member may wish to record more detailed information (such as DCI page numbers, DCI table numbers or specific quotations from the DCI or documents found in Core appendices) so that the information is readily accessible when discussing the evidence with the team to reach a consensus opinion on a recommendation or element. This more detailed information should be deleted for the final finding.

Using Requirement 9.8-1 as an example, an early iteration of the entry in the "Evidence for assessment of this requirement" box could state something such as:

"The school has one policy for summative assessment in pre-clerkship (*name of policy 1*) and another for clerkship (*name of policy 2*). Policy 1 specifies the timing for summative feedback in Section 3 on page four, and Policy 2 specifies this timing in Section 3, page 4."

### Later stage

Once a team consensus is achieved, often the evidence recorded on the Team Evaluation Form can be streamlined.

In this example where the requirement is met, the final iteration of the evidence for Requirement 9.8-1 might merely state something to the effect of:

"Two school policies relating to summative assessment specify a six-week timeline for provision of final grades."

Typically, in cases where a requirement is not met or monitoring will be recommended, more specific information needs to be retained in the "Evidence for assessment of this requirement" box. An example:

"No mention is made of a specified timeline for provision of final grades in any of the policies/guidelines related to summative assessment."

Generally, the importation of data tables and lengthy excerpts of documents into the "Evidence for assessment of this requirement" box is discouraged. Readers of the accreditation report can only be referred to tables or documents that are included in the core appendix or a supplemental appendix. If a desired table or document is not in the core appendix, discuss with the team secretary whether its addition as a supplemental appendix is warranted. The addition of supplemental appendices other than the visit schedule is not common.


## APPENDIX 5: Refining a preliminary finding (for Elements rated as SM or U)

When an element addresses one or more requirements that are unmet and one or more other requirements that have monitoring considerations, the finding should address the unmet requirement(s).

Example of a finding for Element 9.8 with a citation history and an overall element rating of U

**This element was cited at the time of or since the last full accreditation visit**      yes       no

### OVERALL ELEMENT RATING

- 
- Satisfactory
  - Satisfactory with a need for monitoring
  - Unsatisfactory

#### Early iteration of finding

##### **FINDING (only if rated SM or U)**

Data provided in Table 9.8-2 A show that all students in all required learning experiences, EXCEPT for the 8-week clerkship rotation in X, the 4-week rotation in Y and the 2-week rotation in Z receive final grades well before six weeks after the end of the required learning experience. In rotations X, Y and Z, 75 %, 80% and 74% of students, respectively, receive final grades within 6-weeks, but as many as 9, 8 and 12 weeks elapsed in rotations X, Y and Z, respectively, before all students received final grades. Data that shows how soon after the end of the required learning experience students receive final grades is needed. This element was found to be unsatisfactory at the last full visit, resolved to SM two years later and has remained at S since then.

#### Later iteration of finding

##### **FINDING (only if rated SM or U)**

In rotations X, Y and Z, 25%, 20% and 26% of students received final grades later than six weeks after the end of the respective required learning experience. Data are needed to show that by six weeks after the end of each required learning experience of clerkship, final grades are received by students. This element was found to be unsatisfactory at the time of the previous full accreditation visit.

Note: A ‘U’ finding needs to include:

1. Clear statement(s) identifying the unmet requirement(s).
2. Clear statement(s) outlining the information/data/documents needed that in future would allow the CACMS to award an S.
3. If applicable, a brief statement mentioning a citation history.

Example of a finding for Element 9.8 with a citation history and an overall element rating of SM

**This element was cited at the time of or since the last full accreditation visit**      yes       no

**OVERALL ELEMENT RATING**

- Satisfactory
- Satisfactory with a need for monitoring
- Unsatisfactory

Early iteration

**FINDING (only if rated SM or U)**

The school implemented a new system of final grade reporting and follow-up in the fall semester. Before then, as many as 25% of students in some clerkship rotations did not receive final grades within six weeks of the end of their required clinical learning experiences. Under the new system, 100% of students, except for one instance where a preceptor was in hospital, received grades within four weeks of the end of the required learning experiences, but only seven months' worth of confirmatory data were available by the end of the second accreditation visit. Data showing a full year's worth of on-time reporting of final grades is needed to determine that the new system can be sustained. This element was found to be unsatisfactory at the last full visit, resolved to SM two years later and has remained at S since then.

Later iteration

**FINDING (only if rated SM or U)**

Since the implementation of a new system seven months before the visit, students are receiving final grades within six weeks. Monitoring is required to ensure that the system can be sustained for an entire year. This element was found to be unsatisfactory at the last full visit.

Note: An 'SM' finding needs to include:

1. Clear statement that demonstrates that the element is satisfactory.
2. Clear statement of monitoring considerations to be addressed.
3. If applicable, a brief statement mentioning a citation history.