



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



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

**BY EMAIL**

June 23, 2021

Professor Meric Gertler  
President  
Office of the President  
University of Toronto  
27 King's College Circle, Room 206  
Toronto, ON M5S 1A1

**RE: Full site visit – two-step virtual visit on November 2-4 and December 7, 2020**

Dear President Gertler:

This letter follows the full site visit that recently took place at the Temerty Faculty of Medicine, University of Toronto, as part of the accreditation process of the educational program leading to the MD degree. This visit, originally scheduled as an in person, on-site visit on May 3-7, 2020, was postponed as a result of the COVID-19 pandemic and rescheduled as a two-step virtual visit on November 2-4, 2020 and December 7, 2020.

This letter outlines the decisions made by the CACMS at its May 2021 meeting and includes the following:

1. accreditation status and required follow-up activities
2. level of compliance with accreditation standards
3. level of satisfaction with accreditation elements
4. specific findings regarding accreditation elements found to be satisfactory with a need for monitoring (SM) and unsatisfactory (U)
5. colour-coded table providing a visual summary of the ratings for each standard and element
6. required follow-up

The accrediting bodies for medical educational programs in the United States and Canada and their sponsors recently decided that the joint Liaison Committee on Medical Education (LCME) / Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation process for Canadian medical schools put into place eight years ago will conclude in September 2021. This will make way for the CACMS to assume sole responsibility and authority for the accreditation of Canadian medical education programs. In view of this, the **LCME has not reviewed** and will not review **the decisions made by the CACMS** at its May 2021 meeting. **Canadian medical schools** will, however, **remain accredited by the LCME until further notice**.

Association of Faculties of  
Medicine of Canada  
2733 Lancaster Road, Suite 100  
Ottawa, Ontario, Canada K1B 0A9

**Marianne Xhignesse, MD, MSc**  
CACMS Secretary  
Phone: 613-730-0687, ext 225  
E-mail: mxhignesse@afmc.ca

Council on Medical Education  
American Medical Association  
330 North Wabash Avenue, Suite 39300  
Chicago, Illinois 60611-5885

**Barbara Barzansky, PhD, MHPE**  
LCME Secretary  
Phone: 312-464-4933  
E-mail: barbara.barzansky@ama-assn.org

Association of American  
Medical Colleges  
655 K Street NW, Suite 100  
Washington, D.C. 20001-2399

**Veronica M. Catanese, MD, MBA**  
LCME Secretary  
Phone: 202-828-0596  
E-mail: vcatanese@aamc.org

**1. CACMS DECISION ON ACCREDITATION STATUS AND REQUIRED FOLLOW-UP ACTIVITIES**

ACCREDITATION STATUS	FOLLOW-UP
Continue full accreditation for an 8-year term	Status report due by August 1, 2023 for review by the CACMS in September 2023

The CACMS voted to continue full accreditation for an eight-year term and requested a status report on all elements rated satisfactory with a need for monitoring (SM) and unsatisfactory (U) due by August 1, 2023, to be considered at the September 2023 meeting of the CACMS. Your program’s next full accreditation will take place in the **fall of 2028** during the 2028-2029 academic year.

**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	CM
3 Academic and Learning Environments	NC
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	C
9 Teaching, Supervision, Assessment, and Student and Patient Safety	CM
10 Medical Student Selection, Assignment, and Progress	C
11 Medical Student Academic Support, Career Advising, and Educational Records	CM
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 FULL SITE VISIT**

ACCREDITATION ELEMENT	FINAL STATUS
2.5 Responsibility of and to the dean	U
3.4 Anti-discrimination policy	SM
3.6 Student Mistreatment	U
5.9 Information technology resources/staff	SM
5.11 Study/lounge/storage space/call rooms	SM
8.4 Program evaluation	SM
8.5 Medical student feedback	SM

9.4	Assessment system	U
9.8	Fair and timely summative assessment	U
11.1	Academic advising	SM
11.2	Career advising	U
12.3	Personal counseling/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. CACMS SPECIFIC FINDINGS REGARDING ACCREDITATION ELEMENTS FOUND TO BE SATISFACTORY WITH A NEED FOR MONITORING OR UNSATISFACTORY**

##### ***Element 2.5 Responsibility of and to the dean***

*The dean of a medical school with more than one campus is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus (e.g., regional/vice/associate/assistant dean or site director) is administratively responsible to the dean.*

##### **Finding:**

The school affirms, and the Team confirmed evidence of a close and effective collaboration between the Vice Dean, Medical Education (Chief Academic Officer) and the Associate Dean, Medical Education (Regional). Although both positions report to the dean, this triangulated governance structure is inherently problematic and risks undermining the delegated Chief Academic Officer's authority should the incumbents' successors prove to be less collegial.

**Status:** Unsatisfactory

##### ***Element 3.4 Anti-discrimination policy***

*A medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, gender identity, national origin, race, sex, or sexual orientation. The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect and take steps to prevent discrimination, including the provision of a safe mechanism for reporting incidents of known or apparent breaches, fair and timely investigation of allegations, and prompt resolution of documented incidents with a view to preventing their repetition.*

##### **Finding:**

While the school has a system for intake/disclosure of discrimination allegations as well as a process to report breaches of the anti-discrimination policy, the site visit team heard that the mechanisms and pathways for disclosing and reporting such complaints are confusing. The majority of students, faculty members and academic leaders interviewed did not report an understanding of the processes that corresponded to those in the provided documentation.

**Status:** Satisfactory with a need for monitoring

**Element 3.6 Student mistreatment**

*A medical school documents and publicizes its expectations of how medical students and visiting medical students should be treated by those individuals with whom they interact as part of the medical education program. These individuals include, but are not limited to, faculty members, physicians, residents, and other health professionals, other students, and administrative and support staff. The medical school develops written policies that address violations of these expectations, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behaviors. Mechanisms for reporting incidents of harassment or abuse are understood by medical students and visiting medical students and ensure that any incident can be registered and investigated without fear of retaliation.*

**Finding:**

Despite laudable efforts to address student mistreatment, mistreatment levels reported by students remain high (ISA: 25.0 - 44.9%). Students lack confidence in the reporting system, remain concerned about retaliation (ISA: 41.1%), and are confused or unaware about reporting processes (2019 GQ: 52.5% at MAM; 66.7% at Fitzgerald; ISA <60% years 1&2). Related mistreatment intake/disclosure and reporting procedures described in official documents did not match the processes described by students, faculty members and academic leaders with whom the team met.

**Status:** Unsatisfactory

**Element 5.9 Information technology resources/staff**

*A medical school ensures access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the medical school.*

**Finding:**

Access to information technology resources is sufficient in general, but students at the Wightman-Berris Academy were less satisfied with regard to the adequacy of wireless networks.

**Status:** Satisfactory with a need for monitoring

**Element 5.11 Study/lounge/storage space/call rooms**

*A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.*

**Finding:**

Student satisfaction rates from the ISA and GQ vary among the academies and clinical years. Follow-up data are required to show that issues with on-call rooms and secure storage are resolved for all years and at all sites.

**Status:** Satisfactory with a need for monitoring

#### **Element 8.4 Program evaluation**

*A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program. These data are collected during program enrollment and after program completion.*

##### **Finding:**

ISA data indicate that student satisfaction (% *satisfied/very satisfied*) with the effectiveness of the pre-clerkship curriculum “in preparation for clinical learning” is relatively low in both years at FitzGerald (69.8% and 76.5%), and in Year 4 at the Mississauga Academy (62.5%). Follow up internal survey data from January 2020, albeit with a modified question, showed improved satisfaction. During the visit, students reported not being able to assess the impact/sustainability of changes made to the pre-clerkship curriculum as these changes relate to the very aspects of the Foundations Curriculum most disrupted by the pandemic.

**Status:** Satisfactory with a need for monitoring

#### **Element 8.5 Medical student feedback**

*In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their required learning experiences, teachers, and other relevant aspects of the medical education program.*

##### **Finding:**

Formal processes are in place to collect and consider medical student evaluations, however, response rates as low as 20% are noted for the new Foundations Course. Although the school implemented new approaches to increase student participation, follow-up is required as low response rates may affect the reliability of the data obtained.

**Status:** Satisfactory with a need for monitoring

#### **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:**

This element was cited (as Standard ED-27) in 2012.

According to ISA data, the rates of students having observed histories were low for Year 3 OBGYN (68.2%) at Mississauga, Year 4 Surgery at all four academies (69.9% to 77.1%) and Year 4 OBGYN at FitzGerald, Mississauga and Wightman-Berris.

Also, according to ISA data, the rates of observed physical examinations in Year 4 Surgery at FitzGerald (70.6%), Years 3 & 4 Surgery at Peters-Boyd (74.1 and 78.0%), and Years 3 & 4 Surgery at Wightman-Berris (73.3 and 79.5%) are low.

**Status:** Unsatisfactory

**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:**

Although final grades are made available within six weeks after the end of most required learning experiences, data from clerkship rotations in Otolaryngology, Surgery, Pediatrics and Internal Medicine showed that provision of final grades to all students ranged from 8-17 weeks. The school implemented measures to increase adherence to the 6-week maximum timeframe. Data showing that final grades are available within six weeks after the end of all required learning experiences are required.

**Status:** Unsatisfactory

**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, directors of required learning experiences, 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 advancement decisions about them.*

**Finding:**

The school has a system of academic advising in place for medical students and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or advancement decisions about them. In response to variable student satisfaction with academic advising (ISA as low as 69.1% at the Fitzgerald Academy), the school implemented a new system of designated faculty advisors at each academy. Although the system is new, students with early experience spoke of it favourably. Efficacy data are required for the new system.

**Status:** Satisfactory with a need for monitoring

**Element 11.2 Career advising**

*A medical school has an effective and where appropriate confidential career advising system in place that integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.*

**Finding:**

This element was cited (as Standard MS-19) in 2012.

The school has a career advising system in place that integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs. GQ data show student satisfaction with guidance when choosing electives has fluctuated over the last three years, but has remained low, between 35.3% (Wightman-Berris, 2017) and 69.2% (Mississauga, 2018). The ISA survey found that the aggregated satisfaction with guidance when choosing electives for Year 3 is 57.8% and for Year 4 is 49.5%. During the visit, students spoke positively of their early experiences with the new system of advising developed which includes designated faculty advisors at each campus. Efficacy data are required for the new system.

**Status:** Unsatisfactory

**Element 12.3 Personal counseling/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:**

A wide range of supports are provided to students regarding personal counseling and programs to promote their well-being. Student-reported satisfaction rates, however, vary across years and academies. Data demonstrating efficacy of the system are needed.

**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 investigated students’ needs regarding access to health care services and implemented an increased number of personal days (3/year) that can be used for this purpose. According to ISA data, however, some students remain somewhat uncomfortable taking these personal days or asking for accommodations fearing an impact on their assessments.

**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	CM	NC	C	C	C	C	C	CM	C	CM	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
	1.1.1	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.2	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.3	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.4	2.5	3.5	4.5	5.5	6.4.1	7.5	8.5	9.5	10.5	11.5	12.5
	1.5	2.6	3.6	4.6	5.6	6.5	7.6	8.6	9.6	10.6	11.6	12.6
	1.6				5.7	6.6	7.7	8.7	9.7	10.7		12.7
					5.8	--	7.8	8.8	9.8	--		12.8
					5.9	6.8	7.9		9.9	10.9		
					5.10		7.10			--		
					5.11					10.11		
					5.12							

Colour coding:

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

## **6. REQUIRED FOLLOW-UP**

To address the elements rated as satisfactory with a need for monitoring and unsatisfactory noted above, the CACMS requested the school submit a status report on elements 2.5, 3.4, 3.6, 5.9, 5.11, 8.4, 8.5, 9.4, 9.8, 11.1, 11.2, 12.3 and 12.4 submitted by **August 1, 2023**, to be considered at the September 2023 meeting of the CACMS.

The status report must be submitted as a **single PDF** document addressed to the CACMS Secretary, Dr. Marianne Xhignesse at [cacms@afmc.ca](mailto:cacms@afmc.ca). Please note that paper copies are no longer required. Separate documents will be sent to Dean Young detailing the information to be included in the status reports.

A copy of the full site visit report will be available to you and to Dean Young via Box. Instructions on accessing this site and retrieving your report will be sent to both of you in a separate email. The report and this letter are for the use of the medical school 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](mailto:cacms@afmc.ca) should you have any questions.

Sincerely,



Marianne Xhignesse, MD, MSc  
CACMS Secretary

Cc: Dr. Trevor Young, Dean, Temerty Faculty of Medicine, University of Toronto