



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



LIAISON COMMITTEE ON
MEDICAL EDUCATION

June 12, 2017

Dr. Suzanne Fortier
Principal and Vice-Chancellor
McGill University
Room 506, James Admin. Bldg.
845 Sherbrooke Street West
Montreal, Quebec H3A 0G4

RE: Limited site visit, February 5-7, 2017

Dear Dr. Fortier:

This letter follows the limited site visit that recently took place at the Faculty of Medicine, McGill University, as part of the accreditation process of the educational program leading to the MD degree.

This letter includes the:

1. accreditation decision and required follow-up activities from both the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) from their respective meetings in May and June 2017;
2. decisions on the level of compliance with accreditation standards, from CACMS;
3. decisions on the level of satisfaction with accreditation elements evaluated at the limited site visit, from CACMS;
4. specific findings regarding accreditation elements found to be unsatisfactory (U) or satisfactory with a need for monitoring (SM), from CACMS;
5. colour-coded table providing a visual summary of the ratings for each standard and element.

1. ACCREDITATION DECISION AND REQUIRED FOLLOW-UP ACTIVITIES, FROM CACMS/LCME

Accreditation Status	Follow-up
<ul style="list-style-type: none"> - Rescind probation - Continue accreditation for an indeterminate term 	<ul style="list-style-type: none"> - Status report on element 9.3 for review in January 2019 - Status report on all other elements that are SM or U for review in January 2020

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The CACMS and the LCME voted to rescind probation, continue accreditation for an indeterminate term, and requested two status reports: one for review in January 2019 and the other for review in January 2020.

2. CACMS DECISION ON THE LEVEL OF COMPLIANCE WITH ACCREDITATION STANDARDS

ACCREDITATION STANDARD		LEVEL OF COMPLIANCE
1	Mission, Planning, Organization, and Integrity	C
2	Leadership and Administration	C
3	Academic and Learning Environments	CM
4	Faculty Preparation, Productivity, Participation, and Policies	C
5	Educational Resources and Infrastructure	C
6	Competencies, Curricular Objectives, and Curricular Design	C
7	Curricular Content	C
8	Curricular Management, Evaluation, and Enhancement	CM
9	Teaching, Supervision, Assessment, and Student and Patient Safety	NC
10	Medical Student Selection, Assignment, and Progress	C
11	Medical Student Academic Support, Career Advising, and Educational Records	C
12	Medical Student Health Services, Personal Counseling, and Financial Aid Services	C

C = Compliance CM = Compliance, with a need for monitoring NC = Noncompliance

3. CACMS DECISION ON THE LEVEL OF SATISFACTION WITH ACCREDITATION ELEMENTS EVALUATED AT THE LIMITED SITE VISIT, FROM CACMS

ACCREDITATION ELEMENT		STATUS
1.1	Strategic planning and continuous quality improvement	S
1.3	Mechanisms for faculty participation	S
1.4	Affiliation agreements	S
2.6	Functional integration of the faculty (GDC)	S
3.3	Diversity/pipeline programs and partnerships	U
3.5	Learning environment/Professionalism	SM
3.6	Student mistreatment	SM
4.5	Faculty professional development	S
5.6	Clinical instructional facilities/Informational resources	SM
5.8	Library resources	SM
5.11	Study/lounge/Storage space/Call rooms	S
6.1	Program and learning objectives	S
6.2	Required clinical learning experiences	S
6.6	Service-learning	S
7.1	Biomedical, behavioral, social sciences	SM
7.5	Societal problems	S
7.7	Medical ethics	S
8.1	Curricular management	S

8.2	Use of medical educational program objectives	S
8.3	Curricular design, review, revision/Content monitoring	SM
8.7	Comparability of education/assessment	SM
8.8	Monitoring time spent in educational and clinical activities	SM
9.1	Preparation of resident and non-faculty instructors	S
9.2	Faculty appointments	S
9.3	Clinical supervision of medical students	U
9.4	Assessment system	SM
9.5	Narrative assessment	S
9.8	Fair and timely summative assessment	SM
10.2	Final authority of admission committee	S
11.1	Academic advising	SM
12.3	Personal counselling/Well-being programs	SM
12.4	Student access to health care services	SM

S = Satisfactory SM = Satisfactory with a need for monitoring U = Unsatisfactory

4. SPECIFIC FINDINGS REGARDING ACCREDITATION ELEMENTS FOUND TO BE UNSATISFACTORY OR SATISFACTORY WITH A NEED FOR MONITORING, FROM CACMS

Element 3.3 Diversity/Pipeline Programs and Partnerships

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 achieve mission-appropriate diversity outcomes among its students, faculty, senior academic and educational leadership, 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.

Finding:

The school has established pipeline programs for identified groups, but outcome data is only available for one of these groups (PNIQ). Progress is minimal and below average for Canadians medical schools for AFNIM students. Black and Filipinos are underrepresented in relation to Montreal census data. Low parental income and education levels are underrepresented. Progress has not been made with rural recruitment. The school indicates that the Gatineau campus opening in 2020 may attract more rural students but has not initiated a program to deal with the issue in the interim. It is unclear what actions have been taken to improve diversity in leadership and little progress is reported in improving levels of participation by women and aboriginals in leadership positions.

Status: Unsatisfactory

Element 3.5 Learning environment/Professionalism

A medical school ensures that the learning environment of its medical education program is:

- a) conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations;*
- b) one in which all individuals are treated with respect.*

The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to:

- 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 correct violations of professional standards*

Finding:

The school has made significant progress in meeting the requirements of this element. Work has begun on improving the hospital culture with regards to the learning environment. There was evidence at the visit of widespread awareness and efforts to resolve these issues. Monitoring is required to ensure continued progression and sustainability of the improvements made.

Status: Satisfactory, with a need for monitoring

Element 3.6 Student mistreatment

A medical school defines and publicizes its code of conduct for the faculty-student relationship in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behaviors. Mechanisms for reporting violations of the code of conduct (e.g., incidents of harassment or abuse) are understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

Finding:

The school has made significant progress in meeting the requirements of this element. Students are clearly aware of processes and opportunities to report issues. Attention to student anonymity has improved the reporting process. A systematic process to inform students about outcomes of their complaints has recently been implemented. Internal tracking of mistreatment indicates that several sites are problematic. Many of the steps taken to address allegations of student mistreatment have been recently implemented, thus there is insufficient time for this to be reflected in the student reported rates of mistreatment.

Status: Satisfactory, with a need for monitoring

Element 5.6 Clinical instructional facilities/Informational resources

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

Finding:

The school has made progress toward meeting the requirements of this element. Wi-Fi has very recently been made available at all clinical sites, however, students report that they do not yet have passwords for the LaSalle or St. Mary's sites. Administrative staff indicated that Wi-Fi access for students at these two sites was very recently implemented.

Status: Satisfactory, with a need for monitoring

Element 5.8 Library resources

A medical school ensures ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems

and is responsive to the needs of the medical students, faculty members, and others associated with the medical school.

Finding:

Data provided show that overall 68.3-90.6% of students were satisfied/very satisfied with the library services and that 50-100% of students at each site are satisfied/very satisfied with their access to library resources. The longstanding nature of the issues warrants monitoring to ensure sustainability.

Status: Satisfactory, with a need for monitoring

Element 7.1 Biomedical, behavioral, social sciences

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

Finding:

The majority of students in the Classes of 2017 (63-93%) and 2018 (53-87%) believe their instruction in pain management, health policy, behavioral sciences, human sexuality and complementary medicine was now appropriate or excessive. The changes have been in place for one year and response rate for the class of 2018 was 33%, limiting the usefulness of the data. Further monitoring of instruction satisfaction is warranted.

Status: Satisfactory, with a need for monitoring

Element 8.3 Curricular design, review, revision/Content monitoring

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality.

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee to ensure that the curriculum functions effectively as a whole such that medical students achieve the medical education program objectives.

Finding:

The school has developed outcome objectives mapped to curricular courses and sessions. There remain challenges in adopting an effective information technology solution for oversight of curricular content and required learning experiences. This is being addressed by leadership with the implementation of a software program used by other large Canadian faculties of medicine. It is anticipated that implementation will be completed in the next 2 years.

Status: Satisfactory, with a need for monitoring

Element 8.7 Comparability of education/assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

Finding:

The school has made progress towards delivering comparability in learning across program sites and in provision of administrative support. Monitoring is required to ensure sustainability.

Status: Satisfactory, with a need for monitoring

Element 8.8 Monitoring time spent in educational and clinical activities

The curriculum committee and the program's administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

Finding:

Student and faculty are aware of the expectations relative to the amount of time medical students spend in required activities, and compliance is monitored by the MDCM. Infractions are still occurring across sites and while decreasing, further monitoring is warranted.

Status: Satisfactory, with a need for monitoring

Element 9.3 Clinical supervision of medical students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the delegated activities supervised by the health professional are within his or her scope of practice.

Finding:

The percentage of students in Surgery who agreed that the level of supervision ensured their safety fell from 85.7% in 2015 to 75.4% in 2016. The number who agreed that the level of supervision ensured the safety of their patients fell from 79.7% in 2015 to 67.2% for Surgery and the number who indicated they were given appropriate responsibility fell from 82.6% to 72.2% (AFMC GQ). Numbers also fell for pediatrics. Emergency numbers fell for safety of patients (91.7 to 85.1%). It is not clear whether an action plan has been developed to deal with concerns in the Department of Surgery. The emphasis appears to have been on students being able to escalate their concerns in order to attempt to have them addressed rather than dealing with the cause of their concerns.

Status: Unsatisfactory

Element 9.4 Assessment system

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

Finding:

The school's requirement that direct observation of history and physical examination skills occurs in all clerkship courses is not reflected in the percentage of students who report being observed on the internal Medical Education Experience Survey (MEE) and GQ. In response, the school has recently instituted a process whereby third and fourth year students login to myMED Portfolio to document when they have been observed doing a history and physical, the type of patient seen, and the name of the faculty member or resident who observed them. Given the recent implementation of this process, monitoring is needed.

Status: Satisfactory, with a need for monitoring

Element 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.

Finding:

Improvements have been made to processes to ensure the timely provision of final grades for all required learning experiences. Results for the current academic year show a positive trend toward compliance with the grade submission policy. Monitoring is required to ensure sustainability.

Status: Satisfactory, with a need for monitoring

Element 11.1 Academic advising

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

Finding:

The school has made progress toward meeting the requirements of this element. The new academic advising process, implemented in 2016, is clearly outlined and both students and faculty were aware of it. Effectiveness of the process needs to be monitored.

Status: Satisfactory, with a need for monitoring

Element 12.3 Personal counselling/Well-being programs

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

Finding:

The medical school provides programs that support well-being to students at Montreal and Gatineau sites. Students report sufficient time for basic wellness activities. The majority of respondents to the graduation questionnaire are now satisfied/very satisfied with programs that promote effective stress management, a lifestyle balance and overall well-being. Given the recent implementation of these changes, monitoring is required to ensure their sustainability.

Status: Satisfactory, with a need for monitoring

Element 12.4 Student access to health care services

A medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required learning experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

Finding:

The school has made progress toward meeting the requirement of this element.

The Absences and Leaves Policy was updated for the 2016-17 academic year in response to student feedback and has been appropriately communicated to students. Students are more comfortable taking absences for health-related matters and the process of approval has been centralized.

Students report appropriate access for students based in both Montreal and Gatineau. Given the recent implementation of these changes, monitoring is required to ensure their sustainability.

Status: Satisfactory, with a need for monitoring

5. COLOUR-CODED TABLE PROVIDING A VISUAL SUMMARY OF THE RATINGS FOR EACH STANDARD AND ELEMENT

CACMS DECISION													
Standards	1	2	3	4	5	6	7	8	9	10	11	12	
	C	C	CM	C	C	C	C	CM	NC	C	C	C	
Elements	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1	
	1.2	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2	
	1.3	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3	
	1.4	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4	
	1.5	2.5	3.5	4.5	5.5	6.5	7.5	8.5	9.5	10.5	11.5	12.5	
	1.6	2.6	3.6	4.6	5.6	6.6	7.6	8.6	9.6	10.6	11.6	12.6	
					5.7	6.7	7.7	8.7	9.7	10.7			12.7
					5.8	6.8	7.8	8.8	9.8	10.8			12.8
					5.9		7.9		9.9	10.9			
					5.10					10.10			
					5.11					10.11			
					5.12								

Colour coding:

Satisfactory	Satisfactory with a need for monitoring	Unsatisfactory
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REQUIRED FOLLOW-UP

To address the elements rated as satisfactory with a need for monitoring and unsatisfactory noted above, the committees requested the school submit two status reports:

- A status report on element 9.3 submitted by **December 1, 2018**, to be considered at the January/February 2019 meetings of the CACMS and LCME;
- A second status report on elements 3.3, 3.5, 3.6, 5.6, 5.8, 7.1, 8.3, 8.7, 8.8, 9.4, 9.8, 11.1, 12.3 and 12.4 submitted by **December 1, 2019**, to be considered at the January/February 2020 meetings of the CACMS and LCME.

Dr. Suzanne Fortier
June 12, 2017
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The status reports should be submitted as PDF documents to the CACMS Secretary, Dr. Danielle Blouin at cacms@afmc.ca. Please note that paper copies are no longer required. Separate documents will be sent to Dean Eidelman detailing the information to be included in each status report.

A copy of the limited site visit report will be available to you and to Dean Eidelman via a “private community” on CHEC. Instructions on accessing this site and retrieving your report will be sent to both of you in a separate email. The report is for the use of the medical faculty and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

In the meantime, please contact the CACMS Secretariat at cacms@afmc.ca should you have any questions.

Sincerely,



Danielle Blouin, MD, CCFP(EM), FCFP, FRCPC, MHPE, PhD
CACMS Secretary



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Veronica M. Catanese, MD, MBA
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Cc: Dr. David Eidelman, Dean, Faculty of Medicine, McGill University