Accreditation: No. 1 Priority.

In Summary:

In February, our Undergraduate Medical Education program underwent a full accreditation survey by LCME-CACMS, which occurs every 8 years. Accreditation is a rigorous quality assurance process that helps us raise the bar and improve. The preliminary report cited the MDCM curriculum as a strength, innovative, patient-centered, learner-centered, supported by a committed team. It also identified a number of non-compliances, many focusing on administrative structures, policies and processes, and others on educational aspects such as mapping of objectives to outcomes and workload policy. We immediately established a task force and action plan framework, and have taken several additional steps since.

On Monday, June 15, we received the final accreditation decision based on the February survey. Our Undergraduate Medical Education program is accredited, but with probation. Of the 132 standards, (131 for Cdn schools), we are non-compliant for 24, compliant with monitoring for 8, and compliant with 99. This applies exclusively to the undergraduate medical program and not to the Faculty’s other programs.

Being on probation means the program is still fully accredited but we must demonstrate significant progress on items over the next 18 to 24 months. This accreditation was unique: two curricula were surveyed, and we are in a period of both internal and external transition. While we could appeal the decision, we believe our energies and resources are best spent on getting to work. The majority of actions will be in implementation by December 2015.

The goal for this program is to graduate the best doctors. The preliminary report also highlighted the enthusiasm and commitment of faculty and staff.

The people of this Faculty are extremely talented and passionate about teaching, just as the students are about learning. Our number one priority is to close these gaps and continue to excel.
Agenda

• VP-Dean David Eidelman
  - LCME-CACMS Accreditation results

• Discussion
Canadian medical programs are jointly accredited by two bodies:

- The Committee on the Accreditation of Canadian Medical Schools (CACMS)
- The U.S. Liaison Committee on Medical Education (LCME)

The accreditation bodies use 132 accreditation standards to evaluate a Faculty of Medicine, its medical education program, and its affiliated clinical facilities. Of these, 131 apply to Canadian medical schools.

**Important:** This accreditation applies only to our Undergraduate Medical Education program. It does not apply to the Faculty has a whole or to any of the other several education programs we offer, e.g., postgraduate medical education, nursing, etc.
Review of how accreditation works:

• Each school completes a database called the Data Collection Instrument (DCI) and an institutional self-study. The DCI contains the school’s response to each standard and the self-study is a self-reflective overview. These and other supporting documents are sent to the CACMS and to the survey team three months before the site visit.
• The survey team comprises a chair, secretary, faculty fellow, LCME member, student. With the exception of the student, these are faculty members from other Canadian and American Faculties of Medicine.
• Survey team conducts its review during a site visit over 3-4 days.
• The team writes up its findings in a report that is submitted to the school and to the CACMS.
• CACMS Accreditation Committee reviews the report along with documentation submitted by the school and renders a final decision about the accreditation status of the program.
Outcome of 2015 Full Survey

- February 22-26: MDCM Program site visit
- Late March: Preliminary report
- Early April: Final report
- June 15: CACMS decision that UGME program is accredited, on probation

This year’s time line.
What is Probation?

Being placed on probation indicates a program is experiencing difficulty achieving compliance with several accreditation standards. While each program will invariably have its own challenges, in all instances probation requires immediate action.

A program on probation is given 18-24 months to demonstrate to the CACMS that it has made significant progress and remediation.

Of the 132 accreditation standards (131 applicable to Canada), the program was deemed:

- in non-compliance with 24 standards
- in compliance with a need for a monitoring with 8 standards
There are three possible outcomes for each standard:

- In compliance
- In compliance with a need for monitoring
- In non-compliance

The determination is made using these criteria:

- A program will be in compliance with a standard if it has the policy, process, resource or system required by the standard, evidence to show that policy, etc. is effective, and if there are no known circumstances that threaten compliance.

- A program will be in compliance with a need for monitoring if for a standard it has the policy, process, resource or system required, but insufficient evidence to demonstrate effectiveness or a known circumstance that may compromise the policy, system, etc. and therefore threaten compliance.

- A program will be found in non-compliance with a standard if it is lacking an effective policy, process, resource or system required by the standard.
Program score: 99 in compliance, 8 in compliance with need for monitoring and 24 non-compliant.

<table>
<thead>
<tr>
<th>Standard category</th>
<th>Compliance</th>
<th>Compliance with a need for monitoring</th>
<th>Non-compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Settings</td>
<td>11</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Educational Program</td>
<td>33</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Medical Students</td>
<td>33</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Faculty</td>
<td>11</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Educational Resources</td>
<td>11</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>99</strong></td>
<td><strong>8</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

Note: Number of standards totals 131 as we have excluded those that do not apply to Canadian medical schools.
Summary of Findings Cont’d

The survey team report mentioned that:

• New curriculum is thoughtful, innovative, student- and patient-centered
• Faculty leaders are committed and enthusiastic

Summary of Findings

The Survey Team report gave praise to the Faculty for having designed a new curriculum that is:

• Innovative
• Thoughtful
• Student- and patient-centred; and
• That adopts the key principles of integrated, longitudinal and competency-based education

• The report recognized our faculty leaders as committed and enthusiastic.
The program’s current non-compliances could be grouped into 3 major groupings:

1. Administration & Processes
   – e.g., strategic planning, affiliation agreements

2. Gatineau
   – e.g., Faculty appointments, faculty development, academic advising

3. Core business
   – e.g., curriculum management, student assessment, learning environment, clinical facilities

The program’s current non-compliances could be grouped into 3 major categories: Administration & Processes, Gatineau, Core business.
Examples of Standards in Non-Compliance

The following are examples from these categories.


It is important to know that, while undesirable, having multiple standards in non-compliance will not automatically result in probation.

There are other factors that influence the survey team and the accreditation committee’s decision, including:

• The standard itself (not all given equal weighting); and
• The program’s accreditation history: there are stricter consequences if a standard was in non-compliance at the time of the program’s last full survey.
IS-1, Strategic Planning

This is an example of a standard that should have been in compliance. We know that each of our strategic plans must have a companion timeline, clear outcomes and financial backing; however, evidence of this was not provided with our documentation.

For us, this is a significant non-compliance because IS-1 was non-compliant in 2007, which is what prompted the several comprehensive strategic planning exercises that have occurred in the past six years.

The criticisms attached to IS-1 have been addressed. In the Action Plan Framework, the task for this standard was to create timelines for strategic plans: Research, Faculty Lifecycle, Administrative Excellence Centres and New Curriculum, and this was done by May.
ED-8, Comparability across sites

At the last accreditation, the survey team found a lack of standardization in teaching (for 1 course), and in emergency room and patient experiences. We corrected this by instituting some years ago mandatory log experiences that effectively assure all students meet the same learning objectives and have the same core experience in a clerkship. We believe there is, in face, little variability in teaching and clinical exposure in a clerkship.

However, to bring all facets of ED-8 into compliance, between now and December, we will:

• Define mandatory encounters and link course objectives with clinical settings
• Identify set criteria to assess comparability
• Update Course Evaluation forms to include data on non-learning-objective forms of equivalence
• More closely monitor student performance on exams/assignments, clinical work schedules and student satisfaction with administration support by site
ED-24, Resident Preparation.

In the past, we have been overly dependent on our Postgraduate Core Competency Program to prepare residents and fellows for their roles as teachers. The program is not without merit, but it is unable to support the training of our 1,200 residents, plus fellows, graduate students and post docs. Therefore, we are changing the way we train our trainees.

Over the next two academic years, the Action Plan Task Force has recommended that we must:

• Define and communicate educational program and course objectives
• Determine what level of resident will be entrusted with supervisory role for each mandatory clerkship course
• Create mandatory modules for teaching residents to teach and assess. This will be piloted in the 2015/16 academic year and, if successful, rolled out in 2016/17
• Mandate all supervisors to sign a form indicating their preparedness to teach/assess, and that they have read and understood the program and course objectives of their students

**Educational Program Standards**

**ED-24.** Residents who supervise or teach medical students, and graduate students and postdoctoral fellows ... who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship rotation and be prepared for their roles in teaching and assessment.

**Finding:** Teaching skills is not mandatory for residents or graduate students, and they are not uniformly aware of program objectives. Residents do not consistently receive feedback on their teaching.
ED-30. The directors of all courses and clerkships rotations must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship rotation.

Finding: Provision of grades in a number of clerkship rotations in Montreal and/or in Gatineau is beyond six weeks. This is a recurrent issue.

ED-30, Timely formative and summative feedback

At the 2007 survey, mid-clerkship formative feedback to students was inconsistent across the clerkships. This time, students in a few clerkships wait longer than 6 weeks to know their final grades.

The Action Plan Task Force has recommended three actions that will bring this standard into compliance:

- First, we are devising a policy that final grades in clerkship rotations must be submitted within 6 weeks. If grades are not in at 4 weeks, the Dean will personally contact the Chair to intervene.
- The provision of timely summative assessments is to become a standing item on the Curriculum Committee agenda.
- Dept. Chairs will be made fully aware of the importance of compliance & consequences of non-compliance, and they must communicate the same message to their faculty and staff.
ED-33, Curriculum design and management

Of all the standards, this is one of the most commonly cited non-compliances, and also one of the most critical.

To address this matter, we are undertaking the following actions between now and November of this year:

• The New Curriculum Implementation Committee will be merged into the Curriculum Committee because the two no longer need to function separately. The Terms of Reference and organogram will also be updated.
• The Curriculum Committee will ensure that they record action- & outcome-oriented minutes, and that unresolved issues are communicated to the Dean.
• Include longitudinal theme coordinators in curriculum decision-making process.
• And we will explore the creation of a MDCM Program Director position; that is someone whose job it will be to chair the Curriculum Committee and oversee the proper functioning of each curricular component.
ED-37, Curriculum design and monitoring.

Our new curriculum mapping software is in place, but we were unable to demonstrate its effectiveness in those early days. This is no longer the case. This standard may have been found in compliance with a need for monitoring had it not been in non-compliance in 2007. For us, this is serious, but also easy to fix.
ED-38, Workload Policy.

ED-38 was in non-compliance at the time of the last survey. Then, our Workload Policy was not adhered to consistently and there was no systematic monitoring of student duty hours. Now, we have a good policy, our internal data showed few violations per rotation, but overall ~40% of our students had experienced at least one violation during two years of clerkship.

With workload, we have created our own paradox. McGill’s policy restricts students’ work hours to 12 hours a day, plus call, up to 50 hours a week – 60 hours as an absolute maximum. At some of our sister schools, the workload policy permits students to work 24 hours straight and up to 80 hours per week. Their students may work more and longer hours than ours, yet the programs at those other medical schools will still be in compliance because of the higher limits of their respective workload policies.

We value student wellness and work-life balance, but need to determine an approach to demonstrate that in such a way that allows us to comply with this standard. We welcome input from students as we go forward.

Recommendations of the Action Plan Task Force are already being implemented:

- We have redefined the Workload Policy and in the coming year, we will also:
- Develop training strategy to ensure residents understand their supervisory roles
- Use rounds as a platform to advertise and education supervisors about the Policy
- Track violations of Policy in real time
- Monitor violations by discipline at the level of the Curriculum Committee
MS-32, Student Mistreatment.

For most programs, MS-32 is a challenging standard with which to comply.

McGill rates of learner mistreatment on the CGQ are similar to the national average, as is the percentage of McGill students who do not report incidents because of fear of reprisal. But that does not mean it is acceptable. It is not. We must build students confidence in our reporting system by informing them about outcomes. And, we have to remind well-intentioned supervisors not to intervene in the reporting process on behalf of their students because this can and has compromised student anonymity.

To bring this standard into compliance, our first steps are to:

- Promote the new reporting system, which gives students an additional channel through which to report accolades or violations of the Faculty’s Code of Conduct.
- Ensure that every student who files a complaint is informed of outcomes; assess student’s satisfaction.
- Update all students on complaints and outcomes, as well as the Faculty’s stance on intimidation/reprisals, during Class meetings & Recall Days.
- Provide regular reports on mistreatment to the Curriculum Committee, the Directors of Education, and the hospitals’ Directors of Professional Services.
**ER-7, Clinical instructional facilities and information resources**

During the site visit, the survey team toured the Glen, the Montreal General, and the Vic. Understandably, the team was underwhelmed by the state of the Vic, and while they were informed that the facility would not be used for clinical teaching come April, the fact remains that it was being used at the time of the visit, and so it was included in their report. With the move to the Glen, this should be addressed.

Additionally:

- We have drafted a clinical resources and facilities policy and a checklist of required resources for trainees. This includes access to lockers, study space, library, Internet, food, etc.
- Starting in the next academic year, every medical student will be asked to complete the checklist for each mandatory course.
- A copy of each completed checklists will be sent to the Director of Professional Services, Site Director and Site Admin so that they are abreast of the condition and adequacy of their facilities.
On receiving the preliminary report, we immediately acted, establishing a Task Force and completing the Action Plan Framework. Some items have already been closed. The Implementation Committee has also been struck and work will continue to develop the detailed action plan required by CACMS-LCME for the end of 2015.
Several next steps have been identified to strengthen our administrative structure of our Undergraduate Medical program, and to take an in-depth look at the policies and processes in place, as well as to tackle the educational items.

It is important to underscore again that the content of our curriculum was highlighted in the preliminary report as innovative, patient- and learner-centred, thoughtful, and supported by a very committed team. Some of the strengths of the new curriculum were inspired by practices that had been first introduced in the outgoing curriculum.

We have spent great energy on the content, with promising results; now we must also address the structures, policies and processes that support it, together with the outstanding educational items.

Documentation has also been identified as an important item and, therefore, will be a major focus for us going forward as well.
Discussion