



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



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

[www.lcme.org](http://www.lcme.org)

June 15, 2015

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

Re: Full Survey Visit, February 22-26, 2015

Dear Principal and Vice-Chancellor:

This consolidated letter represents the action of both the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) regarding the accreditation status of the educational program leading to the MD degree at McGill University.

The decision-making process used by the CACMS and the LCME at their respective meetings in May and June 2015 is described in attached Appendix 1.

**CACMS/LCME ACCREDITATION DECISION AND REQUIRED FOLLOW-UP AFTER REVIEWING THE REPORT OF THE SURVEY TEAM:**

Accreditation Decision	Follow-up
Place on probation	Action plan for December 1, 2015 Limited visit in the winter 2017 for review at the May 2017 CACMS meeting

After reviewing the report of the survey team that visited the faculty of medicine on February 22-26, 2015, the CACMS and the LCME voted to place the educational program leading to the MD degree at McGill University on probation.

Probation is an action reflecting the summative judgment that a medical education program is not in substantial compliance with accreditation standards (CACMS *Rules of Procedure*, February 2015, Appendix B).

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The CACMS and the LCME took this action based on the constellation of standards with which the school is out of compliance. The breadth and depth of these findings have seriously compromised the quality of the medical education program.

**SUMMARY TABLE OF CACMS DECISIONS REGARDING COMPLIANCE WITH ACCREDITATION STANDARDS:**

<b>Standards cited in survey report</b>	<b>Corresponding element</b>	<b>CACMS Decision</b>
IS-1	1.1	NC
IS-14-A	6.6	CM
IS-16	3.3	CM
ED-1	8.2	NC
ED-2	6.2	NC
ED-3	6.1	NC
ED-8	8.7	NC
ED-10	7.1	CM
ED-20	7.5	NC
ED-23	7.7	CM
ED-24	9.1	NC
ED-25	9.2	NC
ED-25-A	9.3	NC
ED-27	9.4	CM
ED-30	9.8	NC
ED-32	9.5	NC
ED-33	8.1	NC
ED-37	8.3	NC
ED-38	8.8	NC
ED-41	2.6	NC
ED-44	12.4	NC
MS-4	10.2	NC
MS-8	3.3	CM
MS-18	11.1	NC
MS-26	12.3	CM
MS-31-A	3.5	NC
MS-32	3.6	NC
FA-4	4.5	NC
FA-14	1.3	CM
ER-7	5.6 and 5.11	NC
ER-9	1.4	NC
ER-11	5.8	NC

C = Compliance

CM = Compliance with a need for monitoring

NC = Noncompliance

## DETERMINATIONS REGARDING COMPLIANCE WITH ACCREDITATION STANDARDS

### I. COMPLIANCE, WITH A NEED FOR MONITORING

The CACMS determined that the medical education program is in compliance with a need for monitoring with the following accreditation standards:

- A. *IS-14-A. An institution that offers a medical education program should make available sufficient opportunities for medical students to participate in service-learning activities and should encourage and support medical student participation.*

**Finding:** The new curriculum has just recently instituted a mandatory service-learning component for students, and made sufficient opportunities available. Effectiveness data are not yet available.

- B. *IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.*

**Finding:** The school has a new definition of diversity and has developed interventions to improve the diversity of medical students and faculty. However the school's definition of low- socio-economic status is not in keeping with demographic data for the region. In addition, there remains significant under-representation in the student and faculty body of identified groups, including women in leadership positions, and aboriginal faculty. The commitment to diversity is variable across departments.

- C. *ED-10. The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.*

**Finding:** Over the past 5 years, on the CGQ, students have reported inadequate instruction in pain management (42.7% in 2014), health care system and policy (50.0 and 47.1% respectively in 2014), behavioral sciences (35.5% in 2014), human sexuality (47.4% in 2014) and complementary medicine (39.5% in 2014).

- D. *ED-23. A medical education program must include instruction in medical ethics and human values and require its medical students to exhibit scrupulous ethical principles in caring for patients and in relating to patients' families and to others involved in patient care.*

**Finding:** Over the past 5 years, on the CGQ, students have reported inadequate instruction in ethics (range 15.7% to 29.9%), and law and medicine (range 69.3% to 82.1%). The school has responded with the development of a new course in law and ethics, but effectiveness/evaluation data for this course are not yet available.

- E. *ED-27. A medical education program must include ongoing assessment activities that ensure that medical students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the program's educational objectives.*

**Finding:** Direct observation of history and physical examinations has not been consistent across all core clerkship rotations. The CGQ identified significant deficiencies in Emergency Medicine, Surgery, and Obstetrics and Gynaecology. However, the school has recently mandated observation, and data tracked this academic year for the class of 2016 suggests improvement.

- F. *MS-8. A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission.*

**Finding:** The school is in the very early developmental phase for a number of pipeline programs and data on their effectiveness are not yet available.

- G. *MS-26. A medical education program must have an effective system of personal counseling for its medical students that includes programs to promote the well-being of medical students and facilitate their adjustment to the physical and emotional demands of medical education.*

**Finding:** The school is beginning to integrate health and wellness into the curriculum, but most students remain uncomfortable taking absences for health related matters and note insufficient time for basic wellness activities. The school has recently instituted a flex day policy that permits five (5) flex days per year to deal with these concerns, but this has been poorly communicated to students.

- H. *FA-14. A medical education program must establish mechanisms to provide all faculty members with the opportunity to participate in the discussion and establishment of policies and procedures for the program, as appropriate.*

**Finding:** A new faculty council has just been created, as part of governance reform, but its effectiveness remains to be determined.

## II. NONCOMPLIANCE WITH STANDARDS

The CACMS determined that the medical education program is currently out of compliance with the following accreditation standards:

- A. *IS-1. An institution that offers a medical education program must engage in a planning process that sets the direction for its program and results in measurable outcomes.*

**Finding:** The strategic plan should include a timetable for achieving the various milestones, and have clear outcome markers. This is a recurrent issue.

- B. *ED-1. The faculty of an institution that offers a medical education program must define the objectives of its program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program.*

**Finding:** A set of educational program objectives and outcomes is in place for each competency. However, many of the objectives are not explicitly mapped to specific courses or to outcome measures. Existing clerkship rotation objectives are not fully mapped to program objectives or outcomes. The school indicates it is planning to link their new curriculum clerkship rotation objectives to the overall objectives, but this is not yet complete.

- C. *ED-2. An institution that offers a medical education program must have in place a system with central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of medical student responsibility. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met.*

**Finding:** The school has established specific criteria for the types of patients that students must encounter and the appropriate clinical settings needed for students to meet the learning objectives for clinical education. However, the level of student responsibility is unclear for the majority of patient encounters. This is a recurrent issue.

- D. *ED-3. The objectives of a medical education program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education and assessment.*

**Finding:** At the site visit, the majority of medical students interviewed were not aware of the overall education program objectives.

- E. *ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.*

**Finding:** There is significant heterogeneity across multiple teaching sites and hospitals in levels of administrative support provided to the program, amount of dedicated teaching time and content, clinical exposure, and overall student satisfaction with clerkship rotations. This is a recurrent issue.

- F. *ED-20. The curriculum of a medical education program must prepare medical students for their role in addressing the medical consequences of common societal problems (e.g., provide instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse).*

**Finding:** Over the past 5 years, on the CGQ, students have reported inadequate instruction in women's health (range 23.9% to 24.5%) and family and domestic violence (range 51.5% to 59.1%). There has been no discussion on this particular topic at the new curriculum executive level.

- G. *ED-24. At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship (or, in Canada, clerkship rotation) and be prepared for their roles in teaching and assessment.*

**Finding:** Teaching skills training is not mandatory for residents or graduate students, and they are not uniformly aware of program objectives. Residents do not consistently receive feedback about their teaching.

- H. *ED-25. Supervision of medical student learning experiences at an institution that offers a medical education program must be provided throughout required clerkships (or, in Canada, clerkship rotations) by members of the institution's faculty.*

**Finding:** Efforts are being made in Gatineau to provide faculty appointments, but 29% of supervisors remain without McGill faculty appointments.

- I. *ED-25-A. At a medical education program, students in clinical learning situations involving patient care must be appropriately supervised at all times. While students learn through graded responsibility as their skills progress, supervision at all times must ensure patient and student safety.*

**Finding:** At times in the surgery clerkship, supervision of clinical clerks is not adequate. Despite 79.3% of students in the ISA indicating they were well supported while on call, at the site visit, multiple students reported an inability to reach residents or staff when needed for a variety of acute patient care issues in the surgery clerkship.

- J. *ED-30. The directors of all courses and clerkships (or, in Canada, clerkship rotations) in a medical education program 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 final grades in the family medicine, pediatrics, obstetrics and gynaecology, general surgery, and surgical subspecialty clerkship rotations at one or both campuses (Montreal and Gatineau) is beyond six weeks. This is a recurrent issue.

- K. *ED-32. A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship (or, in Canada, clerkship rotation) whenever teacher-student interaction permits this form of assessment.*

**Finding:** The school uses narrative feedback in most course and clerkship settings, however a significant number of blocks that include small group learning (permitting narrative assessment), in the new Fundamentals of Medicine and Dentistry (FMD) 18-month course Component do not include a narrative assessment.

- L. *ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.*

**Finding:** The Curriculum Committee has not managed the curriculum effectively with respect to implementation of workload policy, and ensuring comparability of student experience across sites. There continue to be significant delays in finalizing clinical grades. The committee has also not effectively addressed multiple curricular topics which McGill students have persistently reported are inadequately covered in the curriculum.

- M. *ED-37. A faculty committee of a medical education program must be responsible for monitoring the curriculum, including the content taught in each discipline, so that the program's educational objectives will be achieved.*

**Finding:** The school lacks a well-functioning curriculum mapping system. A new internet based mapping system has just been purchased, but its effectiveness and utility remain to be determined. This is a recurrent issue.

- N. *ED-38. The committee responsible for the curriculum at a medical education program, along with the program's administration and leadership, must develop and implement policies 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 clinical clerkships (or, in Canada, clerkship rotations).*

**Finding:** Although the school has a well-developed workload policy, there are frequent violations of the policy in all rotations except psychiatry and family medicine, coupled with reluctance by students to report violations. This is a recurrent issue.

- O. *ED-41. The faculty in each discipline at all instructional sites of a medical education program must be functionally integrated by appropriate administrative mechanisms.*

**Finding:** Very few chairs/course directors have visited Gatineau in the last year. While the survey team noted substantial heterogeneity in levels of administrative attention and support, teaching time, and clinical exposure across all teaching sites, the noted issues at the Gatineau site were particularly acute. The program will need to undertake a comprehensive review of the program in Gatineau.

- P. *ED-44. In a medical education program, medical students assigned to each instructional site should have the same rights and receive the same support services.*

**Finding:** Students at the Gatineau campus reported not having comparable access to health and other preventative and therapeutic health services, including mental health services, despite having a dedicated family physician and psychologist.

- Q. MS-4. The final responsibility for accepting students to a medical school must rest with a formally constituted medical school admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, must be specified in bylaws or other medical school policies. Faculty members must constitute the majority of voting members at all meetings.*

**Finding:** The admissions committee does not have a majority of voting faculty members.

- R. MS-18. A medical education program must have an effective system of academic advising for medical students that integrates the efforts of faculty members, course directors, and student affairs officers with its counseling and tutorial services.*

**Finding:** Osler fellows provide both academic advising and student assessment concurrently. In addition, students at the Gatineau campus do not have comparable access to academic counselling.

- S. MS-31-A: A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).*

**Finding:** Several of the major teaching hospitals are just starting to implement processes to identify and fix systemic problems in the learning environment. Some Directors of Professional Services identify a culture in the hospitals that makes this challenging. The Dean or one of his delegates is not a member of the joint Hospital-University Directors of Professional Services committee.

- T. MS-32. A medical education program must define and publicize the standards of conduct for the faculty-student relationship and develop written policies for addressing violations of those standards.*

**Finding:** The school has engaged in a comprehensive plan to address mistreatment of students and progress is being made. Nevertheless, students continue to report a lack of confidence to report mistreatment due to fear of reprisals and fear of lack of anonymity/confidentiality. Students cite examples of breaches of anonymity. Students are not informed systematically about outcomes of their complaints.

- U. FA-4. A member of the faculty in a medical education program must have the capability and continued commitment to be an effective teacher.*

**Finding:** The Gatineau campus does not have comparable faculty development opportunities for preceptors to the central (Montreal) campus offerings.

- V. ER-7. Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.*

**Finding:** Some of the hospitals affiliated with the medical school have inadequate infrastructure resources such as locker facilities, general wifi access and call rooms.



- W. *ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.*

**Finding:** Affiliation agreements with some institutions do not contain all of the required components, and some are unsigned.

- X. *ER-11. An institution that provides a medical education program must provide ready access to well-maintained library facilities sufficient in size, breadth of holdings, and technology to support its educational and other missions.*

**Finding:** Access to libraries at some of the affiliated hospitals is problematic (limited hours) and wifi is not available.

#### **ACCREDITATION DECISION AND REQUIRED FOLLOW-UP**

The CACMS' and the LCME's decision to place an educational program leading to the MD degree on probation is subject to reconsideration. The process for reconsideration is described in the enclosed excerpt from the CACMS *Rules of Procedure* (February 2015). Please review this document carefully. If the medical education program wishes the CACMS and the LCME to undertake a reconsideration of its decision, it must notify the CACMS Secretary **within 30 calendar days** of the receipt of this letter. Please review the first page of the enclosed excerpt from Appendix B of the CACMS *Rules of Procedure* (February 2015) for the nature and requirements for a notice of intent to request reconsideration.

**If no written notice indicating the intent to request reconsideration is received by the CACMS Secretary within 30 calendar days from the date of receipt of the notice of the CACMS and the LCME action, the CACMS and the LCME action to place the medical education program on probation will be final. The CACMS and the LCME will hold their action confidential until such time as the decision is final.**

If the program requests reconsideration, a hearing will be held during the September 10-11, 2015 meeting of the CACMS in Ottawa, Ontario. If no reconsideration is requested, a consultation visit will be conducted in the fall of 2015 to assist the dean in developing an action plan to address the areas of noncompliance and areas in compliance with a need for monitoring. If a reconsideration hearing takes place at the September 2015 meeting, the timing of the consultation will await the final action of the CACMS and the LCME. Prompt action to correct the areas of noncompliance is required, whether or not the decision for probation is upheld.

A medical school on probation remains accredited, with all attendant rights and privileges. However, if the decision to impose probation is finalized, the program must notify all enrolled students, all students accepted for enrollment, and those seeking enrollment of its accreditation status.

## NOTIFICATION POLICY

The CACMS and the LCME will make final determinations of “Accredited” and “Accredited, on Probation” available to the public. Note that the determination “Accredited, on Probation” is only final after a program has exercised its right to waive or undergo an official reconsideration by the CACMS and the LCME.

## ACCREDITATION STANDARDS

To review the current list of CACMS accreditation standards, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the CACMS Web site at [https://www.afmc.ca/pdf/functions\\_and\\_structure\\_of\\_a\\_medical\\_school.pdf](https://www.afmc.ca/pdf/functions_and_structure_of_a_medical_school.pdf).

A copy of the survey report is being sent to Dean Eidelman. The survey report is for the use of McGill University, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

Should you have any questions, please do not hesitate to contact the CACMS Secretariat at [cacms@afmc.ca](mailto:cacms@afmc.ca).

Sincerely,



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



Barbara Barzansky, PhD, MHPE  
LCME Co-Secretary



Dan Hunt, MD, MBA  
LCME Co-Secretary

Cc: Dr. David Eidelman, Dean, Faculty of Medicine, McGill University

Encl.: Appendix 1 – Decision-making process for accreditation  
CACMS *Rules of Procedure* (February 2015), Appendix B

## **APPENDIX 1 – DECISION-MAKING PROCESS FOR ACCREDITATION**

The decision-making process for accreditation of Canadian Medical Schools by the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) follows the principles outlined in Appendix A of the Memorandum of Understanding on a Joint Commitment to Medical Education and Accreditation and summarized below:

- Survey reports and status reports for Canadian medical schools are reviewed by the CACMS. The CACMS formulates the accreditation status and follow-up for the Canadian medical education program.
- The LCME, upon review of all CACMS documentation (including the CACMS formulated accreditation status and follow-up, the CACMS reviewers worksheets, the relevant minutes from the CACMS meeting, and the survey or status report) accepts the formulated accreditation status and follow-up, which then constitutes the CACMS and the LCME accreditation status and follow-up, or the LCME documents its disagreement with the CACMS decision.
- In the case of disagreement that cannot be resolved, in which the LCME wishes to confer a different status or follow-up plan to that of the CACMS, the matter is referred to the Joint Committee consisting of two LCME members (the Chair and Chair-Elect) and one CACMS member (the Chair) for a decision. This Joint Committee decision constitutes the final CACMS and LCME school accreditation status and follow up.

## **APPENDIX B RECONSIDERATION AND APPEALS**

### **RECONSIDERATION OF ACTIONS TO GRANT ACCREDITATION WITH PROBATION**

**The reconsideration shall be limited to the time and circumstances that triggered the CACMS/LCME action (e.g., a survey visit, status report, etc) and shall be based solely on the information contained in the final survey or status report. Descriptions of changes made since that time will not be considered.**

#### **Notice of CACMS /LCME Action**

Upon a finding that a medical school is not in compliance with the CACMS' published accreditation standards, and imposition of an initial action negatively impacting the school's accreditation status, the CACMS Secretariat shall promptly notify the university in writing of the action and of the specific areas of noncompliance that support the imposition of the action. The Secretariat also shall inform the medical school of the right to reconsideration.

The process for reconsideration of actions to grant accreditation with probation consists of: (1) review by an independent ad hoc review committee and (2) CACMS and LCME review with or without a hearing. At the end of the reconsideration hearing or appeal process, the CACMS will independently make a decision whether to affirm, modify, or reverse its initial accreditation decision. Immediately following the CACMS meeting, the CACMS decision and relevant information contributing to the decision will be provided to the LCME. If the LCME accepts the CACMS formulated decision then this decision will constitute the CACMS and the LCME final decision on the accreditation status of the medical school. In case of disagreement that cannot be resolved, in which the LCME wishes to confer a different status to that of CACMS, the matter will be referred to the Joint Committee of the CACMS and the LCME. The Joint Committee consists of the CACMS chair, the LCME chair and LCME chair-elect. If required, the Joint Committee will be convened immediately after the deliberations of the CACMS and the LCME. The decision of the Joint Committee will be final and binding on both the CACMS and the LCME and will constitute the final decision regarding the CACMS and LCME accreditation status of the medical school.

#### **Request for Reconsideration**

If the institution wishes to request reconsideration of the CACMS/LCME's decision to grant accreditation with probation, it must notify the CACMS Secretariat within thirty (30) calendar days from the date of receipt of the notice of the CACMS/LCME action. Such Request for Reconsideration must be addressed to the CACMS Secretariat and must contain a concise statement of why the institution believes that the CACMS/LCME's decision was improper.

**If a Request for Reconsideration is not received by the CACMS Secretariat within thirty (30) days, the CACMS/LCME's initial action shall constitute the final action by the CACMS and the LCME.**

#### **Step 1: Review by an Independent Review Committee**

The first step in the reconsideration process is review by an ad hoc Review Committee, which will be advisory to the CACMS and the LCME. The Independent Review Committee will consist of two members appointed by the CACMS Secretariat in consultation with the chair of CACMS, and one member appointed by the LCME Secretariat in consultation with the Chair and Chair-elect of the LCME.

Individuals appointed to the ad hoc Review Committee should be former members of the corresponding accreditation committee or otherwise meet the qualifications for membership.

### **Step 2: Hearing before the CACMS and the LCME**

Any hearing of the appeal will take place before the membership of both the CACMS and the LCME and normally take place within Canada.

### **CACMS and LCME Hearing**

The CACMS shall schedule the reconsideration hearing for a regularly scheduled CACMS meeting that will occur after receipt of the report of the Independent Review Committee.

The CACMS Secretariat shall notify the institution in writing of the date, time and place of the hearing. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the institution that:

- (1) it may send representatives to appear before the CACMS and the LCME;
- (2) it may be represented by legal counsel; and
- (3) it may submit a written response to the CACMS/LCME cited areas of noncompliance. Such response must be based solely on the information contained in the final survey report or status report unless otherwise provided herein; and
- (4) the reconsideration will be limited to the time and circumstances that triggered the CACMS/LCME action (e.g., a survey visit, status report, etc) and will be based solely on the information contained in the final survey report or status report). Descriptions of changes made since that time will not be considered.

The university's written intent to send representatives to appear before the CACMS and the LCME, the names of the representatives and, if any, the legal counsel who will attend the hearing, must be received by the CACMS Secretariat no later than twenty-one (21) calendar days before the scheduled date of the hearing, along with its written response.

The CACMS Secretariat shall send to each member of the CACMS and the LCME who shall participate in the hearing the following materials, which shall constitute the Reconsideration Record: the Review Record and the Independent Review Committee's report and recommendation, and the university's request for Review and written response to the CACMS/LCME's cited areas of noncompliance. The CACMS may choose to have CACMS legal counsel present during the hearing and the deliberations of CACMS.

### **Conduct of the Hearing before the CACMS and the LCME**

The hearing before the CACMS and the LCME will be chaired by the chair of CACMS.

If the university, without good cause, fails to appear or fails to advise the CACMS Secretariat in writing more than five (5) calendar days before the scheduled date of the hearing that it will not appear, the CACMS and the LCME may elect to notify the university that no further opportunity for a personal appearance will be provided.

### **Decision of the CACMS and the LCME**

At the conclusion of the hearing, the members of CACMS shall meet to review the Reconsideration Record and the information presented during the hearing. The CACMS shall determine by the affirmative vote of a majority of those members present whether substantial evidence supports the existence of the cited areas of noncompliance with accreditation standards, and whether the initial CACMS/LCME action should be affirmed, modified or reversed. Immediately following the CACMS meeting, the CACMS decision and relevant information contributing to the decision will be provided to the LCME. The LCME will review the Reconsideration Record, the information presented during the hearing and the CACMS formulated decision and related information on the accreditation status of the medical school. The LCME shall determine by the affirmative vote of a majority of those members present whether substantial evidence supports affirmation of the CACMS formulated decision. If the LCME accepts the CACMS formulated decision, then this decision will constitute the CACMS and LCME final decision on the accreditation status of the medical education program. In case of a disagreement that cannot be resolved, in which the LCME wishes to confer a different status to that of CACMS, the matter will be referred to the Joint Committee of the CACMS and the LCME. The Joint Committee consists of the CACMS chair, the LCME chair and LCME chair-elect. If required, the Joint Committee will be convened immediately after the deliberations of the CACMS and the LCME. The decision of the Joint Committee will be final and binding on both the CACMS and the LCME and will constitute the final decision regarding the CACMS and LCME accreditation status of the medical school.

The CACMS Secretariat shall notify the institution in writing of the final CACMS/LCME's decision, including the reasons therefore, within thirty (30) calendar days after the hearing.

### **CACMS and LCME Review without a Hearing**

A university may inform the CACMS Secretariat in writing that it does not wish to appear before the CACMS and the LCME. In such event, the CACMS and the LCME will consider the accreditation status of the medical school at the next regularly scheduled meetings. The CACMS and the LCME shall rely on the Reconsideration Record for information. The CACMS shall determine by the affirmative vote of a majority of those members present whether to affirm, modify or reverse the initial action. The CACMS decision and relevant information contributing to the decision will be provided to the LCME. The LCME will review the Reconsideration Record and the CACMS formulated decision and related information on the accreditation status of the medical school. The LCME shall determine by the affirmative vote of a majority of those members present whether substantial evidence supports the affirmation of the CACMS formulated decision. If the LCME accepts the CACMS formulated decision, then this decision will constitute the CACMS and LCME final decision on the accreditation status of the medical school. In case of a disagreement that cannot be resolved, in which the LCME wishes to confer a different status to that of CACMS, the matter will be referred to the Joint Committee of the CACMS and the LCME. The Joint Committee consists of the CACMS chair, the LCME chair and LCME chair-elect. If required, the Joint Committee will be convened immediately after the deliberations of the LCME. The decision of the Joint Committee will be final and binding on both the CACMS and the LCME and will constitute the final decision regarding the CACMS and LCME accreditation status of the medical school. The CACMS Secretariat shall notify the university in writing of the final CACMS/LCME's decision, including the reasons therefore, within thirty (30) calendar days after the CACMS and LCME meetings. Such determination shall constitute the final action by the CACMS and the LCME.

## **CACMS AND LCME APPEAL PROCESS FOR ADVERSE ACTIONS**

The appeal shall be limited to the time and circumstances that triggered the CACMS/LCME action (e.g., a survey visit, status report, etc.) and shall be based solely on the information contained in the final survey report. Descriptions of changes made since that time will not be considered, except as expressly provided herein.

### ***Notice of CACMS/LCME Action***

Upon a finding that a medical school is not in compliance with the published accreditation standards, and imposition of an appealable action affecting accreditation by the CACMS and the LCME, the CACMS Secretariat shall promptly notify the university in writing of the action and of the specific areas of noncompliance that support the imposition of the action. The CACMS Secretariat also shall inform the university of the right to appeal.

### ***CACMS/LCME Appeal Process for Adverse Actions***

The CACMS/LCME appeal process for adverse actions consists of a final appeal to an independent Appeals Panel. No person shall be present for, or participate in, the final appeal by the independent Appeals Panel if he or she has a conflict of interest as determined under the CACMS or the LCME Conflict of Interest Guidelines except as provided below.

### **Notice of Appeal**

If a university wishes to appeal the CACMS/LCME's decision, it must notify the CACMS Secretariat within thirty (30) calendar days from the date of receipt of the notice of the CACMS/LCME action. Such Notice of Appeal must be addressed to the CACMS Secretariat and must contain a concise statement of why the institution believes that the CACMS/LCME action (1) was based on a procedural error that materially affected the outcome of the accreditation review process, or (2) the adverse action imposed by the CACMS/LCME is arbitrary and capricious.

If a Notice of Appeal is not received by the CACMS Secretariat within thirty (30) days, the CACMS/LCME's initial action shall constitute final action by the CACMS and the LCME.

### **APPEAL AT A HEARING BEFORE AN INDEPENDENT APPEALS PANEL**

The appeal process consists of a hearing before an Independent Appeals Panel. The CACMS may choose to have CACMS legal counsel present during the hearing and the deliberations of CACMS.

### ***Identification and Training of Appeals Panel Members***

The Appeals Panel will be appointed by the CACMS and LCME Secretariats in consultation with the Chair of the CACMS and the Chair and Chair-elect of the LCME and shall include individuals who are former CACMS or LCME members or who otherwise meet the qualifications for membership on the CACMS and the LCME, such as educator or practitioner. The Appeals Panel will not include current members of the LCME or CACMS or past members who have taken part in the decision that led to the adverse action under appeal. There will be three members of the Appeals Panel; two members will be appointed by the CACMS and one member by the LCME. The Appeals Panel will include a representative of the public.

For both the LCME and the CACMS, there will be three alternate members, including a representative of the public, who will be called upon to participate if an Appeals Panel member must be excused.

Appeals Panel members are subject to the same conflict of interest provisions as LCME, CACMS or survey team members (see Conflict of Interest Guidelines elsewhere in this document).

At the beginning of an appeal hearing, Appeals Panel members will receive orientation to their roles from the CACMS and LCME legal counsel.

Once the Appeals Panel has been established, neither the university nor any member of the CACMS or the LCME shall contact any member of the Appeals Panel concerning the matter under appeal.

### ***Information Presented to the Appeals Panel***

The CACMS Secretariat shall forward to each member of the Appeals Panel the following materials, which shall constitute the Appeal Record: the school's accreditation history; the survey report that was available to the CACMS and the LCME and upon which the committees relied in the action that is the subject of the appeal; a written summary of the CACMS' and the LCME's grounds for the adverse action; a copy of the Letter of Accreditation notifying the university of the adverse action; and a copy of the universities' Notice of Appeal and supporting documentation. No new information will be presented to or will be considered by the Appeals Panel; provided that, (1) the adverse action that is the subject of appeal was based **solely** upon a failure by the university to meet an accreditation standard pertaining to finances, (2) the information was unavailable to the university prior to the decision by the CACMS and the LCME to take the adverse action, **and** (3) the information is significant and bears materially on the financial deficiencies identified by the CACMS and the LCME, that information also will be forwarded to and may be considered by the Appeals Panel.

### ***Timing of and Representation at the Appeals Panel Hearing***

The Chair of the Appeals Panel shall notify the university in writing of the date, time and place of the hearing. The Appeals Panel Hearing will normally take place in Canada. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the institution that it:

- (1) may send representatives to appear before the Appeals Panel;
- (2) may be represented by legal counsel;
- (3) may submit a written response to the CACMS/LCME cited areas of noncompliance. Such response must be limited to the time and circumstances that triggered the adverse action and shall be based solely on the information contained in the final survey report. Descriptions of actions taken or changes made since that time may not be submitted and will not be considered unless otherwise provided herein.

The university's written intent to send representatives to appear before the Appeals Panel, the names of the representatives and, if any, the legal counsel who will attend the hearing, must be received by the Chair of the Appeals Panel no later than twenty-one (21) calendar days before the scheduled date of the hearing.



The university will be notified that failure to appear without good cause or failure to notify the Chair of the Appeals Panel at least ten (10) calendar days before the scheduled date of the hearing that it will not appear may result in the Appeals Panel making its decision based on the information before it with no further opportunity for an appearance by the university.

During the hearing, the CACMS will be represented by the Chair of CACMS, the CACMS Secretary and CACMS legal counsel. The LCME will be represented by the Chair or the Chair-elect, one member of the Secretariat, and LCME legal counsel.

### **Conduct of the Hearing before the Appeals Panel**

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

- a. Introductory statement by the Chair of the Appeals Panel. The Chair will normally be a member appointed by CACMS.
- b. Review of procedures by CACMS and LCME legal counsel.
- c. Oral presentation by the CACMS Chair and the LCME Chair or, in his or her absence the Chair-elect, presenting the grounds for the adverse action (30 minutes).
- d. Oral presentation by the institution (one hour).
- e. Follow-up by CACMS Chair and the LCME Chair or Chair-elect, if requested (10 minutes)
- f. Questions by the Appeals Panel.
- g. Appeals Panel executive session.
- h. Additional questions by the Appeals Panel.
- i. Closing statement by the CACMS Chair and the LCME Chair (10 minutes)
- j. Closing statement by the institution (10 minutes).
- k. Adjournment.

A record of the hearing shall be made by a certified court reporter.

### **Decision of the Appeals Panel**

At the conclusion of the hearing, the Appeals Panel shall meet in executive session to review the proceedings and to reach a decision. The Appeals Panel shall consider the Appeal Record and the information presented during the hearing. The Appeals Panel shall determine by the affirmative vote of a majority of those members present whether substantial evidence supports the existence of each of the cited areas of noncompliance with accreditation standards, and whether the adverse action should be affirmed, modified or reversed.

The Appeals Panel shall make one of the following decisions:

- a. Affirm the adverse action; or
- b. Reverse or modify the adverse action; or
- c. Remand the matter back to the CACMS and the LCME for further consideration, identifying specific issues that the two accrediting bodies must address.

If the Appeals Panel determines that there is no reason to alter the adverse action, it shall affirm the action. If the Appeals Panel determines that the adverse action is not supported by the evidence, or was not made in substantial accordance with CACMS policies and procedures, it shall reverse or modify the adverse action, or remand the matter back to the CACMS and the LCME for further consideration, identifying specific issues that the CACMS and the LCME must address.

The Appeals Panel decision, the reasons therefore, and any instructions to the CACMS and the LCME shall be submitted to the CACMS and the LCME in the form of a written report.

The Appeals Panel process, including the filing of the report with the CACMS and the LCME, shall be completed within ninety (90) days from the time that the institution files its Notice of Final Appeal.

**THE DECISION OF THE APPEALS PANEL SHALL CONSTITUTE THE FINAL DECISION OF THE CACMS AND THE LCME, EXCEPT AS PROVIDED BELOW.**

**Remand to the CACMS and the LCME with Instructions.** If the Appeals Panel remands the matter back to the CACMS and the LCME for further consideration, the CACMS and the LCME shall reconsider the matter paying close attention to any specific issues and instructions identified by the Appeals Panel. The CACMS after reconsidering any specific issues and instructions identified by the Appeals Panel shall render its decision first and provide the decision and any relevant information contributing to the decision to the LCME. The LCME will reconsider any specific issues and instructions by the Appeals Panel and the CACMS decision and any relevant information contributing to that decision. If the LCME accepts the CACMS formulated decision, then this decision will constitute the CACMS and LCME final decision on the accreditation status of the medical school. In case of a disagreement that cannot be resolved, in which the LCME wishes to confer a different status to that of CACMS, the matter will be referred to the Joint Committee of the CACMS and the LCME. The Joint Committee consists of the CACMS chair, the LCME chair and LCME chair-elect. If required, the Joint Committee will be convened immediately after the deliberations of the LCME. The decision of the Joint Committee will be final and binding on both the CACMS and the LCME and will constitute the final decision regarding the CACMS and LCME accreditation status of the medical education program. The CACMS Secretariat shall notify the university in writing of the Appeals Panel decision, and the action taken by the CACMS and the LCME on remand, including the reasons therefore, within sixty (60) calendar days after receipt of the Appeals Panel Report.

**NOTIFICATION OF ACCREDITATION STATUS**

The prior accreditation status of a program shall remain in effect until the CACMS/LCME action becomes final pursuant to the provisions of this Appendix B.

If the CACMS/LCME final action is to assign probationary status, withdraw accreditation, or deny or refuse to consider a medical education program for accreditation, the institution shall be required to notify all students enrolled, those accepted for enrollment, and those seeking enrollment. The university shall provide the CACMS Secretariat with a copy of such notification promptly after receiving notice of the final action by the CACMS and the LCME assigning probationary status, withdrawing accreditation, or denying or refusing to consider for accreditation. The program also shall notify others, on request, of its accreditation status.

### **RESPONSIBILITY FOR THE COST OF RECONSIDERATIONS AND APPEALS**

The costs of the reconsiderations and appeals conducted by the CACMS and the LCME shall be allocated in the following manner:

- a. The CACMS and the LCME shall bear all of the administrative and meeting costs, including the travel and other expenses of the Review Committee or Appeals panel.
- b. The institution appealing a CACMS/LCME decision shall bear all of the costs involved in its presentation at the reconsideration or appeal hearing, as well as the travel and other expenses of its representatives present.
- c. The CACMS and the LCME shall bear the cost of transcribing the hearing. The institution shall be required to pay for any copies of the transcript it desires.

### **NOTICE AND FILINGS WITH THE CACMS AND THE LCME SECRETARIAT**

Whenever, under any of the provisions of this Appendix B, there is a requirement for a written notice or request to the CACMS Secretariat, said notice or request shall be sent to at the following address:

CACMS Secretary  
The Association of Faculties of Medicine of Canada  
265 Carling Avenue, Suite 800  
Ottawa, Ontario, Canada K1S 2E1