

Report of the CACME Site Visit of the

DALHOUSIE UNIVERSITY

Office of Continuing Professional Development

April 3-4, 2017

Site Visitors

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The Committee on Accreditation of Continuing Medical Education (CACME) conducted an on-site accreditation visit at the Dalhousie University Office of Continuing Medical Education, on April 3-4, 2017. The site visitors were:

Site visitor 1:
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Site visitor 2:
 Dr. Karen Smith
 Associate Dean, Continuing Professional Development
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Disclaimer

The site visit findings that follow represent the professional judgment of the team that visited the Office of Continuing Professional Development at Dalhousie University on April 3-4, 2017, based on the information provided before and during the visit by CACME. The CACME may come to differing conclusions when it reviews the team’s report.

Abbreviations

ADS	Academic Detailing Service
AE4Q	Aligning Education for Quality
CAT	Clinician as Teacher
CHP	Community Hospital Program
CME	Continuing Medical Education
CMPA	Canadian Medical Protective Association
CPD	Continuing Professional Development
CPSNS (also CPSPEI and CPSNB)	College of Physicians and Surgeons of Nova Scotia
DME	Division of Medical Education (renamed Medical Education Research and Innovation in amalgamation)
FTE	Full Time Equivalent
iCAT	CAT program training for instructors of CAT
IMRAT	RAT program designed specifically for internal medicine trainees
KATIE	Evidence evaluation program which calculates relative risk, absolute risk, harms, numbers needed to treat/harm
MEI	Medical Education Institute
MERI	Medical Education Research and Innovation
PG	Post Graduate
R2C2 model	Acronym for a framework for feedback and coaching involving Rapport Building, Exploring Reactions, Exploring Content, and Coaching for Commitment to Change
RAT	Resident as Teacher
SSHRC	Social Sciences and Humanities Research Council
TACT	Teaching and Assessing Critical Thinking
UG	Undergraduate
WCB	Workers Compensation Board

Preamble

Continuing Professional Development, Dalhousie University was previously surveyed May 2012. At that time, four standards were found to be in partial compliance: standards 1.1, 1.2, 1.3, and 3.3. These were fully addressed by November 2014; although CACME made the recommendation that the five required elements within standard 1.1 be comprised in a document stating the goals and objectives of the CME/PD office.

The survey team wishes to express their thanks to Dr Connie LeBlanc, the faculty and staff in the Office of CPD for their succinct and focused self-study report. It was a pleasure to read. We also thank them for the organization of the on-site visit and the logistical arrangements. We also thank all of the physicians and staff who met with us in person or through audio or videoconferencing. We were able to talk to Dean Anderson; members of the CPD committee; members of planning committees; the community coordinators; those involved with faculty development, research, and academic detailing; office staff; conference planners; the Associate Deans for UG, PG, research and the Senior Associate Dean-Education; external stakeholders; and members of the Department. We were disappointed that input from physician learners was not available to us during the two-day visit (only one of seven scheduled for the learners/participants meeting attended) nor did we meet with any department heads.

The Office is comprised of three units: Continuing (CME), Faculty Development, and Medical Education Research and Innovation (MERI). At the time of the previous visit in 2012, Faculty Development had just been incorporated into the Office. Faculty Development is now fully integrated at this time and the people we spoke to appeared to regard the integration as fairly seamless and an integral part of CPD. More recently in late Fall 2016, a decision was made to incorporate the Division of Medical Education, now termed Medical Education Research and Innovation (MERI) into CPD. Work is underway to integrate the current faculty and staff into the unit as well as to prepare for the recruitment of two new tenure track faculty members to replace two senior faculty members who will retire in June 2017.

Strengths

- The Associate Dean is enthusiastic and uniformly well regarded by staff, faculty and stakeholders at Dalhousie and Maritime Canada.
- Faculty and staff associated with each of the three units (CME, MERI, and Faculty Development) are capable, knowledgeable and resourceful.
- There are CPD leaders who have been in place for extended periods of time along with some newer recruits (1-2 years) providing depth to the organization, excellent networks, and trust in CPD to support physician and other health care professional learning across the medical education continuum.
- The Office is well supported and valued within the Faculty but also across the Maritimes by health professionals and stakeholder organizations such as Doctors Nova Scotia (DNS), the College of Physicians and Surgeons of Nova Scotia (CPSNS) and the Workers Compensation Board (WCB).
- External stakeholders see the Office as a valued partner in meeting their own initiatives and regularly approach the Office for their expertise.
- The Academic Detailing Program is unique and highly valued and has demonstrated its support for physician learning and behavior change since its inception in the early 2000's.
- There is demonstrated leadership and productivity in education research within the office, which has now been enhanced with the amalgamation with DME.
- The Community Hospital Programs (CHP) is a real strength and offers locally-based learning drawing on regional expertise and faculty from Dalhousie, and is well supported by the CPD Office.

- The Office is well positioned to develop teachers and physician leaders in postgraduate trainees and practicing physicians.

Areas for improvement

- They do comprehensive assessment of learning needs of the projected target audiences but the dissemination of the needs assessment is not systematic across programs and planning committees. Consideration should be given to ways that the information obtained can be made more readily accessible.
- There is a need to monitor the integration of the MERI faculty and personnel within the CPD Office and ensure new recruitment optimizes the Faculty Strategic Plan.
- Funding for the Community Hospital Program and the webinar series is in transition from Doctors Nova Scotia to the Nova Scotia Department of Health as part of recent physician income and benefit negotiations. This funding will need to be monitored to ensure continuance of ongoing funding.
- The Office is dependent on the good will and personal interactions of a small core group of committed faculty and CPD leaders.
- There are few programs other than faculty development designed to meet the needs of specialists.

Summary of Team Findings:

There were no areas of non- or partial compliance. All standards achieved compliance or exemplary compliance.

Accreditation Standards

1. Overarching purpose: Responding to societal needs

- 1.1** *The CME/CPD office has a formally approved written mission statement and/or goals and objectives document that:*
- *Defines the role of CME/CPD in the university and for the communities it serves*
 - *Is driven by a consideration of the health needs of these communities*
 - *Defines its role in strengthening the quality of life-long education of physicians and other health professionals*
 - *Describes the office's purpose, goals, major functions, and target populations*
 - *Is congruent with and supported by the mission statement of the Faculty of Medicine / Health Sciences*

Site visit team Findings:

As noted in several documents,

- The Mission of CPD is to promote excellence in health care through facilitation of life-long learning, collaboration and research. We aim to provide current, evidence based educational opportunities for physicians and other healthcare professionals in all Maritime locations.
- The Vision is to be recognized as leaders in professional development, gain momentum in faculty development, promote innovation in educational practices, and conduct education research in the pursuit of new knowledge and its translation into practice. By striving for excellence, forging strong relationships with clinical milieus, and serving healthcare professionals and teams, we aim to improve the quality of care in the Maritimes.

This mission and vision

- Define the role as focused on physicians and other health care professionals in all Maritime locations.
- Are driven by a consideration of the health needs through a perceived needs assessment of the target population every two years and through course evaluations from each course. Unperceived needs are determined through CMPA review materials; meetings with the regulatory Colleges in PEI, NB, and NS; prescribing data; NS Health Authority hospital complaints, and other sources. Data from these sources are analyzed thematically and synthesized for use by Office leadership. This compilation has enabled the creation of a priority based curriculum map that identifies where various topics will or have been handled over a four year period including incorporation of these topics into large conferences, courses, academic detailing, rounds, webinar series and co-sponsored programs.
- Define the Office's role in strengthening the quality of life-long education of physicians and other health professionals.
- Describes the office's
 - purpose as excellence in health care through facilitation of life-long learning, collaboration and research,
 - goals as recognition as leaders in professional development, gain momentum in faculty development, promote innovation in educational practices and conduct education research in the pursuit of new knowledge and translation into practice.
 - major functions as facilitation of life-long learning, collaboration and research, and
 - target populations as physicians and other healthcare professionals in all Maritime locations.

This work on the Vision and Mission addresses the final recommendation by CACME in the 2014 transmittal letter that the “five required elements outlined in standard 1.1 be comprised in a document stating the goals and objectives of the CME/PD office.” The Mission was approved by the Education Council August 2014. The Vision was approved November 2014. This is the operational approval body under the Dean. Consideration could be given to whether the Mission and Strategic Plan might also be shared at Faculty Council for more fulsome input.

The Mission and Vision are in alignment with the Faculty’s

- Mission of *inspiring and enabling excellence in health care through its medical education and research programs and by serving and engaging society* and
- Vision of *international leadership in medical education and research, responsive to health needs across the Maritimes.*

Evaluation criteria

Non-compliance:	There is no written mission statement or goals and objectives document.
Partial compliance:	There is a written mission statement and/or goals and objectives document that is either in development, does not include all the listed elements, is otherwise incomplete, or has not been formally approved by the Faculty of Medicine / Health Sciences.
Compliance:	There is a written mission statement and/or goals and objectives document that includes all listed elements and has been formally approved by the Faculty of Medicine / Health Sciences.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office regularly evaluates and revises the mission statement and/or goals and objectives document as part of a continuous quality improvement process.

Site visitor Evaluation : Compliance

<p>1.2</p>	<p><i>The CME/CPD office has developed a long-term strategic plan (e.g. 3-5 year) that:</i></p> <ul style="list-style-type: none"> • <i>is based on its mission statement and/or goals and objectives document</i> • <i>addresses defined target populations of learners</i> • <i>includes defined policies and mechanisms for prioritizing goals and objectives</i> • <i>describes specific CME/CPD activities that can be shown to contribute to the objectives</i> • <i>has defined measurable goals to allow for the assessment of achievement</i>
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Site visit team Findings:

The strategic plan is designed to be a long-term plan. It contains targets for short (6-12 months), medium (12-30 months), and long term (30-60 months).

It begins with mission and vision and is thus based on the mission statement which identifies the strategic directions and key initiatives in three core areas:

- administration (technology enhancement/infrastructure development; partnerships)
- program enhancement (application of best practices; extension into the clinical milieu; and program evaluation)
- research and scholarship

The three core areas elaborate on and are well aligned with the mission and vision. The administrative goals of technology enhancement/infrastructure and partnerships and collaborations particularly identify a mechanism for achieving the program enhancement and research/scholarship goals. Several activities are identified (e.g., online courses, webinars, use of outcome data, securing funding for research, using Choosing Wisely to demonstrate quality and safety) which will contribute to the objectives. The approach taken to short, medium and long-term goals allows for the assessment of achievement. They have clearly identified initiatives that are revenue negative, revenue neutral, and revenue generating as a mechanism for clarifying goals.

The strategic plan is reviewed annually as evident from the summary reports provided for 2015 (1-6 month review), and 2016 (2-6 month reviews). The Faculty of Medicine has also developed a unique risk assessment template that considers potential risks including those associated with cancelling events, industry competition, and grants along with their risk mitigation plan for each risk. Those reports provide evidence of goals and activities met that year (Strategic Periodic Reassessment Reports). These reports are the result of the work of the 3 standing committees in CPD: the Directors Group, The Administrators Group and the CPD Advisory Committee. These reports are shared with the Dean’s Executive and in an annual report to Faculty Council to ensure alignment with Faculty goals.

With the amalgamation of DME with the CPD Office they have completed a facilitated retreat in February 2017 to develop and align their existing Mission and Strategic Plan, which is now circulating for broader consultation to integrate DME with the Office of CPD.

Evaluation criteria

Non-compliance:	There is no long-term strategic plan or there is a plan that is either not linked to the CME/CPD office’s mission and/or goals and objectives or to defined target populations of learners.
Partial compliance:	There is a long-term strategic plan which is either in development or incomplete or lacks a process to prioritize goals and objectives.
Compliance:	There is a long-term strategic plan linked to the CME/CPD office’s mission statement and/or goals and objectives document and a process to develop and prioritize goals, objectives and specific CME/CPD activities.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office is able to demonstrate an ongoing prioritization of goals, objectives and activities that is based on a response to societal health needs within specific health system contexts.

Site visitor Evaluation : Compliance

1.3 *The CME/CPD office has a defined ongoing evaluation process to ensure its long-term strategic plan and objectives are being met.*

Site visit team Findings:

The strategic plan identifies the objectives and at each 6 month review, the Office, with administrative and physician co-leads for each of CME, Faculty Development and MERI, establishes whether objectives have been met. If not met, there is further discussion at the annual directors’ retreat to determine whether they should be maintained as objectives or if they have been superseded by new initiatives. There is a

clear checklist articulation of goals met. As noted in the previous section, they also have a risk assessment/mitigation plan for the Office.

Further individual program areas are assessed annually. For example, there are project charters with key deliverables, milestones, and evaluation plans for several programs including: Aligning Education for Quality (AE4Q); the Speaker Coaching Program; and the planned Professional Improvement Portfolio with the CPSNS. Additionally, there have been thorough evaluations of the Academic Detailing Service (ADS) as well as for courses. Their comprehensive biannual needs assessment 360 process includes their annual surveys, a review of participant feedback and suggestions, feedback from the regulatory authorities, hospital complaint input, CMPA data and patient focus group interviews. These data inform the strategic plan and its changes.

Through the ADS and its outreach to physicians about medication and treatment, the Office has been able to demonstrate an intervention that has had an impact on health and health care. The ADS has demonstrated that their work impacted on prescription rates of fluoroquinolones and are currently implementing another evaluation to look at rates of use of epinephrine in anaphylaxis which is another topic covered in the ADS. The strategic selection of topics for the ADS will enable the monitoring of their impact in this program on an ongoing basis.

Evaluation criteria

Non-compliance:	There is no process to measure the overall effectiveness of the CME/CPD program in achieving its strategic plan or goals and objectives.
Partial compliance:	The process to measure the overall effectiveness of the CME/CPD program is limited in scope with episodic attempts to adjust activities accordingly.
Compliance:	The process to measure the overall effectiveness of the CME/CPD program is aligned with the strategic plan and goals and objectives and is reviewed on a regular basis.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has a process to assess changes to local population health needs, health care interventions and/or practice outcomes, and uses this to drive its strategic activities.

Site visitor Evaluation : Exemplary Compliance

2. Scope of activities

2.1 The CME/CPD office provides a variety of educational activities and services appropriate to the needs of its target audiences including physicians and, as applicable, other health care providers.

Site visit team Findings:

The Office provides a diverse array of large group, small group and individual learning opportunities. Some of the larger programs are annual programs, which have been available for many years (e.g., Family Medicine, ER and Therapeutics refresher courses). Others are more recent and have developed as the needs and opportunities have changed (e.g., Annual Choosing Wisely Conference). While many programs are for family physicians, they co-develop a few programs in areas such as interdisciplinary stroke care, hospitalist program, long-term care, ophthalmology, cardiology, and rheumatology for other health care professionals and Royal College specialists. They provide face/face opportunities as well as

webinars. At the small group level, they support programming for community hospitals, academic detailing group sessions, and faculty development/leadership development programs. At the individual level, they work with the College of Physicians and Surgeons of Nova Scotia to support remediation and the peer review process. They also provide traineeships. They have a speaker-coaching program. They are able to use their multiple approaches to programming to meet needs as identified through their annual needs assessments, collaborations with the Nova Scotia Department of Health, College of Physicians and Surgeons of Nova Scotia (CPSNS), and CMPA. They are seen to be a reliable and expert educational resource given their longstanding collaborations with all these groups. In addition to having a focus on CPD, the Office now brings together Faculty Development and MERI; this enables them to offer several educational programs (e.g., Annual Maritime Medical Education Institute; Emerging Leaders in Academic Medicine, Speaker Coaching) as well as to support the development of teaching skills for residents.

The programming addresses the needs of learners in all relevant areas for academic and community practitioners and encompasses all CanMEDS competencies. Programming is offered in a variety of formats including synchronous, asynchronous, online, webinar, small group, large group, individual preceptorships, coaching and simulation. They are also including simulation to enhance skills embedded as parallel sessions within some small and large courses. In other courses, they are working with other organizations (e.g., Canadian Association for Emergency Physicians and its Airway Intensive Management course) to include these courses as pre-conference events to ensure that learning in these areas is locally available. This multimodal availability of programming respects the needs of busy practitioners to access resources in the format that is most congruent with their needs. Evidence of this is that some of the participants in some of their online programming are from across Canada and the US.

The Office is seen as an expert within the Faculty of Medicine, within the Faculty of Health Professions (Nursing, Pharmacy and other health disciplines), and beyond. Their Faculty Development programs are regularly attended by faculty from the Faculty of Health Professions. They are regarded by Workers Compensation Board, the CPSNS, Doctors Nova Scotia, and other groups as the unit to approach to address outreach to physicians, obtain educational and research support for initiatives, and as partners in new and innovative directions. It is to be noted that the Office has achieved considerable success with its faculty development work where they have developed the resident as teacher (RAT), clinician as teacher (CAT) and Teaching and Assessing Critical Thinking (TACT). Leadership courses are designed to meet the needs of several groups of learners and faculty across Maritime Canada and are offered in a modular way using distance education technology.

Evaluation criteria

Non-compliance:	The variety of educational activities and services is so limited that the office could meet few, if any, educational needs of identified target audiences
Partial compliance:	The variety of educational activities and services is limited but could meet some educational needs of identified target audiences.
Compliance:	There is a good variety of educational activities and services that are able to meet a wide range of educational needs of identified target audiences.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office reaches out to other CPD providers, especially within the Faculty of Medicine / Health Sciences, to collaborate and to offer its services as an expert educational resource.

Site visitor Evaluation : Exemplary Compliance

2.2 The CME/CPD office is integrally involved in the education affairs of the Faculty of Medicine / Health Sciences, particularly those that relate to the continuum of medical education.

Site visit team Findings:

The Office currently includes CME, Faculty Development and most recently Medical Education Research and Innovation (MERI, previously named the DME). The Faculty in conjunction with the Associate Dean has continued to examine the role of the CPD Office within the Faculty. The most recent example of this type of reflection is the addition of MERI to the CPD unit in 2016. In 2012, Faculty Development was added to the unit. The CPD Office strategic plan and its annual updating also demonstrate the iterative nature of planning within the Office and within the Faculty’s strategic plan (2016). For example, both medical education research and faculty development are clearly identifiable priorities within the Faculty’s Strategic Plan (2016).

The Office is integrally involved in and supports education along the entire continuum. With the addition of Faculty Development and MERI (which encompasses communication skills, humanities, critical thinking and medical education research), the amalgamated office is larger. Its faculty are involved in several committees that span the continuum including: the Conflict of Interest and Industry Relations Committee, Promotions Committee, Social Accountability Committee, Education Council, Faculty of Medicine Strategic Planning Committee and the Undergraduate Medical Education Committee. The Office is responsible for several PGME activities (e.g. resident as teachers training, the development of a PGME Community of Scholars to support educational research). They support leadership training across Maritime Canada. The Office’s involvement encompasses all phases of medical education and educational development including planning, delivery and evaluation and translates knowledge from one area to other areas. For example, the feedback and coaching R2C2 Model originally tested with practicing physicians in Nova Scotia, Ontario, and New Jersey; was adapted for use by the CPSNS for physicians undergoing peer review; and informed a 3 country/5 residency program study. It is currently being adopted by residency programs at Dalhousie and other Canadian and US sites. R2C2 has been adapted and adopted for use by CPSBC and CPSA for their peer review and group review programs.

Additional evidence of how the CPD Office regularly revises its relationship to the education affairs of the Faculty can be found in the recent amalgamation of the DME unit with the CPD Office. CPD has assumed responsibility for leadership development and developing a collaborative network for education and research, which are core areas in the Faculty’s strategic directions.

Evaluation criteria

Non-compliance:	The CME/CPD office is not involved in any meaningful way in the education affairs of the Faculty of Medicine / Health Sciences beyond its own activities.
Partial compliance:	The CME/CPD office is involved infrequently or superficially in the education affairs of the Faculty or there is no involvement in faculty development, especially as it relates to CME/CPD teachers.
Compliance:	The CME/CPD office is consistently and integrally involved in the education affairs of the Faculty, including in faculty development.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office regularly reviews, evaluates and revises its relationship to the education affairs of the Faculty.

Site visitor Evaluation : Exemplary Compliance

2.3 *The office appropriately and consistently respects and applies the standards of applicable national and provincial CME/CPD accreditation systems for the granting of CME credits.*

Site visit team Findings:

The Office has clearly articulated approaches to ensure that the programs it develops meet criteria for accreditation. They also have clear approaches and expectations for programs they do approve for accreditation. While they will work with groups in a formative way to help them achieve accreditation, they will also refuse accreditation when groups can't meet the standards for accreditation. They have written policies and procedures. In addition to written policies and procedures, they assure compliance with national and provincial standards through

- Having Dr Michael Fleming, lead for the Continuing Medical Education section of CPD, serve on the planning committees for the major conferences.
- Having Dr Michael Fleming review all applications for accreditation following an administrative review by office staff experienced in accreditation standards.
- Providing clear information and guidelines through their website, on applications and in their discussions with planning committees.
- Training for the physician coordinators who lead the community hospital program
- Providing formative feedback to program planners.
- Substituting and removing speakers who don't comply with their COI guidelines and provide appropriate declarations of COI.
- Having appropriate quality control mechanisms where staff and faculty randomly attend educational programming to ensure guidelines are followed and providing follow up when breaches are made after approval (e.g., slides lacking appropriate disclosure).

They are seen as experts by many of the clinical departments at the university assisting with program development and accreditation. They have not evaluated the policies and procedures as required for exemplary compliance.

Evaluation criteria

Non-compliance:	The CME/CPD office does not have written policies or procedures for developing and/or reviewing and approving programs under the credit systems developed by national or provincial CPD organizations and fails to apply the standards correctly.
Partial compliance:	The CME/CPD office is creating or has incomplete written policies and procedures for developing and/or reviewing and approving programs that meet the accreditation standards of national or provincial CPD credit systems or inconsistently applies the standards of these systems.
Compliance:	The CME/CPD office has developed and implemented written policies and procedures for developing and/or reviewing and approving programs that meet the accreditation standards of national or provincial CDP credit systems and consistently applies the standards of these systems correctly.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has evaluated its policies and procedures, implemented quality control strategies and mechanisms, and consistently provides formative feedback to applicants regarding their program submitted for credits.

Site visitor Evaluation : Compliance

2.4 The CME/CPD office promotes and supports self-directed learning.

Site visit team Findings:

The Office demonstrates its commitment to self-directed learning through several programs

- Collaboration with the CPSNS in the development of a CPD self-assessment and needs identification tool that has been underway since Sept 2015 and will be piloted in 2017.
- Provision of Level-2 credits for Academic Detailing Service visits as well as selected faculty development programs that develop individual skills and abilities.
- Traineeships for physicians who self-refer for additional training or are referred by one of the Maritime Colleges
- Speaker coaching is made available for speakers who agree to be assessed, which provides real time assessment and feedback for speakers presentations
- Remediation when requested by the CPSNS and CPSPEI
- Supporting the CPSNS in its new peer review process by drawing on the R2C2 model of feedback and coaching.

Additionally, the evaluations for all educational programs have questions designed to stimulate reflection on practice and changes to practice, identifying key learning points or pearls and also contemplating potential barriers to implementation. Participants are encouraged to participate in Linking Learning to Practice or to submit documentation for RCPSC section 3 credits.

There are several examples of how their evaluations have led to revised and improved services to enhance self-directed learning. These include:

- the revision and updating of the Academic Detailing Service's selection of topics and incorporation of measurable outcomes (e.g., antimicrobial stewardship and use of epinephrine in anaphylaxis in the emergency department).
- follow-up on 'previous' topics by Academic Detailers when visiting with a new initiative which reiterates key learnings and also updates topics with respect to new information
- the use of the R2C2 model which was developed and used in conjunction with the Nova Scotia Physician Achievement Review (NSPAR) program which was discontinued in 2015. Learnings from that work is now informing the new peer review coaching process and is currently being used to train coaches/facilitators for the new program.

Evaluation criteria

Non-compliance:	The CME/CPD office offers no education services that would support or promote self-directed learning
Partial compliance:	The CME/CPD office offers a limited number of education services that support or promote self-directed learning.
Compliance:	The CME/CPD office offers multiple education services that support or promote self-directed learning.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has demonstrated how it has evaluated and revised its services to enhance or promote self-directed learning

Site visitor Evaluation : Exemplary Compliance

2.5 *As an academic unit, the CME/CPD office engages in research and innovation that contribute to the discipline of CME/CPD.*

Site visit team Findings:

There is clear evidence of research activities evident by

- The lengthy list of original peer-review publications authored by Joan Sargeant, Anna MacLeod, Connie LeBlanc, Patrick Croskerry, Lara Hazelton and others. These publications span both medical education journals (e.g., Academic Medicine, Journal of Graduate Medical Education, Teaching and Learning in Medicine, Journal of Continuing Education in the Health Professions) as well as clinical journals (e.g., Academic Psychiatry, Emergency Medicine Journal, Canadian Journal of Neurological Sciences)
- National and international presentations by Joan Sargeant, Anna MacLeod, Connie LeBlanc, Patrick Croskerry and others. These workshops, oral and poster presentations span both medical education (e.g., Canadian Conference on Medical Education, Choosing Wisely Canada, Association for Medical Education in Europe, International Conference on Residency Education, World Congress on CPD) and medical conferences (e.g. Society for Acute Medicine, Stanford Pediatrics Medical Education Day)
- Grant funding from SSHRC (Anna MacLeod) and the Stemmler Fund of the National Board of Medical Examiners (Joan Sargeant) as well as local funding.
- Funding for the Academic Detailing Program
- Collaborations with other researchers funded through the Society for Academic Continuing Medical Education to look at CME terminology.

Similarly for innovations, the evidence of activity is demonstrated by activities that include:

- Speaker coaching program whereby one of the planning committee members provides real time feedback to a faculty member following a presentation at a conference using a standardized format.
- Posters from community-based family physicians at refresher courses outlining success the physicians have had.
- Interdisciplinary Academic Detailing/Choosing Wisely annual program.

Current research directions focus on programming that serves the continuum of medical education in areas where there is interest and faculty expertise. The Faculty provides funding for the researchers and two research associates working on these initiatives. This work includes:

- Quality Improvement Research and Choosing Wisely Canada (e.g., Try-Try-Apply); Aligning Education for Quality (Ae4Q) with its sepsis project and use of quality improvement data to inform change in areas like surgical waiting times, OR times, infection rates, complications and return to work.
- Academic Detailing Service Evaluation
- Education research led by Anna MacLeod on Sociomaterial approaches to examine the development of professional identity in simulated learning contexts with a focus on differences between distributed campuses and by Joan Sargeant on self-assessment and the R2C2 model of delivering feedback.

In addition to participating and leading in scholarship in the office, the CPD Unit encourages and mentors other faculty and presenters in a scholarly approach to education with activities such as encouraging presentation of evidence informed material in all presentations, the dissemination of the KATIE tool (to assess the quality of evidence for speakers presentations which will calculate relevant statistics for

presentations such as number needed to treat and produce powerpoint slides), and the R2C2 which is being used internally for feedback and coaching in post graduate medical education programs.

Evaluation criteria

Non-compliance:	The CME/CPD office is not involved in any meaningful way in research and innovation.
Partial compliance:	The CME/CPD office is involved in some way in developing or participating in scholarly activities related to CME/CPD or is involved in research that is not consistent with its mission or goals and objectives.
Compliance:	The CME/CPD office regularly participates in various scholarly activities that are consistent with its mission or goals and objectives. There should be at least some involvement in conducting original research.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has an established and resourced program of research and innovation and consistently contributes to the discipline of CME/CPD through presentations at national and international meetings and publications in peer reviewed journals.

Site visitor Evaluation : Exemplary Compliance

3. Planning and implementation of education programs

3.1 *The planning, curriculum design and implementation of the CME/CPD activities organized or co-developed by the CME/CPD office include needs assessment strategies. These involve intended participants and should address their practices and relevant population health issues.*

Site visit team Findings:

The Office undertook a formal review of its needs assessment process in 2016. They do a needs assessment every two years. The resulting report, Needs Assessment for Practicing Physicians in the Maritimes, identified

- perceived learning needs for Maritime physicians (2014-2016 Dalhousie CPD conference evaluations)
- unperceived learning needs for maritime physicians (data provided through various health organizations, NS Health Authority patient complaints, the three regulatory authorities, and CIHI data)
- barriers that prevent knowledge translation and suggestions for enhancing program delivery/content (2014-2016 Dalhousie CPD conference evaluations, patient data)

This analysis has been used to inform program development and planning at all levels including content as well as processes. For example, they have standards for conference presentations, strategies to encourage effective audience participation, and support for individual presenters who want feedback on their presentations.

In addition to the broader needs assessment informing the direction of the office, they insist on needs assessment data in the planning of all individual programs. The needs assessment examples suggested to planning committees on standardized application forms are appropriate and comprehensive.

They frequently use the Delphi technique to refine lists of potential topics in planning large group conferences to ensure the topics are aligned with healthcare professions perceptions of needs. They also recognize the importance of adding topics that may not be as readily identified (e.g., topics from their social accountability mandate such as poverty, refugee and indigenous health).

Evaluation criteria

Non-compliance:	The CME/CPD office makes little attempt to identify either perceived or unperceived needs of identified target audiences.
Partial compliance:	The CME/CPD office attempts to identify the learning needs of identified target populations but this is mainly limited to perceived needs.
Compliance:	The CME/CPD office routinely identifies the learning needs of identified target populations integrating a variety of strategies to assess perceived and unperceived needs.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office evaluates the accuracy or impact of its needs assessment strategies in promoting performance or practice change.

Site visitor Evaluation : Compliance

3.2 *The planning, curriculum design and implementation of the CME/CPD activities organized or co-developed by the CME/CPD office include the formulation of learning objectives and the use of methodologies, which address the identified needs.*

Site visit team Findings:

Learning objectives follow the needs assessment. As noted earlier, their needs assessments come from a fairly elaborate system involving surveys of potential participants as well as data from several organizations. They have plotted key topics on curriculum maps along with the programming areas where the topics have or will be covered. Learning objectives for each course are developed by a planning committee, which also determines the best delivery method to translate the message(s) most effectively. This is followed by an iterative process with the speaker to refine the learning objectives guided by the chair of the planning committee and the office staff.

They attain exemplary status based on having learning objectives that address a full range of competencies and content areas and incorporate innovative instructional methods. For example, the office offers

- courses that map out the CanMEDS competencies in the learning objectives
- pre-conferences to cover topics and skills like airway management and casting
- workshops within conferences to address skills such as slit lamp examination, point of care ultrasound, critical conversations with simulated patients
- opportunities to practice communication skills (e.g., there were six 10 minute stations with simulated patients within the Try Try Apply course which incorporates the content of Choosing Wisely).

Evaluation criteria

Non-compliance:	The CME/CPD office does not provide learning objectives and there is no relationship between the learning objectives and the instructional methods selected.
Partial compliance:	The CME/CPD office does not consistently provide appropriate learning objectives or it does not consistently link the instructional methods to the learning objectives.
Compliance:	The CME/CPD office consistently provides appropriate learning objectives and these are linked both to the identified needs and to the instructional methods.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has developed a range of learning objectives beyond the medical expert role and/or developed innovative instructional methods across a range of competencies or content areas.

Site visitor Evaluation : Exemplary Compliance

3.3 *The planning, curriculum design and implementation of the CME/CPD activities organized or co-developed by the CME/CPD office include the development of content that is both consistent with the defined learning objectives and has scientific validity, integrity and objectivity.*

Site visit team Findings:

The Office ensures that all educational programs have learning objectives and the content matches the learning objectives, which are informed by the needs assessment. Faculty have an opportunity to review and discuss the learning objectives with the course chair and modifications may be made. While relying on the integrity of faculty to ensure presentations are scientifically appropriate, they also provide training around evidence for their courses and query course registrants about the scientific base of presentations in their evaluations. Each speaker also provides disclosure information. Learning needs and objectives are communicated to speakers and they are instructed to consider scientific validity, integrity and objectivity of content through templated and comprehensive correspondence from the office. This correspondence incorporates resources that deal with copyright, conflict of interest, bias, scientific validity and knowledge translation tools (for example the Katie program which will calculate relative risk, absolute risk, harms, numbers needed to treat/harm). They also review presentations in advance to ensure they comply with conflict of interest requirements. The evaluation processes afterwards provide feedback on content that did not meet course objectives, perceived bias, and assessment of validity. In addition, office staff and faculty regularly and randomly audit live programs as a quality process.

Evaluation criteria

Non-compliance:	The CME/CPD office does not communicate identified needs and learning objectives to speakers and there are no attempts to encourage them to consider the scientific validity, integrity and objectivity of the content they present.
Partial compliance:	The CME/CPD office either makes some attempts to communicate identified needs and learning objectives to speakers and/or there are some attempts to encourage them to consider the scientific validity, integrity and objectivity of the content they present.
Compliance:	The CME/CPD office consistently communicates identified needs and learning objectives to speakers and instructs them to consider the scientific validity, integrity and objectivity of the content they present.

Exemplary compliance: In addition to meeting the criteria for compliance, the CME/CPD office has implemented a process of content review prior to a CME/CPD event or implemented an audit process during or after the CME/CPD event.

Site visitor Evaluation : Exemplary Compliance

3.4 *The planning, curriculum design and implementation of the CME/CPD activities organized or co-developed by the CME/CPD office include an evaluation process linked to the identified learning needs and the defined learning objectives.*

Site visit team Findings:

Each course has an evaluation. The evaluations query whether the program as a whole met the intended objectives and whether the learner’s objectives were met. As well each presentation is reviewed to ensure that content was consistent with stated objectives; the instructor’s knowledge of subject matter was appropriate; information was presented clearly; instructional aids were used appropriately and the information presented was useful. Participants are asked which CanMEDS roles were covered as well as for the pearls they gained. They are also asked to “list three changes you intend to make in your practice as a result of having attended this program. In about three months, we will provide a compiled list of intended changes to all participants via email and ask you to let us know, anonymously, which of the changes you have made.” This last question related to changes actually made, is one approach to measuring the impact on physician performance and practice improvement.

In the Academic Detailing Service, the office has measured the impact on physician performance in antimicrobial stewardship and have plans to look at the use of epinephrine. The office is encouraged to expand the assessment of physician performance and practice improvement to the evaluation of other programs that it offers.

Evaluation criteria

Non-compliance:	Evaluation is limited or inconsistently assesses whether the needs or learning objectives were met for individual CME/CPD events.
Partial compliance:	Evaluation of individual CME/CPD events is primarily focused on participant satisfaction with the program or self-report of the degree to which the program met their needs or the achievement of the defined learning objectives.
Compliance:	At least some of the time, the evaluation of individual CME/CPD events includes an assessment of changes in competence (knowledge, skills, attitudes) and the effect of this on the process and/or outcomes of care.
Exemplary compliance:	In addition to meeting the criteria for compliance, the evaluation of individual CME/CPD events measures the impact on physician performance or practice improvements.

Site visitor Evaluation : Compliance

3.5 *The CME/CPD office has a duly approved policy to guide its relationships with external entities. The policy explicitly describes how the office reduces and/or manages real and perceived conflicts of interest.*

Site visit team Findings:

Conflict of interest is clearly a priority for the CME/PD office and for the Faculty. There are clear written policies that guide COI, dated 2011, and these are based on national standards. The Office plays a leadership role in managing relationships with industry across the Faculty. This is evident from the role that Dr LeBlanc plays in developing its Guidelines for the relationship and in providing expert advice when issues arise. The CPD managing director is responsible for all solicitation of support and agreements with industry and other partners. Funded programs are developed by a planning committee without representation of funding agencies. Speakers submit disclosure forms pre-event. Those who fail to include the disclosure slide within their presentations are provided with a disclosure slide on-site and asked by the office to address COI in their presentation. There is an on-line COI relationship with industry disclosure form for all Dalhousie faculty to complete annually. Members of the CPD team are present at sessions when possible and observe for slides, comments or other content that reflect bias. In addition, learners are routinely asked if there is a perception of bias on evaluations.

As Canadian CME providers move to implement the National Standards for the Support of CPD by Jan 2018, the office should make their audience aware of these even though Dalhousie has implemented a standard that is more rigorous.

Evaluation criteria

Non-compliance:	The CME/CPD office has no written policies which define or guide its relationships with external entities.
Partial compliance:	The CME/CPD office has written policies which define or guide its relationships with external entities but has not consistently implemented these policies in planning or co-developing individual CME/CPD events.
Compliance:	The CME/CPD office has developed and consistently implemented written policies that define or guide its relationships with external entities in planning or co-developing individual CME/CPD events.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has demonstrated how it has reviewed and evaluated the impact of its policies in minimizing external bias.

Site visitor Evaluation : Compliance

4. Organization and administration

4.1 *The CME/CPD office has an organizational and decision-making structure designed to fulfill its mission, goals and objectives.*

Site visit team Findings:

The Office structure has 3 components related to the three functions of

- CME/CPD

- Faculty Development and
- Medical Education Research and Innovation (MERI)

Each of these 3 main portfolios has a faculty member and office staff as co-leads, who report directly to the Associate Dean. The Associate Dean reports, as do the UME and PGME Associate Deans, to the Senior Associate Dean—Education, in the Faculty.

The activities for CME include large group, small group, co-sponsored programs, CHPs, webinars, ADS, online CME and consulting.

The activities for Faculty Development include webinars, TACT I, TACT II, Emerging Leaders in Medicine (ELAM), MEI, RAT, CAT, iCAT, IMRAT.

The activities for the MERI include critical thinking, quality care, medical education research, and distributed learning.

There are standing committees within the Office including the Directors’ Group Committee, the Administrators’ Group, course planning committees and the CPD Advisory Committee. These committees review and support the work of the Office.

The administrative management within the office is appropriate and responsive. The activities being undertaken by staff are clearly in alignment with the Office’s mission, goals, and objectives as outlined in the strategic plan. Staff are encouraged and supported to undertake professional development to enhance their skills. They are also encouraged to participate in campus wide committee work to broaden the influence of the office and increase staff knowledge of University functions.

Evaluation criteria

Non-compliance:	There is no organized infrastructure or administrative management framework.
Partial compliance:	An organizational infrastructure or administrative management framework is undefined or is incomplete, inconsistently applied or not linked to the development or implementation of the office’s mission, goals and objectives.
Compliance:	There is an organizational infrastructure or administrative management infrastructure that is well defined, appropriately positioned within the Faculty’s administration, and consistently supports the development and implementation of the office’s mission, goals and objectives.
Exemplary compliance:	In addition to meeting the criteria for compliance, the office has demonstrated how the organizational infrastructure or administrative management framework continually enhances the development of personnel, resource management, and financial accountability.

Site visitor Evaluation : Compliance

4.2 The CME/CPD office ensures its governance, operations and activities meet accepted professional, ethical and legal standards.

Site visit team Findings:

The Office abides by the governance and operations of Dalhousie University. This provides assurance that governance and operations meet accepted professional, ethical and legal standards.

The Office, in addition, has complementary internal policies and procedures to ensure professional, ethical and legal standards are met. They are guided by the Faculty’s “Guidelines for the Relationship between the Faculty of Medicine and Health Related Industries”. There are clear guidelines related to disclosure of conflicts of interest with industry that are applied and monitored for all courses for both speakers and planning committee members. They do not make lists of course participants available to external groups. Contracts with stakeholders require the signature of the Provost and the Dean of Medicine. Faculty are required to abide by Dalhousie University’s copyright, web posting and privacy guidelines.

They are reviewing policies around social media and looking at developing guidelines. For example, they are exploring the need for faculty members to declare a conflict if they have designed an instructional video and posted this on Youtube as providing links to the Youtube may have an impact on number of site views and the potential to generate revenue. The person posting the video has the potential to gain financially depending on the number of views.

Legally, they have appropriate legal supports and policies to negotiate and execute legal agreements with venues, stakeholders and suppliers, for example Department of Health, Doctors Nova Scotia through to private vendors for audiovisual support at conferences.

Evaluation criteria

Non-compliance:	The CME/CPD office has no written ethical and legal policies governing its operations and activities.
Partial compliance:	The CME/CPD office has incomplete written ethical and legal policies governing its operations and activities or the ethical and legal policies have not been consistently implemented.
Compliance:	The CME/CPD office has developed and implemented written ethical and legal policies governing its operations and activities.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office regularly monitors adherence to and has assessed and enhanced the effectiveness of the office’s ethical and legal policies.

Site visitor Evaluation : Compliance

4.3 The CME/CPD office has and manages sufficient financial resources to fulfill its mission, goals and objectives. This includes and requires support from the Faculty of Medicine / Health Sciences.

Site visit team Findings:

The Office is funded from a variety of sources including

- Funding from the Faculty of Medicine for faculty, support staff, and research associates to develop and assume leadership roles
- Registration fees
- Department of Health (Academic Detailing and Community Hospital Programs)
- Doctors Nova Scotia (Choosing Wisely)
- CPSNS (self-directed learning programs/performance improvement)
- Workers Compensation Boards of the three Maritime Provinces that fund speakers
- Research and evaluation funding (e.g., Stemmler grant, SSHRC funding)
- Industry

The Office is able to meet its financial obligations and return some money each year to the Faculty. They also do in kind work for the Faculty with examples being the Distinguished Leaders in Medicine series, the annual Mini Medical School, and discounted registration fees for faculty at the two annual Refresher Courses. Some additional activities are taken on as ‘in kind’ activities if they align with the strategic plan (e.g., Ae4Q program on sepsis in the ICU).

The Office has a number of initiatives that are innovative and are able to be supported within their mandate, either through external grants (e.g., Academic Detailing) or funding from within the actual programs (e.g., posters at refresher courses).

Evaluation criteria

Non-compliance:	There are inadequate financial resources or fiscal management practices to sustain the mission, goals and objectives of the office.
Partial compliance:	There are limited financial resources or fiscal management practices that can sustain only a portion of the office’s mission, goals and objectives.
Compliance:	There are good financial resources and fiscal management practices to sustain the scope of the office’s mission, goals and objectives, including a clear commitment of support from the Faculty of Medicine / Health Sciences.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office uses its financial resources and fiscal management strategies to foster innovation in continuing professional development and research.

Site visitor Evaluation : Exemplary Compliance

4.4 The CME/CPD office has and manages sufficient academic and administrative human resources to fulfil its CME/CPD mission and objectives.

Site visit team Findings:

The Office has a full complement of faculty and administrative positions to currently manage the work. They draw on people within and outside the Faculty to support their initiatives.

In order to give a sense of the academic and administrative human resource available to the office in broad brush strokes, we have attempted to enumerate the resources in leadership and full time administrative positions. This does not include all the distributed physician resources that support the office in more distributed roles across Nova Scotia and at the New Brunswick campus:

- The Office has at least 3 FTE equivalent physicians who are in leadership roles in all facets of the Office’s operations with appointments that range from .2 to .6 FTE.
- They are recruiting 2 new researchers into tenure track faculty to strategically support the education strategy of the Faculty. These are replacements for anticipated vacancies (evidence of succession planning).
- They currently have 2 full time researchers (Anna MacLeod and Joan Sargeant).
- They currently have 2 full time research associates who contribute to the office mission and objectives
- They have 6 full time support staff in the CME/PD area of the office that support Office courses and learning activities. There are 2 research associates who support research work.
- There are pharmacists working as Academic Detailers across Nova Scotia.

Faculty are given opportunities for advancement and their work is mentored by the Associate Dean. Research associates are guided and mentored by the full time researchers. Office staff are managed and regularly evaluated and mentored by the Office Manager.

Evaluation criteria

Non-compliance:	There are inadequate human resources to plan or implement the office’s mission, goals and objectives.
Partial compliance:	The human resources are only sufficient enough to sustain a portion of the office’s mission or CPD goals and objectives or one of the two defined groups is inadequate or there is no evidence of any personnel management over time.
Compliance:	The human resources are sufficient to sustain the office’s overall mission, goals and objectives and both of the defined groups are adequate and there is some personnel management over time, including some evidence of succession planning.
Exemplary compliance:	In addition to meeting the criteria for compliance, the office has been able to leverage administrative and faculty resources to develop and implement innovative approaches to the planning and development of CME/CPD activities and/or CPD research initiatives.

Site visitor Evaluation : Compliance

4.5 *The CME/CPD office has and/or has access to facility resources sufficient to fulfill its CME/CPD mission, goals and objectives.*

Site visit team Findings:

The Office is located in newly renovated space with capacity for faculty, support staff, storage and other functions. They are co-located with other cogent offices, for example the Dean, Senior Dean and Associate Deans Education. They have a new registration system, which they implemented January 2016. Infrastructure changes with the addition of the New Brunswick campus have enabled access to upgraded meeting rooms and videoconference facilities. While classrooms remain in short supply and are prioritized for degree students, they appear able to find space within hospitals and other facilities. The resources enable them to meet their mission, goals and objectives.

Live programs are run at the University, the hospitals or at the Convention Centre or other venues as needed.

There is a new simulation centre at the Collaborative Health Education Building, but access can be challenging given that CPD Office programs can be cancelled from a booking if the space is required for exams, UGME or PGME activities. This is not unlike other CPD units in the country.

Evaluation criteria

Non-compliance:	Facility resources are either too limited in scope, inadequate, or inconsistently available to support the development or implementation of the office’s mission, goals and objectives
Partial compliance:	Facility resources are reasonable but are only able to support a portion of the office’s mission, goals and objectives.
Compliance:	Facility resources are adequate in scope and quality to support the development and implementation of the office’s mission, goals and objectives.
Exemplary compliance:	In addition to meeting the criteria for compliance, the office has been able to access other resources that allow the implementation of innovative educational methods and formats across a range of topics or activities (e.g. IT systems, simulation labs, etc.).

Site visitor Evaluation : Compliance

4.6 *The CME/CPD office has an effective system to store and utilize records of its decision-making processes, general operations, and learner participation. The office provides documentation of participation to participants when appropriate or requested.*

Site visit team Findings:

The Office complies with policies and procedures established by the University for records retention, privacy and storage. The Office has space to store its records within the CPD office. Research records are stored for 7 years and CPD credit records for 5 years. They maintain accreditation documents. They maintain records of discussions and decisions from meetings of the CPD Advisory Group, the Directors Group, and Administrative Group. Formal policies are stored and accessible to all staff. Minutes of CPD

Advisory Committee meetings are prepared and retained. Staff have position binders that provide information appropriate to their positions.

Participants receive documentation of participation on a routine basis. Participants can also request documentation on a request basis.

Evaluation criteria

Non-compliance:	The CME/CPD office has no established policies and procedures and no system for documentation and/or storage systems of records of decision-making processes or physician participation in CME/CPD events.
Partial compliance:	The CME/CPD office has policies and procedures that are in development, incomplete, or only partially implemented or a limited system for documentation and/or storage systems of records
Compliance:	The CME/CPD office has established and implemented policies and procedures and a system for documentation and/or storage of records of decision-making processes and physician participation in CME/CPD events.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office regularly reviews and revises their policies and procedures related to the documentation and storage of decision-making processes and physician participation in CME/CPD events.

Site visitor Evaluation : Compliance

Summary Statement

The Dalhousie CPD Office continues to be successful. It has demonstrated success in providing educational programs that meet the clinical needs of physicians and other health care professionals in Maritime Canada. The programming in clinical areas is diverse ranging from large and small group learning in Halifax, in community hospitals and through distance education modalities. They also support individualized learning through the Academic Detailing Service and the standardized reflective components of the evaluation adopted for their educational programs. Through their collaborations with CPSNS, they have been able to support assessment and feedback activities. The addition of Faculty Development to CPD has increased their ability to reach more physicians and health care professionals; to support learning across the continuum; and to support learning in areas like leadership and teaching. The addition of the MERI group will enable the Office to provide new types of programming and also enhance and alter the scope of the educational research and evaluation that will be undertaken. The Office has demonstrated strength in educational research and scholarship as evident from the many peer review publications and presentations at national and international meetings it has continuously produced on an annual basis. The scholarly work has informed its own clinician educators as well as educators around the world. The amalgamation of CME/PD with faculty development and the medical education research and innovation group augurs well for the next cycle of accreditation.