Frequently Asked Questions

What is accreditation?

Accreditation is a process of quality assurance for Canadian and American medical schools through assessment of the adherence by the institution to an extensive set of standards. Accreditation is also intended to foster institutional and program improvement.

Who administers accreditation?

In the U.S., accreditation is the responsibility of the Liaison Committee on Medical Education (LCME), jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA). Canadian faculties of medicine are also accredited by the LCME, in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), a committee of the Association of Faculties of Medicine of Canada (AFMC), with representation from the Canadian Medical Association (CMA). The LCME is a committee of 17 medical educators and administrators, practicing physicians, public members, and medical students, and includes the chair of the CACMS.

What is the composition of the visiting team?

The team typically comprises five or six members, a chair (typically a current or former dean of a Canadian medical school), a secretary, responsible for visit preparations and logistics and the compilation of the survey report, a representative of LCME, a team member from another Canadian medical school, a medical student from another Canadian university, and sometimes a faculty fellow who is often a faculty member of a Canadian medical school with an approaching accreditation.

What are they looking for?

They are assessing whether the school meets a set of some 125 “standards” described in the LCME document Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. These standards fall under the following categories:

- Institutional setting
- Educational program
- Medical students
- Faculty
- Educational resources

How is it done?

The school to be visited prepares a very extensive set of documents – database, student surveys, and summary of an Institutional Self-Study (ISS) carried out with wide
participation by administrators, faculty, staff, and students. These documents are submitted to LCME/CACMS about three months prior to the visit, and are thoroughly studied by the accreditation team. The ensuing visit usually commences with a Sunday evening meeting with the dean, followed by two and one-half days of meetings with faculty, students, and administrators. The accreditation team delivers an oral report to the dean before departing, outlining their findings of strengths, and non-compliances with the standards. A draft report is submitted to the LCME and to the dean for checking of factual accuracy, and a final report is submitted to the LCME and CACMS. These committees consider the report and issue the final decision to the medical school. This may be accompanied by a request for progress reports outlining actions taken to correct any perceived deficiencies.

**Are there any benefits?**

The principal benefit is the encouragement to medical schools to assess seriously and in detail the conditions and processes associated with their undergraduate medical program. There are probably few organizations that will not benefit from such a review on a cycle of eight years. While it is not the role of the accreditation team to suggest changes, it is usually instructive to receive the assessment of a group of experienced reviewers from Canada and the U.S.

**How much work is it?**

A great deal! It is likely that well over 100 faculty, staff and students will be significantly involved in preparation for the accreditation visit. The documentation that must be submitted to LCME, CACMS, and the accreditation team is substantial (generally 15-20 cm thick), and represents a huge effort in time.

**What are the steps, and when do they happen?**

- Our accreditation visit must take place in the 2013-2014 academic year.
- Construction of a very extensive database according to the LCME format; this includes much numerical data on students, faculty, finances, resources, and descriptions of all courses and academic processes.
- Formation of an Institutional Self-Study Task Force (ISSTF), and several ISS sub-committees. One committee will be entirely composed of medical students.
- A survey of all undergraduate medical students is carried out by the student committee.
- Sub-committees consider the database material, discuss issues within their areas of responsibility and provide a report to the ISSTF.
- A separate student report is written, based on the student survey and analysis by the student committee.
- A summary ISS report is prepared.
- The database, student report, ISS summary and appendices are submitted to LCME, CACMS and the accreditation team three months prior to the visit.
• The accreditation team of five or six members conducts the assessment over a three day period and gives a verbal exit report to the dean and university president.

• The full written report should be submitted by the accreditation team within a few months.

• LCME and CACMS consider the report and notify the Faculty regarding its accreditation status.

• A large number of students are involved in the ISS process, both on a student committee and as members of the ISS subcommittees.

Who is involved?

There is extensive involvement. Many faculty and administrators currently involved in the curriculum will be asked to complete parts of the database. Each sub-committee will have about ten members, and these will represent several different areas. Many students and faculty will be asked to meet with the accreditation team, and they should be well aware of the process and the self-study.

Why should I be involved?

Are you interested in learning more about the policies and operations of your medical program? Do you feel there is room for improvement in the way we do things? Would you like the opportunity to influence the directions of our Faculty? Would you like to meet and interact with others who are dedicated to improving our programs?

Is the focus only on the undergraduate medical education program (MD Program)?

The principal focus is on the MD Program, but the study includes many aspects that are only partially related to this. Research, faculty workloads, resources of all kinds (human, financial, library, relaxation areas), administrative organization, and contributions to teaching by graduate students and residents are all considered.

What are the consequences of doing poorly on accreditation?

A school is very unlikely to lose accreditation following a visit. It may be put on probation, and this decision has been given to two Canadian schools in the past six years (one was able to successfully appeal this decision). A school on probation must send written notification to all its students, and applicants to its program, that it is on probation. A probationary status will undoubtedly influence the reputation of the school, and could affect factors depending on this, such as endowment contributions and national rankings.

Where can I get more information about accreditation?

The LCME maintains a very informative website: http://www.lcme.org/start.htm. In the publications section, very detailed descriptions of all aspects of accreditation may be downloaded. At the University of Alberta, Dr. Susan Andrew has been designated as the
Accreditation Coordinator for the next visit, and she can be contacted by e-mail at susan.andrew@ualberta.ca.

What were the results of our last accreditation visit?

After the last full accreditation in 2006 the University of Alberta was non-compliant with 12 standards. This resulted in many changes to the medical school and 2 subsequent limited site visits by the LCME/CACMS. The outcome of the latest site visit in 2010 was very favourable.

What changes have occurred regarding issues raised during the last accreditation?

- New organizational chart for the faculty leadership
- Strategic planning
- New educational objectives for the MD Program
- Revision of, and better integration within, the curriculum

*FAQs have been gratefully provided by Dr. Ken Marshall, University of Ottawa.*