

Committee on Accreditation
of Continuing Medical Education



Comité d'agrément de l'éducation
médicale continue

CACME 101: A Primer on CPD Office Accreditation

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CACME 101: A Primer on CPD Office Accreditation by the CACME Secretariat

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Executive summary

CACME 101: A Primer on CPD Office Accreditation is an abridged compendium of information about Continuing Medical Education/Continuing Professional Development (CME/CPD) office accreditation in Canadian faculties of medicine.

The *Primer* provides answers to many of the questions that a person involved with CPD office accreditation might have and defines many commonly used acronyms. The *Primer* is intended for use in conjunction with other documents that are referenced herein.

For your convenience, sections of the *Primer* are hyper-linked from the Table of Contents to the appropriate section of this document.

If, having read the *Primer*, your questions are still not answered or you have suggestions for improving the document, contact the CACME Secretariat at: CACME@afmc.ca.

Glossary of commonly used acronyms/abbreviations

Acronym/Abbreviation	Name
AAFP	American Academy of Family Physicians
ACCME	Accreditation Council for Continuing Medical Education
AFMC	Association of Faculties of Medicine of Canada
AY	Academic Year
C	Compliance
CACME	Committee on Accreditation of Continuing Medical Education
CACMS	Committee on Accreditation of Canadian Medical Schools
CFPC	College of Family Physicians of Canada
CME	Continuing Medical Education
CMQ	Collège des médecins du Québec
CPD	Continuing Professional Development
CQI	Continuous Quality Improvement
DCI	Data Collection Instrument
FMRAC	Federation of Medical Regulatory Authorities of Canada
IQR	Internal Quality Review
LCME	Liaison Committee for Medical Education
MD	Medical Doctor
NC	Noncompliance
PC	Partial compliance
Royal College	Royal College of Physicians and Surgeons of Canada
WFME	World Federation for Medical Education

Accreditation, CACME history and structure

What is accreditation?

Accreditation is a periodic and integrated process of institutional self-reflection and standards-based external peer review. Although accreditation is not mandatory, participation in accreditation, through self-reflection and external review, is a common practice within self-regulating professions that demonstrates a commitment to quality and to the society they serve.

The Committee on Accreditation of Continuing Medical Education (CACME) restricts its accreditation activities to eligible university offices of continuing medical education and/or continuing professional development. CACME accredited offices are located throughout Canada and provide continuing medical education/continuing professional development activities to health professionals across all Territories and Provinces. The list of accredited offices is maintained on the CACME Website at <https://cacme-caemc.ca/>.

Why accredit Continuing Medical Education/Continuing Professional Development?

The transparent and accountable process of accreditation provides a level of assurance to the profession and the public that they are being well-served by the academic centres that provide life-long learning opportunities for physicians and other health care professionals.

Through a requirement of accreditation, offices also have a responsibility to contribute to the creation of new knowledge through research and scholarship.

The CME/CPD offices are also unique in having to fulfill their university-based roles while having to generate much of their own financial support through registration fees and sponsorship. The accreditation process ensures that the CME/CPD offices discharge their various responsibilities by assessing the sufficiency, sustainability, and legitimacy of their resources.

In addition to providing up-to-date education and training, accredited offices may participate in assessment programs and/or remediation and retraining programs for physicians in practice and faculty members.

What is the history of continuing medical education accreditation in Canada?

The Committee on Accreditation of Continuing Medical Education (CACME) was established in 1996 as a subcommittee of the Committee on Accreditation of Canadian Medical Schools (CACMS). The Chair of the CACMS also served as the Chair of CACME until 2007. Accreditation standards were developed in conjunction with the Association of Faculties of Medicine of Canada (AFMC)'s Standing Committee on Continuing Medical Education (SCCME). Initially, offices of continuing medical education (CME) were reviewed as part of the CACMS-Liaison Committee for Medical Education (LCME) process for the accreditation of medical schools. These committees were more focused on the undergraduate medical education programs and lacked specific accreditation standards for CME.

Early on, there were variable terms of accreditation based on the assessed quality and challenges of the CME office under review, and subsequently, five-year accreditation cycles were adopted modeled on the previous CACMS-LCME process. Features of the new system included the potential for the CACME to request status reports, conduct limited visits, conduct mid-cycle accreditation activities, shorten accreditation cycles, place an office on probation, or withdraw accreditation.

The accreditation process increasingly used more objective standards and compliance measures. By 1999, the CACME was operating as an independent committee and by 2007, the CACME had its own chairperson separate from the CACMS.

Prompted by an AFMC initiative, the CACME standards were completely rewritten in 2005 using a social accountability framework. The standards were revised again in 2010, 2018 and 2023.

For those interested in more detail on the history and evolution of the CACME, see: Woollard R. Chapter 19. A History of the Committee on Accreditation of Canadian Medical Education - Canada. In: *Continuing Medical Education. Looking back, planning ahead*. Ed. D.K. Wentz. Dartmouth College Press. Hanover, N.H. USA. 2011.

Who funds the CACME?

The CACME is funded by five sponsor organizations, the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (Royal College), the Federation of Medical Regulatory Authorities of Canada (FMRAC), the Collège des médecins du Québec (CMQ) and the Association of Faculties of Medicine of Canada (AFMC). The financial commitments are based on each CACME sponsor's proportionate voting representation on the CACME, comprising 9 total voting members.

Expenses related to university CPD offices accreditation activities are funded by the faculty being reviewed.

How is the CACME governed?

The CACME is governed by the collaborative work of executives of the Sponsor organizations (AFMC-CFPC-CMQ-FMRAC-Royal College).

Who are the voting members of the CACME?

The voting members (maximum of 10) are selected by the Sponsor organizations, such that the CFPC, Royal College and FMRAC are each asked to contribute two members. The CMQ provides one member and the AFMC provides three members. Voting members serve for an indeterminate term on the CACME subject to termination by their appointing organization, the CACME and/or by themselves.

The Chair of the CACME collaborates with the Secretariat on all CACME functions and leads all meetings. The Chair is identified from within the CACME voting membership, typically an AFMC member who is recommended for the position by the Sponsor. The Chair's term of office is three years, renewable twice.

How often does the CACME meet?

Prior to 2020 and pandemic restrictions, the CACME typically met in May and November with at least one of these meetings being a face-to-face meeting occurring over 1-2 days in Ottawa. During the first two years of the COVID-19 pandemic, the meetings shifted to a virtual format and conformed more to the needs of the CACME rather than according to a fixed timetable. As of mid-2022, and moving forward, CACME meetings will be held virtually, twice a year; in Spring and Fall.

The CACME may meet at other times at the call of the Chair in consultation with the Secretariat.

During the scheduled meetings, accreditation visit reports and status reports are reviewed, with accreditation decisions and follow-up recommendations made accordingly.

The CACME is committed to undertaking regular review and revision of its standards, policies, and procedures. Working groups (consisting of CACME voting members and members of the Secretariat) may be formed to undertake these reviews and make recommendations for changes to the CACME as noted in the *CACME Rules of Procedure* (Section V).

How is the CACME managed?

The business and affairs of the CACME are managed by the CACME Secretariat comprised of professional and administrative personnel. These same individuals also comprise the Secretariat of the CACMS.

The Secretary nominally dedicates 12% of a workweek to CACME business (20% of a 60% position), whereas the Assistant Secretary nominally devotes 4% of a workweek (10% of a 40% position). The administrative Secretariat staff have full-time positions with the AFMC, but nominally devote 10-20% of their respective time to the work of the CACME.

Among their various duties, the Secretariat organizes the CACME meetings, prepares and disseminates all official communication from the CACME, responds to questions or complaints about the CACME, provides training for site visit teams, the CPD offices being accredited and CACME members and supports initiatives undertaken by the CACME. All members of the Secretariat staff are *ex-officio* non-voting members of the CACME.

Which offices can be accredited by the CACME?

The CACME accredits Canadian continuing medical education/professional development offices that are affiliated with an AFMC member faculty of medicine.

How does my office become CACME-accredited?

This *Primer* focusses on existing [CACME-accredited CPD Offices](#). If you are representing an AFMC member faculty of medicine and are seeking to have your office accredited by the CACME, contact the CACME Secretariat at CACME@afmc.ca for further information.

Does the CACME have Rules of Procedure?

The CACME Rules of Procedure is finalized and accessible on the CACME website.

Can accreditation Standard be added, deleted, or modified?

The national accreditation standards are based on a common set of values, principles and metrics that were endorsed by the CACME, AFMC, FMRAC, CFPC, Royal College and the CMQ.

Suggestions for new standards or modifications to existing standards may come from any source. Anyone who wishes to propose a new or revised standard should contact in writing either the CACME Secretariat, the Royal College, the CFPC, the AFMC, the FMRAC or the CMQ. The process by which these suggestions are reviewed is outlined in the *CACME Rules of Procedure* (Section V).

New or revised standards that have been finally approved will be published in the document *Canadian Accreditation Standards for Continuing Professional Development (CPD) Provider Organizations*, available on the CAME website under the [Accreditation Documents](#).

What is the relationship of the CACME with the CMQ?

Accreditation of university offices of CPD in Quebec is done in partnership with the Collège des Médecins du Québec. The CACME accreditation process, procedures and standards are applied during accreditation of those CPD offices with one member of the accreditation visit team being appointed by

the CMQ. Letters of accreditation to university offices in Quebec are co-signed by the CACME and the CMQ.

In addition to the four university CPD offices in Québec, the CMQ uses CACME standards to accredit other CPD providers in the province. These providers include the Québec medical federations (i.e., Fédération des médecins omnipraticiens du Québec (FMOQ), Fédération des médecins spécialistes du Québec (FMSQ)), colleges and associations (e.g., Collège québécois des médecins de famille (CQMF) and Médecins francophones du Canada (MdFC)).

The CMQ itself does not grant CPD credits, but accreditation by the CMQ gives organizations the authority to grant credits other than those of the CFPC or Royal College.

Does the CACME have affiliations with groups other than its sponsor organizations?

The CACME is recognized by the Accreditation Council for Continuing Medical Education (ACCME) as providing accreditation that is substantially equivalent. Requirements for substantial equivalency are available on the ACCME website at <https://www.accme.org/publications/substantial-equivalency-framework>. The Secretariat fulfils the annual ACCME requirements in order to maintain substantial equivalency status.

Because of this substantial equivalency arrangement between the CACME and the ACCME, physicians may convert Royal College credits to AMA PRA Category 1 Credits™ and CFPC credits to AAFP credits (and vice versa).

Is the CACME affiliated with WFME?

The World Federation for Medical Education (WFME) is a not-for-profit, non-governmental organisation, registered in Europe and has an official link with the World Health Organization (WHO) “representing medical education and the education and training of medical doctors worldwide.” WFME publishes, among other documents, standards for quality improvement in the continuum of medical education, including Continuing Professional Development (CPD) of Medical Doctors.

The CACME’s accreditation standards have some similarities to those of WFME, but CACME accredits Canadian universities/CPD offices independently and is not affiliated with WFME.

The CACMS is however accredited by WFME.

How do I contact the CACME?

All communication to and from the CACME is via the CACME Secretariat, but the CACME website (<https://cacme-caemc.ca/>) is a good place to find basic information. The website is an access point for non-confidential documents and information about committee membership and function. The contact information is found there, too.

CACME Secretariat

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CPD Office and Visit Team essentials

What benefit is CACME accreditation to a university CPD office?

Simply put, CACME accreditation is what enables a university CPD office to grant CFPC and Royal College credits for their various educational activities without seeking approval from the CFPC and/or Royal College for each activity. An acknowledgement to this effect should appear on the CPD office home page.

Where can I learn about the accreditation process?

Information on the accreditation process can be found on the CACME website (<https://cacme-caemc.ca/>).

A basic overview of accreditation procedures is found in the 'About CACME' tab – [Accreditation Procedures](#). Other documents are accessible via the '[Accreditation Documents](#)' tab. In this tab you will find 1) a listing of the Standards to which the office is accountable 2) the Data Collection Instrument (DCI) 3) Guidelines for the visit and 4) the Accreditation Visit Report Template. The Rules of Procedure are posted on the website. If you have any questions about procedures, contact the CACME Secretariat by e-mail at CACME@afmc.ca.

What does a CPD dean need to know?

CPD deans must know that CPD offices follow an 8-year accreditation cycle. Once every 8-years, all CPD offices will have a full accreditation visit and at the 4-year mark, all CPD offices must undertake an internal quality review (IQR) and undergo audits by the Royal College and the CFPC. Depending on the office's compliance status with accreditation standards, additional accreditation activities (e.g., status reports, extra activity audits, or visits) may be required. CPD deans need to know their program's timeline within the accreditation cycle so that the CPD office is prepared for each step in the process.

Fundamentally, CPD deans are responsible for the completion of all accreditation processes and the timely submission of required documents, including status reports, materials needed for audits, and the data collection instrument. The dean of the medical faculty also has designated roles which need to be coordinated between the two offices. For example, the faculty dean is the primary recipient of all official accreditation decision letters from the CACME, is the signatory to official responses to the accreditation letters and is involved in the planning and verification of the IQR.

New CPD deans are **strongly advised** to contact the CACME Secretariat to:

- 1) inform the Secretariat that leadership in the office has changed and to provide updated contact information
- 2) confirm the timeline of accreditation tasks and submission deadlines

Is there a typical cycle of accreditation events?

As mentioned above, the accreditation cycle for CPD offices is eight years duration. Once every eight years (96 months) the cycle repeats by having the CPD office undergo an on-site or virtual visit to determine the office's compliance with all accreditation standards. Prior to the visit, the CPD office will have supplied the Royal College and CFPC, as appropriate, requested information that will be used by these colleges to conduct an audit of credit-granting practices. At the midway point of the accreditation

cycle (i.e., after 48 months), each CPD office will again be audited, and it must undertake a formative self-study exercise known as an Internal Quality Review (IQR).

Formal accreditation activities at 24 or 72 months within the cycle are limited to those standards not in full compliance and thus may include additional audits by the CFPC or Royal College.



What does a CPD Office have to do to prepare for a full accreditation visit?

At a minimum, each CPD Office must complete and submit a *Data Collection Instrument* (DCI). The DCI is available from the CACME website. The DCI may be completed (in English or French) by the CPD office and must be submitted to the CACME Secretariat two months/8 weeks prior to the scheduled visit.

The CPD Office must work with the CACME Secretariat to arrange visit details including a visit schedule. The CPD Office must also schedule certain personnel to meet with the visit team.

Ideally, the CPD Office is in a state of continued readiness for its next accreditation visit. Regularly engaging in continuous quality improvement (CQI) initiatives and self-assessment may help the CPD office ensure its continuous compliance with accreditation standards.

At a minimum of 12 weeks before the start of the accreditation visit, the Secretariat will provide the CPD office being reviewed with a listing of the office's recent accreditation history, composition of the visit team and background materials regarding conduct of the visit and preparation of the report. The Secretariat will also include information about how the CPD office should submit its material to the team and to the CACME Secretariat.

What else do I need to know about the DCI?

The DCI lists each of the 14 accreditation standards. Each office is evaluated on how it complies with the requirements of the standard. The requirements are listed below each standard and appear as near-verbatim restatements of a sentence or phrase within the standard. Below each requirement one or more requests for information are stated. Responses to the data requests are called “indicators.” Indicators comprise the information that a visit team, and ultimately the CACME will use to assess whether a requirement is met and to determine compliance with the standard.

Generally, when an indicator question asks for a document such as a written procedure or a brochure, the document is to be included as an appendix to the DCI. Accurate labelling of the appendix is critical. When requested in the DCI, colour highlighting with labelling is to be used to assist the visit team and CACME reviewers in finding the required information.

When a document is not requested by an indicator question, the CACME is typically seeking a narrative response. A good narrative response is accurate, complete, and concise. The CACME does not place word limits on narrative responses, but often just a few sentences are sufficient. A response is typically less than one page.

Does the visit team use a specific template for preparing its visit report?

In advance of the visit, the CACME Secretariat provides the visit team with a specific template to use in preparing its visit report. The template outlines different sections of the report to be completed including, an overall description of the CPD Office, major changes since the last accreditation visit, the accreditation history of the office regarding compliance with standards, audits carried out and the timing of the IQR process. The team may also add positive observations.

What happens during an accreditation visit?

A 1.5 – 2-day full accreditation visit typically begins with an entrance conference between the visit team and the dean. The accreditation visit concludes with an exit conference with the dean and associate dean CPD (or equivalent). Visits are virtual unless the CPD office has requested an in-person visit.

In between the entrance and exit conferences, the visit team meets with a variety of individuals or groups who have roles with CME/CPD or interactions with the CPD Office or programs. They may also tour relevant facilities (virtually or in person depending on the format of the visit) used by the CPD office staff or for CPD activities. A sample list is available in the Guide for Accreditation Visits.

At the exit conference, team members share their positive observations about the structure and functioning of the CPD Office, the areas where, in the opinion of the team, improvement is required and, if asked, may provide constructive feedback to the CPD Office leadership. The CACME determines compliance with standards after reviewing the recommendations of the visit team. Team members will not provide ratings of compliance with individual standards during the exit conference, nor communicate recommendations or decisions regarding the office’s overall accreditation status.

What happens in the weeks following an accreditation visit?

Within two weeks of the conclusion of the accreditation visit, team members complete and submit to the CACME Secretariat a written report of their findings with recommended ratings. In the jargon of accreditation, ‘findings’ are comments related to areas of Noncompliance/Partial Compliance. ‘Recommended ratings’ are limited to Compliance, Partial Compliance and Noncompliance. The report is comprised of a title page, disclaimer, introduction, positive observations, and a summary of team findings. These sections are followed by a review of each standard. The Secretariat reviews the draft

report for verification of completeness and adequacy of documentation. The Secretariat may provide feedback to the team members regarding the tone of the writing or make suggestions to clarify the report.

Four weeks after the accreditation visit, the final draft of the report is prepared by the visit team and submitted to the Secretariat, is forwarded to the dean without including the team's recommended rating for each standard. The dean has 10 working days to comment on the tone of the report and on any errors of fact or of omission. The dean's commentary on errors is limited to the information that was presented to the visit team in advance of or during the visit. The team will consider the dean's comments and revise the report as it deems appropriate, within a week. The visit team does not make recommendations or decisions regarding the office's overall accreditation status. If the dean continues to have concerns about tone or factual correctness of the final report, the dean may correspond to the CACME Secretariat outlining remaining concerns.

How does the CACME handle an Accreditation Visit Report?

Six weeks in advance of a CACME meeting, the CACME Secretariat will assign two CACME members to review the visit report and the dean's letter (if applicable). Each reviewer completes a reviewer worksheet and comes to an independent conclusion on the compliance status of each standard, the accreditation status to be awarded, and any follow-up required of the CPD office.

Following this, the reviewers work together and submit to the CACME Secretariat a consensus reviewer worksheet. The consensus reviewer worksheet is reviewed by the CACME Secretariat for completeness and clarity, and once reviewed, may go back to the reviewers for revision.

The final reviewer worksheet, the accreditation visit report, and the letter from the dean (if applicable) are posted in a secure online location and made available to all CACME members and the Secretariat. Before the CACME meeting, all CACME members are asked to review the materials and come to the CACME meeting prepared to make decisions.

Efforts are made to ensure that one member of the visit team attends the CACME meeting. This team member speaks only in response to direct questions from the CACME. After assessing the reviewers' recommendations as presented by the reviewers, the CACME makes a compliance decision on each standard and then makes an overall accreditation decision. Following the accreditation decision, the CACME determines the required follow-up.

What are the possible compliance decisions for an accreditation standard?

Each standard will be rated as one of: Compliance (C), Partial compliance (PC) or Noncompliance (NC). Compliance means that all requirements of the standard were met. PC suggests that at least one, but not all requirements were met, and NC means that in the judgement of the CACME, none of the requirements were met.

What are the possible accreditation actions that the CACME may make?

Listed in order of increasing severity, the possible accreditation actions of the CACME are:

- Accredited
- Accredited with notice of intent to withdraw
- Withdrawal of accreditation

Special accreditation actions apply to CPD Offices seeking accreditation, and those special circumstances are described in the *CACME Rules of Procedure*.

What are CACME's follow-up requirements?

All CACME actions have some level of required follow-up.

Even when a CPD Office that is in compliance with all accreditation standards and is accredited with regular cycle (i.e., 8-years), the internal quality review at 48 months and the CFPC and Royal College audits at the 4-year mark are ongoing requirements.

Additional follow-up activities may include:

- Secretariat Consultation
- Limited Accreditation Visit
- Full Accreditation Visit

For further information on the details of follow-up activities, please consult the CACME Rules of Procedure. For CPD offices required to undergo a limited or full site visit, the follow-up is more extensive and, in all cases, when any standard is found to be NC, an action plan must be submitted within twelve months.

The most common follow-up, even for CPD Offices accredited for a full 8-year cycle is r a Status Report on one or more standards. The CACME may request a Status Report on any standard rated as PC or NC. Status Reports are reviewed at 24, 48-- , 72- or 96-months (as recommended by the CACME), and new accreditation actions can be taken at any of these intervals.

What is required for an Internal Quality Review (IQR)?

The IQR is a required quality improvement exercise occurring near the mid-point of the 8-year accreditation cycle. Detailed requirements are found in CACME Standard 4.1.1. The scope of the IQR is at the discretion of the CPD dean in consultation with the Dean of the medical education program but it must be aligned with one or more CACME standards, must involve an outside reviewer and must result in quality improvement recommendations that are shared broadly within the faculty. Required follow-up with the CACME is limited to the completion and submission of a one-page sign-off attestation signed by the CPD dean and the Dean of the medical education program.

What is required for an audit of activities granted CFPC or Royal College credits?

At a minimum, before a full visit (96 months) and again at mid-cycle (48 months), the CFPC and the Royal College each audit a sample of activities where CFPC and Royal College credits were granted by the CPD office. In advance of any audit, the CPD office will be contacted by each college to arrange the details regarding the specific activities to be audited. Following and audit, when the requirements of the CFPC and/or the Royal College is/are not met, an additional audit(s) by the corresponding college(s) will take place within two years. Audits are required by CACME Standard 3.2.

Can CACME decisions be appealed?

Only two types of CACME decisions can be appealed.

An existing accredited CPD Office may appeal CACME's decision on Withdrawal of Accreditation. An office seeking accreditation may appeal CACME's decision to Deny Accreditation.