



**Committee on Accreditation of Continuing Medical Education
Comité d'agrément de l'éducation médicale continue**

**GUIDE FOR CACME
ACCREDITATION VISITS**

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Guide for CACME Accreditation Visits
Committee on Accreditation of Continuing Medical Education

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Introduction

University-based offices of Continuing Professional Development (CPD) affiliated with a Canadian faculty of medicine are accredited by the Committee on Accreditation of Continuing Medical Education (CACME). For university-based CPD offices located in the province of Quebec, the accreditation is done jointly with the Collège des Médecins du Québec.

University-based CPD offices are accredited based on their compliance with established accreditation standards, which can be found on the CACME website (<https://cacme-caemc.ca>).

This document presents information on required activities before, during and after an accreditation visit.

Pre-Accreditation Visit Process

1. Scheduling the accreditation visit
2. Selection of accreditation visit team members
3. Accreditation visit logistics
4. Compilation of the '*Data Collection Instrument*' (DCI)
5. Submission of documentation to the accreditation visit team and the CACME

1. SCHEDULING THE ACCREDITATION VISIT

Full accreditation visit occur on an eight-year cycle. The CACME Secretariat, in consultation with the dean of the faculty affiliated with the university-based CPD office being accredited, establishes the accreditation visit dates approximately 12 months before the full accreditation visit.

The decision regarding the format of the accreditation visit (virtual or on-site) is the choice of the CPD office. Should an on-site accreditation visit be chosen, the CPD office will be responsible for covering all expenses related to the on-site accreditation visit including accreditation visit team member travel.

2. SELECTION OF ACCREDITATION VISIT TEAM MEMBERS

For all offices outside the province of Quebec, the CACME Secretariat is responsible for appointing all members of the accreditation teams. The accreditation team normally consists of two members who are drawn from a pool of experienced medical educators and practicing physicians. One team member is designated accreditation team lead and is responsible for all of the accreditation team communications with the CPD office in advance of the accreditation visit. For Quebec CPD offices, one accreditation team member must be appointed by the Collège des Médecins du Québec (CMQ).

A “faculty fellow” may occasionally be appointed to a team; typically, the faculty fellow has not served on a CACME accreditation visit but participates in the visit to gain experience in CACME accreditation. The faculty fellow is a full member of the visit team, evaluates assigned standards and contributes to the accreditation visit report.

Once visit team members have been selected, their names will be forwarded to the dean of the affiliated CPD who may identify if any visit team member has a conflict of interest.

3. ACCREDITATION VISIT LOGISTICS

Three months before the accreditation visit, team members will receive from the CACME Secretariat:

- information on accreditation visit logistics including travel policy (if required for on-site visit)
- background information on the CPD office
- instructions for the conduct of the accreditation visit
- an accreditation visit report template pre-populated with historic program data.

For on-site accreditation visits

When an on-site accreditation visit is scheduled, team members make their own travel arrangements to the city of the CPD office following the travel policies outlined by the CACME Secretariat. The CPD office is responsible for arranging lodging and the team’s travel between the lodging and the CPD office.

Team members will pay for their accommodations, meals and travel costs and will be reimbursed by the CACME Secretariat following an on-site accreditation visit. The CACME Secretariat will invoice the CPD office for reimbursement of accreditation team costs. Expense claims with receipts and boarding passes are to be filed with the CACME Secretariat within 10 business days following the conclusion of the on-site accreditation.

For virtual and on-site accreditation:

Team members should inform the CPD office of any disability-related or other personal (including religious) accommodation (for on-site or virtual accreditation visits) and/or dietary restrictions required (for on-site accreditation visits). This information will be important in ensuring that the agreed upon scheduling of the accreditation visit works for all team members.

4. COMPILATION OF THE ‘DATA COLLECTION INSTRUMENT’ (DCI)

The document titled ‘*CACME Data Collection Instrument*’ (DCI) details the material that must be submitted by CPD offices to demonstrate compliance with each standard. The document also lists the specific questions to which the CPD office must provide responses. Specific evaluation criteria for each standard are also provided.

The CPD office should provide a 1-2 paragraph summary response to each question. Unless specified otherwise, submit no more than three examples of requested materials (e. g., pamphlets, minutes, course reports). Have further examples available for inspection or submission during the scheduled visit.

5. SUBMISSION OF DOCUMENTATION TO THE TEAM AND THE CACME

Eight weeks prior to the accreditation, the CPD office submits electronically the completed DCI and schedule via Box to the CACME Secretariat and accreditation team.

Updates to the submission

The accreditation team members will review the documents submitted as soon as practical after receipt to ensure that the materials are complete and up-to-date. If any additional information or material updating is required prior to the accreditation visit, the accreditation team lead will communicate the requests to the CPD office. Updates and additional information can be provided to the accreditation visit team up to and including the last meeting of the accreditation visit.

No additional updates to information will be accepted after the final scheduled meeting of the accreditation visit.

The material submitted by the CPD office as evidence of compliance with Standard 3.2, including the Colleges’ assessment of the CPD office’s adherence to credit-granting activities will be sent by the CACME Secretariat. CACME’s determination of compliance with Standard 3.2 will also be communicated to team members, along with any additional concerns that the Colleges would like explored during the accreditation visit.

All accreditation visit team members need to review all the documentation submitted by the CPD office. However, it is recommended that standards be divided among accreditation visit team members ahead of the scheduled accreditation visit and that each member takes the lead on assigned standards in group meetings and in writing the report. As visit team members evaluate the material submitted, they should

begin writing the report on their assigned standards in advance of the scheduled accreditation meetings and identify questions or areas of concerns to discuss and further explore during the scheduled virtual accreditation meetings or on-site accreditation as appropriate.

Accreditation Visit Process

On-Site Accreditation Visits

CACME on-site accreditation visits are typically 1 to 2 days in duration. Team members meet together the day before the formal meetings to and discuss the submitted materials, the questions they plan to pose, and the ideal respondents to address their questions. This will require arriving the day before the formal meetings with enough time for a accreditation visit team meeting to occur in the evening. This accreditation team meeting does not involve anyone from the CPD office.

Virtual Accreditation Visits

CACME virtual accreditation visits may be scheduled over three days, depending largely on time zones of the team members and the CPD office location, such that no participant is expected to be available before 0800h or later than 1800h (of their respective location). Accreditation visit team members are expected to meet virtually a day (or more) in advance of the first scheduled formal meeting to discuss the submitted materials, the questions they plan to pose, and the ideal respondents to address their questions. The advance virtual accreditation visit team meeting does not involve anyone from the CPD office.

All Accreditation Visits

The CPD office will prepare and submit a draft schedule based on the bulleted list below and considering which individual(s) or groups can provide the best information related to the office's overarching purpose, scope of activity, planning and implementation of educational programs and organization and administration. Following an assessment of the office's submitted documents and presuming that sufficient notice is provided to the CPD office, the accreditation team lead may request appropriate revisions to the schedule recognizing that some flexibility will be needed based on specific university organizational structures, work, and other associations relevant to the CPD office.

Mandatory:

1. Dean of the faculty affiliated with the CPD office. The team always meets with the dean at the first and last meetings. The first meeting should be 30 – 45 minutes in duration. The exit meeting should last no more than 45 minutes at the end of the accreditation visit when the team reports on its recommended findings to the dean (and other individuals the dean elects to have attend). These meetings should be scheduled well in advance to ensure the dean's availability.
2. Associate Dean/Director of CPD. This is normally the 2nd interview and should be scheduled for 60 minutes.
3. Groups from within the Faculty:
 - a. Associate Deans for undergraduate medical education, postgraduate medical education, and other educational and research portfolios, as appropriate
 - b. CPD departmental representatives and/or Department heads
 - c. CPD Committee (senior advisory or leadership committee)
 - d. Course directors (unless they are part of the CPD Committee)
4. Individuals responsible for research, innovations, or special projects related to the CPD programs
5. CPD Office staff
6. Physicians who have participated in CPD Office activities as learners

Others who might be considered:

1. Individuals from other offices who work with the CPD office, i.e., faculty development, library, information technology (IT), etc.
2. Those who have an association with the office and whose contributions may help the team members' understanding of the office's overarching purpose, organization, educational services or research, and innovation. These may include representatives from the provincial chapter of CFPC, regulatory authority, government, Royal College Residency Accreditation Committee representative(s), health region(s).
3. Individuals associated with key initiatives of which the office wishes to apprise team members due to their innovative nature, research impact, or national/international focus.

Meetings can be face-to-face or virtual. Sufficient time should be allotted for discussion (generally 30 – 60 minutes). The time allotted may vary based on numbers of participants involved in the meeting or the relevance of the group to the office and its activities. Depending on the size of the affiliated faculty of medicine and overlapping functions, separate meetings with all the above-named individuals/groups may not be needed.

The visit schedule must include breaks for the team. These breaks should be sufficient in number and length to allow for sustenance, comparing of notes and preparing for the next interview. Team members should inform the CPD office of any disability-related or other personal (including religious) accommodation (for on-site or virtual accreditation visits) and/or dietary restrictions required (for on-site accreditation visits).

A tour of the CPD office and facilities should be arranged. For on-site accreditation visits, the tour occurs on the first day. For virtual accreditation visits, a video recording is requested in advance of the scheduled accreditation days, so that if deemed necessary, the team lead may request additional video coverage of office and facilities to occur during the scheduled accreditation period.

Team members meet on the evening following the first day of the on-site accreditation visit, or after each day of a virtual accreditation visit, to go over their notes, discuss their findings, and as appropriate, plan the exit meeting and continue to revise the accreditation visit report. There should be a 1-hour time block immediately before the exit meeting with the dean to prepare for this session. During the exit meeting, accreditation team members share their positive observations as well as any concern regarding possible lack of compliance with any standard (i.e., their recommended findings). Team members must not share their recommended ratings of standards during the exit meeting, as the determination of standard ratings is the sole purview of the CACME. If asked by the dean, team members may share their thoughts how to improve CPD office functions.

Social events between team members and any personnel from the school (e.g., meals, receptions, etc.) must not be scheduled at any time during the visit.

Post-Accreditation Visit Process

1. Preparation of the accreditation report for review by the CACME
2. CPD assessment and decision-making process

1. PREPARATION OF THE ACCREDITATION REPORT FOR ASSESSMENT BY THE CACME

Within two weeks of the completion of the accreditation visit, the accreditation team members submit a report to the CACME Secretariat based on the information assessed. On a separate page, they also submit their recommended rating for each standard based on the specified criteria for determining compliance. **The accreditation report must provide sufficient information for CACME to make informed, independent decisions regarding compliance with standards, accreditation status, and follow up appropriate to foster ongoing quality of CPD.** The Secretariat will provide feedback to the accreditation visit team members on their report regarding internal consistency, thoroughness in evaluation of all standards, and sufficiency of evidence to support their rating recommendations.

Upon receiving the comments from the CACME Secretariat, the accreditation team will revise the report and recommended ratings as they see fit. The Secretariat will forward the revised report, not including any recommended ratings, to the dean of the medical school affiliated with the CPD office.

The dean will have 10 working days to review the report and return comments about factual errors or omissions and concerns about tone to the Secretariat. No new information may be provided by the dean that was not available at the time of the on-site or virtual formal meetings. The dean's comments will be forwarded to the accreditation team lead for consideration and revisions, and the final report will be sent to the CACME Secretariat. The CACME Secretariat will send the final version of the report to the dean, who, should concerns remain about the tone of the report or the accreditation process, may write a letter within 10 business days to the CACME Secretariat for inclusion in the CACME's consideration of the office's accreditation status.

2. CACME DECISION-MAKING PROCESS

The report of the accreditation visit will be presented and discussed at the next scheduled CACME meeting, and a decision regarding compliance with each standard and overall accreditation status will be duly made. CPD offices may be granted one of the following accreditation statuses:

- **Accredited**
A status that is granted to a CPD office that demonstrates compliance with most or all accreditation standards. Follow-up activities are required of all CPD offices, however the extent of the follow-up activities will be determined by the level of concern, if any, about the CPD office.
- **Accredited on notice of intent to withdraw**
A determination based on the CACME's judgment that the areas of noncompliance have seriously compromised the quality of the CPD office's services or that the CPD office has failed to make satisfactory progress in achieving compliance. CPD offices retain their accredited status with all the rights and privileges conveyed by such status but are subject to

withdrawal of accreditation if noncompliance issues are not satisfactorily addressed within the specified time frame.

- **Withdrawal of accreditation**

An action based on the determination of the CACME that an accredited office of CPD exhibits substantial deficiencies in compliance with standards and that the deficiencies are serious. Under normal circumstances, a CPD office will have had an opportunity to correct serious problems of noncompliance before the CACME takes action to withdraw accreditation. This action is subject to appeal.

The CACME requires follow-up activities in-between full accreditation visits. These follow-up activities include submission of:

- an Action Plan for all noncompliant (NC) standards within 12 months of the full accreditation visit
- a Status Report at the 24-month mark and, if applicable, at the 48 and 72-month marks, for standards partially compliant (PC) or NC
- an Internal Quality Review (IQR) at the 48-month mark, which is required from all university-based CPD offices
- an Activity Audit at the 48-month mark, which is required from all university-based CPD offices, and if applicable, at the 48 and 72-month marks, if they are found to be partially compliant (PC) or NC for standard 3.2.

Additional follow-up activities may include:

- **Secretariat Consultation**

The CACME may mandate a Secretariat Consultation to assist the CPD office understand the concerns of the Committee and the areas of noncompliance and partial compliance requiring monitoring. The Secretariat may assist the CPD office in its preparation of an Action Plan. No reports to the CACME arise from a Secretariat Consultation between members of the Secretariat and representatives of the university-based CPD office and faculty of medicine.

- **Limited Accreditation Visit**

Limited accreditation visits normally include on-site or, if deemed appropriate by the Secretariat, virtual evaluations conducted by a accreditation visit team to assess the extent of an office's progress in achieving compliance with standards previously found to be in noncompliance or in partial compliance.

- **Full Accreditation Visit**

The CACME may mandate a full accreditation visit at a date earlier than the next regularly scheduled full accreditation visit when it has substantial concerns about compliance with standards or about the sustainability of the office.

For further information on the conduct of a CACME accreditation visit contact the CACME Secretariat at cacme@afmc.ca.

APPENDIX A

POINTS TO BE ADDRESSED IN THE EXIT MEETING

An exit statement template is provided below. The template does not have to be strictly followed **if the components outlined below are addressed**. The dean is to be provided with a list of the findings and positive observations at the beginning of the exit meeting.

Components to include in exit meeting:

1. Acknowledgements and expressions of appreciation.
2. A disclaimer that the findings presented at the exit meeting are those of the accreditation team and that CACME may add, modify, and/or delete findings upon its review.
3. A statement that there can be no discussion or debate about the accreditation team's findings.
4. The accreditation team lead presents the accreditation team's positive observations. The positive observations do not need to be linked to specific standards. There may not be any positive observations.
5. A presentation of the findings by the team lead (restricted to standards found to be in noncompliance or partial compliance). The findings are provided as a narrative, but a rating of the corresponding standard is not given.
6. A statement that a draft report, once written, will be forwarded to the dean; the dean will have an opportunity to address factual errors, errors of omission and the tone of the report.
7. A statement that the team will add its recommended rating of compliance for each standard to its final report to the CACME.
8. A statement that the CACME determines the final compliance status of each standard.
9. A statement that the CACME will determine the final decision about accreditation status and required follow-up.

The accreditation visit team lead may describe the subsequent steps in the process but must not engage in conversations about what the CACME is likely to do with respect to accreditation status or follow-up.

If asked by the dean, the accreditation visit team lead may provide their personal views (or those of other team members) on areas for improvement.



Exit Meeting Template

During this accreditation visit, team members assessed the CPD Office at the University using the relevant standards outlined in the *Canadian Accreditation Standards for Continuing Professional Development (CPD) Provider Organizations*. The purpose of this exit meeting is to report the accreditation visit team's preliminary findings to you.

The Team makes recommendations about the extent to which, in its professional judgement, the requirements of the accreditation standards are being met by the CPD Office at the time of the accreditation visit. Today you will be provided with the Team's findings for standards that are felt to be in noncompliance or partial compliance. The team's recommended ratings will not be provided today, nor will they be included in the draft report. They will be provided to the CACME and the CACME may come to differing conclusions when it reviews the team's report and any related information.

The Team does not make recommendations about the accreditation status of the CPD Office or any required follow-up. These are the solely the purview of the CACME.

The Team expresses its sincere appreciation to [name of the dean, and CPD dean] and the staff and faculty of the [name of the medical school] for their many courtesies and accommodations during the accreditation visit. [Insert the names of individuals who] merit special recognition and commendation for their thoughtful accreditation visit preparations and generous support during the conduct of the accreditation.

The findings of the Team are listed in the Summary of Recommended Findings that I gave you. The Summary of Findings will likely be revised during the accreditation process by the CACME Secretariat and after you and your CPD Office have the opportunity to read and comment on the draft report. In addition, the CACME may change the recommended rating for a standard, delete a finding, revise a finding, or add new findings based on its assessment of the report. I will now read the Summary of Findings for standards rated as Noncompliant or Partially Compliant.

Summary of Positive Observations:

The team was impressed with...

Team's Summary of Recommended Findings

Standard X

Finding: (1-2 sentences)

Example:

STANDARD 2.2 Learning Objectives

An accredited CPD provider organization ensures that learning objectives for each activity (program/individual session) are derived from identified needs. The learning objectives for an activity including any associated individual sessions (where applicable) are:

- a) *written from the learner's perspective using actionable verbs*
- b) *consistent with the educational format*
- c) *made available prior to the activity for review by potential participants*

Finding: The CPD provider organization uses identified needs to develop overall and session-specific learning objectives, but these are not consistently written from the learner's perspective.

This concludes the Team's summary of findings.

Next steps

The Team will draft a report that includes the documentation to support its recommended findings and submit it to the Secretariat for comment and review. After the accreditation visit team has revised the report based on Secretariat input, the report will be sent to you. Upon receipt of the draft report from the Secretariat, you will have ten working days to review the draft and provide commentary on factual errors, errors of omission and concerns about the tone of the report prior to its submission to the CACME.

Following this, the Team will review your comments, finalize its report, and submit it to the CACME. A copy of the final report will also be sent to you by the Secretariat. If you have any remaining concerns about the accreditation visit process or tone of the report, you may write a letter to the CACME in care of the Secretariat.

Following the CACME's decision-making meeting (Fall or Spring following the accreditation visit), you will receive a copy of the final report, along with a letter of accreditation that specifies the accreditation status of the CPD Office and any required follow-up.

This concludes the Exit Session.

At this time, and only if your request it, I am willing to spend a few minutes and provide personal observations from myself and the accreditation visit team members related to areas of potential improvement for the CPD office and its services.

APPENDIX B

CACME External Review CME Accreditation Schedule

CACME Site Visit Team
Name Title Organization
Name Title Organization

Insert location of main meetings (virtual or in person) and, if virtual, times are listed in [insert] time zone.

NB: The titles listed in the participants column are only examples. Each faculty of medicine will need to follow its own organizational structure.

Day 1		
Time	Participants	Meeting Topic
8:00 – 8:45 AM	Name , Dean of Medicine	Dean of Medicine
8:50 – 9:50 AM	Name , Associate Dean, CME, FoM	Associate Dean, CME
9:50 – 10:15 AM	Break	
10:15 – 11:00 AM	Name , Vice Dean Education, FoM Name , Director, Faculty Development, FoM Name , Associate Dean, Undergraduate Medical Education (UGME) Name , Associate Dean, Postgraduate Medical Education (PGME) Name , Vice Dean Faculty Engagement, FoM Name , Associate Dean, Regional Campus, FoM	Education Executive Team, Faculty of Medicine (FoM) Leadership
11:05– 11:35 AM	Name , Chief Financial Officer, FoM Name , Manager Administration, CME Name Administrative Assistant Finance, CME	Finance (optional)
11:35 – 11:50 AM	Break	
11:50 AM – 12:35 PM		CME Advisory Committee or equivalent
12:35 – 1:35 PM	Lunch (if meeting is taking place in person)	
1:35 – 2:05 PM		Tour of the CME office and facilities (if meeting is taking place in person)
2:05 – 3:05 PM	Visit team work time	
3:05 PM	Adjournment	

Day 2		
Time	Participants	Meeting Topic
8:00 – 8:45 AM	Name , Director, Social Accountability Name , Aboriginal Coordinator, FoM Name , Researcher/Analyst - Special Projects & Partnerships/Health Human Resources Name , Special Projects Senior Policy Analyst, Aboriginal Community Name , Educational Program Designer, CME	Social Accountability (optional)
8:50 – 9:35 AM	Name , Associate Dean, CME, FoM Name , Wellness Consultant, CME Name , Director of Accreditation, CME	Continuing Medical Education Leadership
9:35 – 10:00 AM	Break	
10:00 – 11:00 AM		Physicians who have participated in CME Office activities as learners
11:00 – 11:15 AM	Break	
11:15 AM - noon		Course directors (unless they are part of the CME Committee)
Noon – 1:00 PM	Lunch	
1:00 – 1:45 PM	Name , Vice-Dean, Research	Individuals responsible for research, innovations, or special projects related to the CME programs
1:45 – 2:00 PM	Break	
2:00 – 2:30 PM		CME Office staff
2:30 – 3:30 PM	Visit team work time	
3:30 – 3:45 PM	Break	
3:45 – 4:45 PM	Name , Dean of Medicine Name , Associate Dean, CME, FoM	Exit report
4:45 PM	Conclusion of visit	