



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

GUIDE TO THE INDEPENDENT STUDENT ANALYSIS

For schools with visits in academic year 2027-2028

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Guide to the Independent Student Analysis
For medical education programs leading to the M.D. Degree

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1. Accreditation overview from the student perspective

1.1 Basic information about accreditation and CACMS

The Committee on Accreditation of Canadian Medical Schools (CACMS) is responsible for accrediting medical education programs leading to the degree of Doctor of Medicine in universities that are chartered and located in Canada and whose students are geographically located in Canada for required educational experiences.

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 the educational programs culminating in the award of the degree of Doctor of Medicine meet reasonable, generally-accepted, and appropriate national standards for educational quality, and that graduates of such programs have a complete and valid educational experience sufficient to prepare them for the next stage of their training. Students and graduates of CACMS-accredited medical programs also benefit by gaining eligibility to participate in the first iteration of the R-1 Main Residency Match (R-1 match) for entry level postgraduate training positions.

Note that there is a separate, multi-stage process for the accreditation of new medical schools in Canada. Contact the CACMS for more information about the accreditation of new schools.

1.2 CACMS membership

Four medical students sit on the CACMS. Two are appointed by the Canadian Federation of Medical Students (CFMS) and two are appointed by the Fédération médicale étudiante du Québec (FMEQ). Students from each organization share one vote. Two students serve on the Standards Subcommittee and two serve on the Policy Subcommittee. The student members play prominent roles in the development and revision of accreditation standards and elements and in revising CACMS policies.

The remaining voting members of the CACMS include medical educators, medical school leaders, medical practitioners, and representatives of the public.

1.3 Student roles on accreditation visit teams

The peer review process of accreditation of a medical education program includes a review of prescribed documentation and virtual and/or on-site visits to the medical school, during which meetings with school officials, faculty members and medical students occur.

Whenever their schedules permit, a student member of the CACMS will serve on an accreditation visit team. Priority will be given to students in the following order: CACMS members; former CACMS members; followed by students with past accreditation experience with no previous CACMS affiliation. For more details on accreditation visits and roles of team members, visit the CACMS website for: *Guide for the Conduct of CACMS Accreditation Visits*.

1.4 Roles within a student's medical school

1.4.1 Roles and responsibilities in the Independent Student Analysis (ISA)

Students have the sole responsibility for producing the ISA report. The ISA process involves the administration of a prescribed questionnaire and culminates in a written report that describes the analysis and results of student responses. Results of yes/no questions from the ISA questionnaire appear in the Data Collection Instrument (DCI) that is completed by the medical school (see the CACMS website for details on the DCI and the general accreditation process that can be found in the *Guide for the Conduct of CACMS Accreditation Visits*). The AFMC data team works with the school's ISA steering committee to deploy the ISA questionnaire for full accreditation visits and compile the results for the student team to use in their analysis.

The ISA process begins approximately 18 months prior to the accreditation visit. The ISA questionnaire results, and the ISA report are used by the medical school in conducting its Medical School Self-Survey (MSS) [described below] and the ISA report is included as a core appendix in the accreditation visit report that is reviewed by the CACMS and used in its decision-making process.

Details on the conduct of the ISA and preparation of the ISA report are described in Section 2 of this guide.

1.4.2 Roles in the Medical School Self-Study (MSS)

Schools must invite medical student participation in the MSS process. Medical students are encouraged to become involved in the school's accreditation task force or on an accreditation-related subcommittee. The MSS process typically commences 12-15 months in advance of the accreditation visit. Medical student participation in the MSS assists the school, especially as the process must consider results from the ISA questionnaire and the ISA report.

More information on the MSS purpose and structure can be found in the *Guide for the Conduct of CACMS Accreditation Visits*. Note that the MSS for Preliminary Accreditation of a new medical school does not include an ISA process.

1.4.3 Roles during accreditation visits

A subset of students is expected to meet with the accreditation visit team during an accreditation visit. Some students will be expected to serve as guides on tours (on-site or virtual) of relevant facilities, whereas others may meet with the team as a group for general discussion of student issues or because of membership on a specific medical school committee.

From the visit team's perspective, students meeting with the team should include representation from all classes, campuses, and curricular tracks as well as leaders of the ISA process who are familiar with its data and report. The visit team benefits from meeting with a breadth of students, not just class leaders. For example, consider involving students who have experience in joint degree programs, research, or service-learning.

Working together, the medical school administration and its students can determine the types of students needed to achieve appropriate diversity and representation. Students are encouraged to identify those peers who will meet with the team. Consider identifying a list of alternates.

2. The ISA process

When the CACMS determines the date of the accreditation visit, the faculty undergraduate accreditation lead (FUAL) will contact student leadership to discuss the organization of the ISA process. This initial contact is recommended to occur in September in the academic year of the survey being launched (e.g. September 2025 for a January – March 2026 launch) so that a student ISA steering committee can be formed and start its work.

2.1 Identifying members of the ISA steering committee

Students select their representatives from volunteers willing to serve on an ISA steering committee. Ideally, steering committee members represent the breadth of student diversity with consideration of class year, campus, and curricular track representation. A small committee of six to eight members is likely sufficient to achieve this function, and from within this group, an executive leader/coordinator should be identified. The FUAL is to be informed of the ISA steering committee membership and its leader(s)/coordinator(s).

Those selected as steering committee members must have the time to commit to the process, which includes decisions on survey administration, data analysis, data distribution and report writing.

The work of the ISA steering committee should be distributed among the student members so that no individual student's academic program is compromised.

At least one student leader of the steering committee is expected to be a medical student at the time of the upcoming accreditation visit and be available to meet with the accreditation team.

2.2 Organizing and administering the ISA questionnaire

The ISA questionnaire is to be administered between January and March of the year before the accreditation visit (i.e., in the interval of 12 to 24 months before the accreditation visit) and timed to ensure that students from all curricular years are available and have sufficient experience in the curricular year to respond meaningfully. **The survey must close no later than March 31st.** The timing of the questionnaire administration must be discussed with the FUAL.

The ISA questionnaire, identical for all schools (except for when revisions are required for provisional accreditation), is prepared by the CACMS Secretariat with input from student members on the CACMS. The questionnaire is to be distributed to all students at all campuses, and responses are tagged by campus and curricular year within the program. The wording of the email message will be based on a standardized template with the option for the ISA steering committee to add to the message. *The ISA steering committee will liaise with the AFMC data team to agree on the final wording of the email message.*

- The steering committee must organize distribution of the questionnaire through the Association of Faculties of Medicine of Canada (AFMC) data team using the following process:
 - The school will provide the AFMC Data Team and CACMS Secretariat with the names of ISA Steering Committee members.
 - CACMS Secretariat will offer students an ISA orientation session (AFMC data team representative(s) invited but not required to attend).
 - The school will provide the AFMC data team with a list of student names, email addresses, year of the program (Y1-Y3/Y4), and campus, one month before the launch of

the survey. It is the school's responsibility to ensure the list remains accurate for the launch of the survey. The AFMC data team will share the number of students per year, per campus and total number of students that will be used to determine participation rates and as a cross reference to ensure the data provided is accurate. Two business days prior to the launch of the survey, the school is required to review the submitted list and inform the AFMC data team of any changes.

- Students identify a steering committee member who will serve as the contact person with the AFMC data team. The student contact person e-mails the AFMC data team at data@afmc.ca to organize the details on questionnaire distribution, timing, and/or reminder systems. At least one month before the launch of the survey, students need to provide AFMC data team with:
 - final wording of the email message;
 - date(s) to launch survey (could have one date or a date per year of study); and
 - general instructions for reminders (instructions for reminders can be refined based on results).
- The AFMC data team will send individual emails to all medical students.
- The ISA steering committee should notify their peers that the survey link will be emailed to them from the AFMC data team.

The AFMC data team provides this service to students of all AFMC member schools ensuring that the processes of questionnaire distribution and data collection are arm's length from the school, the CACMS, and the CACMS Secretariat. The AFMC data team's sole role is to assist students in the collection of ISA data. This data will be deleted upon confirmation of transmission to the school and students. Both the quantitative data and narrative responses will be provided in spreadsheet format and the ISA steering committee will determine how they will analyze and use the data.

The ISA steering committee should contact the FUAL to request other logistical support if needed and to obtain additional school-specific background materials. For other queries, contact the CACMS Secretariat at: cacms@afmc.ca.

2.3 Maximizing the response rate to the ISA questionnaire

The ISA must be based on data from the *entire* student body. The CACMS expects a response rate that is sufficient to ensure a high level of confidence in the data and places more weight on survey results where this is achieved.

The table below provides illustrative examples of the number of students on campus, the number of respondents required, and the corresponding percentage response rate needed to achieve results with a 95% confidence level and a 5% margin of error.

Response rates		
Number on campus	# Respondents required	% Response rate
30	28	93.3
50	45	90.0
80	67	83.8
100	80	80.0

The ISA steering committee needs to inform the student body about the importance of participating in the survey and the seriousness with which the accreditation visit team and the CACMS regard the results. The steering committee may want to consider the use of a reminder system to help achieve a response rate sufficient for a high level of confidence in the data.

Incentives may be considered as a method to enhance student response rates. Incentives must be pre-approved by the school's UGME Dean and must benefit the entire student body, entire classes, or classes within a campus e.g., donation on behalf of the entire class, support towards the graduation celebration or class party. Raffles, draws, sweepstakes or lotos are not permitted as only the winner(s) receives the benefit. Contact the FUAL or the CACMS Secretariat for more information on the use of and restrictions on incentives.

2.4 Distributing the ISA results

When the survey is closed (all years/cohorts), the AFMC data team will provide the ISA data results to the student e-mail address that was specified by the ISA steering committee and the FUAL at the same time. This will occur as early as possible and ideally 12 months ahead of the visit as the FUALs require this data for completion of the DCI. Writing of the ISA report should commence at this time (see Section 2.6, below, for details).

Students must provide the final ISA report **no later than 3 months** before the medical school's deadline for submission of accreditation visit documents to the CACMS Secretariat (deadline to be negotiated with their FUAL). Medical school officials must have the opportunity to comment on the draft report's factual correctness before it is finalized and submitted to the CACMS.

The FUAL distributes the final ISA report to the MSS Task Force and appropriate subcommittees so that student views and the medical school's perspective on the ISA can be incorporated into the final MSS report. The earlier the medical school receives the ISA report the sooner it can respond to the report's recommendations.

2.5 Analyzing the ISA survey data

An overall survey response rate must be reported in terms of the total number of students per campus and per curriculum year.

Most ISA questions can be answered by selecting either *Yes* or *No* and will be reported as the number of students answering *Yes*, the total number of students responding to the question and a calculation of this as a percentage (e.g., 40/80 (50%)) for each class and campus as applicable.

In a subset of ISA questions, students are offered a *Not applicable* option in addition to *Yes* or *No*. In these cases, the number of those responding *Yes* is the numerator and the denominator used to calculate the percentage of *Yes* responses is the sum of *Yes* and *No* responses. The *Not applicable* responses are reported in Appendix 2 of the ISA report (Template found in Section 5 of this guide).

Any statistical analyses of the data beyond the provision of descriptive statistics are left to the discretion of the ISA steering committee but are not required by the CACMS.

Data from the three open-ended questions are to be analyzed by question. Within each question, students should identify themes that emerge from the data; no formal analysis methodology for qualitative data is

prescribed. See Section 2.6.7 for more information on how the answers to these questions can be used in the ISA.

The ISA steering committee is encouraged to complete a listing of the suggestions that students provided for future improvement of the questionnaire and send the listing separately to the CACMS Secretariat at: CACMS@afmc.ca.

2.6 Writing the ISA report

Excluding title page, table of contents, and appendices, the report should be approximately 20 pages in length, single-spaced and written in no less than 11-point font. In writing the ISA report, the following sections are recommended:

- Title page
- Table of contents
- Executive summary
- Contributors to the ISA process
- Introduction
- Methodology
- Results/Discussion
- Limitations/Considerations
- Summary/Recommendations
- Appendix 1
- Appendix 2

2.6.1 Title page

In a title block centered on the page, provide:

- the title of the report – Independent Student Analysis (ISA)
- the name of the university or universities
- the name of the medical school (unless the same as that of the university)
- the date that the finalized report was submitted to the faculty undergraduate accreditation lead (FUAL)

2.6.2 Table of contents

Provide a table of contents that identifies the major headings of the report and the respective page numbers.

2.6.3 Executive summary

The ISA report should begin with a concise (one page) executive summary that includes information on the timing of the survey, distribution, response rates, confidence estimates, key findings, and primary recommendations. Provide context to the report by mentioning any special circumstances that could have influenced student responses.

2.6.4 Contributors to the ISA process

Include the names of members of the ISA steering committee identified by campus, curricular year and, as applicable, special roles held by these individuals within the medical school.

Also identify the leadership of the ISA steering committee including mention of those with key responsibilities (e.g., executive leader/coordinator and report author(s)).

Identify the names and responsibilities of any other students who made substantial contributions to the ISA but were not members of the ISA steering committee.

Identify the names and responsibilities of any medical school faculty/staff or others who assisted the ISA steering committee with the logistics of the ISA.

2.6.5 Introduction

Briefly describe the authority for and intended use of the ISA in the accreditation process.

Provide a brief description of the functioning of the ISA steering committee including mention of how its members were selected, when and by whom the committee was tasked with its responsibilities, when and how often the committee met, and how the committee ensured that the decisions and recommendations of the report reflect a broad view of the student body.

Provide the date ranges when students were able to access and respond to the questionnaire by campus and curricular years. In cases where the survey window was the same for all students, state this and simply provide the single date range.

Include a statement describing the independence of the ISA steering committee and detailing the logistical assistance provided by the medical school to the ISA process.

Include a statement confirming that medical school officials had an opportunity to review the ISA report and comment on its factual correctness. Confirm that the medical school officials had the opportunity to comment on the draft report's factual correctness but did not edit or revise the report or pressure students to change its content, conclusions, or recommendations.

2.6.6 Methodology

Briefly describe the platform(s) used to distribute the survey and collect data. Describe the process used to determine the timing of survey distribution. Include a description of any reminder systems or incentives used to enhance student response rates.

Briefly describe methods used to analyze responses to the open-ended questions.

2.6.7 Results/Discussion

Key descriptive statistics

Provide a summary table of key descriptive statistics on the total number of students per campus per year and a global response rate per campus per year. See Table 1 below for an example completed with hypothetical data.

Descriptive statistics of response rates (using example data)				
Provide the number and percentage of respondents from each campus and curricular year. Add/delete rows as needed for each campus.				
Campus	Number (%)			
	Year 1	Year 2	Year 3	Year 4
Campus X	90/100 (90%)	95/99 (96%)	86/94 (91%)	80/95 (84%)
Campus Y	30/35 (86%)	32/35 (91%)	31/34 (91%)	26/33 (79%)

In the example above for a medical education program with two campuses and a four-year MD curriculum, the numerator in each cell corresponds to the maximum number of respondents meeting the criteria. In this example, Campus X, Year 1 has 90 respondents. The denominator is the total number of students at the campus who are registered in each year of the program. In this example, Campus X, Year 1 has 100 registered students. The percentage is calculated from the numerator and denominator and reported in parentheses. In this example for Campus X, Year 1: (90%). Do not include years in the table for which there are no students.

In addition, provide any contextual information needed to interpret response rates for a campus or a curricular year. Comment on any differences in the timing of the survey distribution/data collection among campuses or curricular years.

Reporting and analysis of Yes/No questions

Tabular results for all *Yes/No* questions must appear in **Appendix 1** of the ISA report.

The goal of this section of the report is to provide a focused analysis of results that are of particular interest from the student perspective. Students need not comment on the responses to each individual question but it is recommended to address student responses by accreditation element within a given standard.

Reporting and analysis of open-ended questions

For results from the open-ended questions, provide the number of respondents per question by curricular year and campus.

Number of respondents to open-ended question 'X' (using example data)				
Provide the number of respondents from each campus and curricular year who responded to the question. Add/delete rows as needed for each campus.				
Campus	Number			
	Year 1	Year 2	Year 3	Year 4
Campus X	50	60	42	28
Campus Y	18	22	20	9

Classify responses into emerging themes by question and campus and comment on these themes, providing context as needed.

A compilation of the student responses to open-ended questions must not appear in the report or its appendices. Within a theme, however, and as appropriate, the report may include narrative illustrations (i.e., quotes or paraphrases) of views that were commonly expressed. Quotes or paraphrases must not be attributable nor attributed to an individual.

2.6.8 Limitations/Considerations

Provide context to the report as needed. Include any limitations on the interpretation of the results and discuss any special circumstances or considerations that influenced the ISA and the development of its recommendations.

2.6.9 Summary and Recommendations

The summary should include high level comments and any associated recommendations for each accreditation standard having *Yes/No* ISA questions.

High level summary comments and any associated recommendations arising from the analysis of open-ended questions should also be included.

2.6.10 Appendices of the ISA Report

Appendix 1

Include as Appendix 1 all completed ISA source data tables for the DCI (questions 1 – 85). Your medical school will supply the completed tables upon request.

The example below completed with data for two campuses shows how Table 5.11-3 B is to appear in Appendix 1.

Table 5.11-3 B Adequacy of Personal Lockers or Other Secure Storage Facilities					Source: ISA
Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus.					
Campus	Survey question	Number (%)			
		Year 1	Year 2	Year 3	Year 4
Campus X	The personal lockers/other secure storage facilities on my campus were adequate for my needs.	80/100 (80%)	60/80 (75%)	66/99 (67%)	49/98 (50%)
Campus Y		20/30 (67%)	10/30 (33%)	20/25 (80%)	21/28(75%)
Campus X	At all hospitals where I was assigned, the personal lockers/other secure storage facilities were adequate for my needs.	80/90 (89%)	60/72 (83%)	66/99 (67%)	49/98 (50%)
Campus Y		20/24 (83%)	10/15 (67%)	20/25 (80%)	21/28 (75%)

The template tables are provided in Section 2 of the Independent Student Analysis Questionnaire document.

Appendix 2

Include as Appendix 2 a table that shows the number of respondents who selected *Not applicable* for a given question where the option was provided.

The example below shows how to present data for this appendix using sample/test data results from questions 5, 7, 8, & 9.

Provide the data from the Independent Student Analysis (ISA) on the number of respondents who answered <i>Not applicable</i> to the question listed the table below. Add rows as needed for each campus.						
Question #	Table #	Campus	Number			
			Year 1	Year 2	Year 3	Year 4
5	3.4-2 B	Campus X	100	95	0	0
		Campus Y	30	28	0	0
7	3.4-4 B	Campus X	1	0	2	1
		Campus Y	0	1	0	1
8	3.4-4 B	Campus X	95	98	2	1
		Campus Y	28	29	0	0
9	3.4-4 B	Campus X	0	0	1	1
		Campus Y	0	0	0	1

The template table is provided in Section 5 of this guide.

3. The ISA Questionnaire

3.1 Preface to the questionnaire to appear in advance of any questions

Why is this survey being done / what does participating in the survey involve?

You are receiving this survey via the Association of Faculties of Medicine of Canada (AFMC) Data & Information Services. AFMC is working with students in your medical school on the Independent Student Analysis (ISA) steering committee to support your school's accreditation process.

This questionnaire fulfills a required function in the accreditation of your medical school. It is identical for all medical schools in Canada. All the Yes/No-type questions in the questionnaire directly relate to an accreditation requirement and are presented in the order in which they appear in the accreditation documents.

At the end of the questionnaire, there are several open-ended questions where you can reflect and comment broadly on your medical education program and potential future directions.

Before starting, we recommend that you set aside 30 minutes, but we anticipate that many will complete the questionnaire in less than 20 minutes. Although the majority of questions are not mandatory, to ensure confidence in results and improve validity, we ask that you please complete the entire questionnaire.

Confidence in the results of the questionnaire increases with participation rate. High response rates improve the confidence that the CACMS places on the results and findings of the ISA report, and as such, your participation is extremely important.

Confidentiality / Use of data

Collection of demographic data is limited to your campus and current year of study. Raw data are not shared with the Committee on Accreditation of Canadian Medical Schools (CACMS) or the accreditation visit team and all information gathered as part of this questionnaire will remain confidential. The data is sent by the AFMC data team to your school's faculty undergraduate accreditation lead (FUAL) so that they may complete the required tables in the Data Collection Instrument.

Your student representatives on the ISA steering committee will analyze the responses to the questionnaire, draft recommendations, and submit a written report to your medical school administration and the accrediting body, the CACMS. The ISA report provides key information to your medical school and to the CACMS.

Who do I contact if I have further questions?

If you are having technical difficulties with the survey, please contact the AFMC at data@afmc.ca. All enquiries will be treated as confidential.

* I have read and understood this page. By continuing with this survey, I consent to participate and give the AFMC permission to share my responses in the manner described above.

☐ Yes ☐ No

3.2 ISA Lexicon

The following table is a lexicon of terms used in the Independent Student Analysis (ISA) Questionnaire.

Academic record (Found in elements 11.5, 11.6)	A file (paper or electronic) of student information which is subject to privacy and document retention regulations. Examples of information included in an official file: admission, registration, progression, graduation details, transfer credits awarded, names of credit and non-credit courses completed, course grades and/or grade point average, repeated courses, prior learning assessment, disciplinary actions, and appeals. (It does not include a record prepared by a person if that person is the only person with access to that record.)
Advising (Found in elements 11.1, 11.2)	An interactive process whereby a person (or persons) provides support and advice to a student as they navigate through the medical education program.
Campus (Found in elements 2.5, 2.6, 5.11, 5.12)	An instructional site that offers a complete pre-clerkship academic year.
Elective (Found in elements 3.1, 6.5, 11.2, 11.3.)	A structured learning experience (as part of the standard curriculum but separate from required learning experiences as defined in the lexicon) whereby a student exercises choice over various aspects such as, but not limited to, the location, area of study (clinical and non-clinical), objectives, and others, of the experience as defined by their medical school.
End-of-life care (Found in element 7.2)	Care of patients with terminal illness or condition; includes palliative care, and where appropriate medical assistance in dying.
Learning objectives (Found in elements 6.1, 8.2, 8.3, 8.7, 9.1)	Statements of what medical students are expected to be able to do at the end of a required learning experience (see lexicon).
Medical education program objectives (Found in elements 6.1, 8.2, 8.3, 8.4, 9.4, 10.6)	Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.

Medical school	The Faculty of Medicine, Faculty of Medicine and Dentistry, Faculty of Health Sciences, School of Medicine, School of Medicine and Dentistry or College of Medicine that provides the education program leading to the degree of Doctor of Medicine in Canada.
Rehabilitative Care	Rehabilitative Care is a set of goal-directed interventions provided to patients who have experienced a debilitating illness (e.g., stroke, heart attack, chronic disease), injury (e.g., broken hip, spinal cord injury), or surgery.
Required clinical learning experience (Found in elements 1.4, 2.6, 3.1, 5.6, 8.8, 9.2, 11.2)	A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.
Required learning experience (Found in elements 6.1, 6.5, 7.4, 8.2, 8.3, 8.5, 8.7, 8.8, 9.1, 9.5, 9.6, 9.7, 9.8, 10.6, 10.7, 11.1, 12.4)	An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which may be mandatory to complete, but significant aspects of the experiences are of the student's choosing.
Scholarly activity (Found in element 2.2,3.2)	Systematic engagement in the discovery of new knowledge, the application of knowledge, the integration of knowledge, or teaching conducted with integrity and assessed by others (Boyer, 1990).
Service-learning (Found in element 6.6)	A structured learning experience that combines community service with preparation and reflection.