

November 26, 2008

Dear Colleagues:

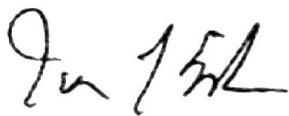
I am enclosing a copy of the final CACME accreditation report for the Office of CEPD that was recently received. As you recall, the accreditation visit was April 7-8, 2008.

I am very pleased with this report and its acknowledgment of the many successful facets of our program. We achieved "exemplary compliance" for most of the CACME criteria and "compliance" with all of the rest.

I would like to thank all of our faculty and staff who participated in the accreditation and also to the many active CEPD providers, administrators and researchers that are contributing to CE delivery and scholarship in the Faculty of Medicine and related Health Science Faculties. I especially want to thank Susan Rock, the Director of CEPD for her incredible contribution to CEPD in the Faculty of Medicine.

I would be very happy to discuss the report with you either in person, by e-mail or by phone.

Kind regards,



Ivan Silver, MD MEd FRCPC
Vice-Dean, Office of Continuing Education and Professional Development
Director, Centre for Faculty Development at St. Michael's Hospital
Professor, Department of Psychiatry
Faculty of Medicine, University of Toronto

Report of the CACME survey of the

UNIVERSITY OF TORONTO

**Continuing Education and Professional Development
(CEPD)**

7 – 8 April 2008

Surveyor 1

Dr. Robert F. Woollard
Royal Canadian Legion Professor and
Head, Department of Family Medicine
Faculty of Medicine
University of British Columbia

Surveyor 2

Fleur-Ange Lefebvre
Executive Director & CEO
Federation of Medical Regulatory
Authorities of Canada

The Committee on the Accreditation of Continuing Medical Education (CACME) conducted an on-site accreditation survey at the University of Toronto, Division of Continuing Education and Professional Development (CEPD) on 7 – 8 April 2008. The surveyors were:

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PREAMBLE

The Office of Continuing Education and Professional Development (CEPD) at the University of Toronto is an impressive and well run enterprise that involves extensive collaboration across the Faculty of Medicine, including various centres within the teaching hospitals in Toronto. The following affiliations were highlighted during the survey, including meetings with appropriate representatives:

- Office of Continuing Education and Professional Development;
- Centre for Faculty Development at St. Michael's Hospital;
- Li Ka Shing Knowledge Institute at St. Michael's Hospital;
- Wilson Centre for Research in Education;
- Surgical Skills Centre (simulation);
- Centre for Effective Practice; and
- Office for Interprofessional Education.

The inclusive and collaborative structure, and the extremely high level of enthusiasm and commitment within and across the institutions, made for an engaging and informative survey. The meetings were well organized and invited participants arrived on time. Everyone interviewed was aware of the purpose of the survey and came prepared for a productive discussion.

The surveyors received a highly organized report and an extensive series of supporting documents well in advance of the visit. Pre-survey interactions with the Office of CEPD were effective and pertinent. In particular, the surveyors appreciated working with Ms. Susan Rock, Director of the Office of CEPD, and Ms. Vashty Hawkins.

It is these surveyors' opinion that the Office of CEPD at the University of Toronto continues to be, as was indicated in the 2002 survey report, "a model for 'best practices' CE unit."

Having said that, as explained in the preamble, it would indeed be unfortunate if the remarkable collection of individuals, institutions and networks that the surveyors observed did not challenge themselves to be even more than the sum of their impressive parts. The University of Toronto would clearly move into the realm of excellence if they build upon their

highly commendable and functional strategic plan and engage in a coherent and enduring way with government, communities, practitioners and the professional organizations^{1,2} to build a truly responsive and adaptive health system.

The surveyors wish to thank everyone who took the time to meet with them, and extend a particular note of appreciation to Dr. Ivan Silver, Ms. Susan Rock, and Dean Whiteside for their valuable time and insight.

STRENGTHS

- 1. The Vice-Dean, Continuing Education and Professional Development.** Dr. Ivan Silver has been in the position since the summer of 2005. He is well respected and trusted by the CEPD and Faculty Development community in Toronto. Several people mentioned that he is very easy to approach and that he encourages academic freedom while providing the structure and/or networking connections required. The transition from Dr. Dave Davis to Dr. Silver has obviously been a smooth one, with the result being an overall renewed commitment. The Vice-Dean is funded at 0.6 FTE for this position at 0.2 FTE for his role as the Director for Faculty Development.
- 2. The Office of Continuing Education and Professional Development.** Ms. Susan Rock, formerly with The College of Family Physicians of Canada, was hired as the Director of the Office about two years ago. There have been several procedural improvements since her arrival, most notably the implementation of the Events Management System, a comprehensive computer-based approach that covers everything from meeting room logistics to abstract reviews to registration, etc. The staff of the office have deep commitment to the enterprise and have obvious mutual respect, individual skills and the seeming capacity to be more than the sum of those skills when working in collaboration with the network of other offices in which CEPD must work to achieve its strategic goals. These other partners clearly hold the office in high regard and this level of cross connection, when linked with faculty and leadership levels is an essential component of the multifocal network of institutions that jointly represent CEPD at U of T and its clinical partners. It is worth noting that this multilayered matrix of relationships is emblematic of a “learning organization” and its joint stewardship will be an essential component of any hoped for emergence into coherent adaptive educational support for an adaptive health system.
- 3. The Office of the Dean of the Faculty of Medicine.** Dean Cathy Whiteside is clearly on side with the Office of CEPD, and has a thorough understanding of the purpose and value of the work being done by Dr. Silver and his colleagues. She shares a keen sense of the importance and possibilities that this office must rise to in order to achieve the Faculty’s desire to meet its social responsibilities. Effective learning organizations that seek to promote positive change in complex systems require both top-down and grassroots up commitment to a common purpose. It is clear that Dean Whiteside is cognisant of and committed to that end.
- 4. The Educational Vice-Deans and Integration into the medical education continuum.** There is evidence of a strong collaboration among all the Educational Vice-Deans, with the recognition that there should be core funding for the Office of CEPD as there is for the other offices. The Education Vice-Deans, meet regularly (once a week). They all started in

their current portfolios about the same time in 2005. They identified that, increasingly, they share common interests looking for opportunities that maximize their effectiveness across the continuum. The Wilson Centre, while reporting directly to the Dean, reports de facto to the Council of Education Deans for educational objectives, to understand the continuum and to direct and guide the conjoint approaches. They felt strongly that there was significant “desilo-ization” and crosspollination in and with each other’s activities.

5. **Strategic plan.** Dr. Silver launched a strategic planning process in September 2005 to establish the directions and goals for the Office of CEPD for the next five years. The mission, vision and values of the Office were renewed. Part of this comprehensive and inclusive process ensured that linkages were made and understood with the vision, mission and values of the Faculty of Medicine. The resulting *Academic Strategic Plan 2006 – 2011* entitled *From Knowledge to Action: Bridging the Quality Gap* contains six strategic directions. The plan is referred to with pride, well known to all the stakeholders, and to all intents and purposes appears to be, and be seen to be, a valuable tool for objective setting and business planning for the entire CE community. A detailed business plan is drawn up every year, based on the strategic plan.
6. **Strong committee structure underpinning the activities of the Office of CEPD.** In addition to the relationships already identified, the following committees provide direction or advice to the Office: the Dean’s Office, the Faculty Council, the Council of Education Deans, the Faculty Council Continuing Education Committee, the Faculty of Medicine Continuing Education Directors & Leaders Group, the Faculty of Medicine Continuing Education Researchers Group, the Faculty of Medicine Department Chairs, the Online CME Group, the Faculty Development Group and the CE Course Directors. There is also regular interaction with the external CE partners. In addition, a lead or co-leads have been identified for each of the six strategic directions contained in the 2006 – 2011 strategic plan.
7. **Meaningful linkages and networking with other University centres and affiliates.** While this has already been alluded to, it is important to mention that the participants at every meeting with the surveyors highlighted the networking skills of Dr. Silver and his staff. The networks and linkages are a key element of the success of this vast enterprise, and everyone in the chain feels that their opinion and ideas are valued. The resulting associations certainly seem to foster creativity, innovation and productivity in CE and CE research.
8. **Promotion stream for continuing education and professional development.** For the purposes of academic promotion, the University of Toronto defines scholarship as research or creative professional activity (CPA). The criteria for assessing CPA include professional innovation / creative excellence, exemplary professional practice, and contributions to the development of professional practices. Several faculty members involved in CE and CE research feel that the CPA stream makes them eligible for promotion. While this is definitely an institutional strength, it was also perceived as an area for improvement (see below). Those who were aware of, and understood, the criteria, such as department chairs and senior faculty, were generally satisfied with the processes and opportunities for promotion. However there was concern that some key

individuals may not be fully aware of the details needed to assist in the promotion of their member in this stream.

- 9. Flexibility in the distributed system.** The distributed CEPD system at the University of Toronto can appear confusing and ill organized. However, stakeholders and faculty describe it as offering a measure of flexibility that involves the teaching hospitals as well as the various institutes and centers for learned activities in ways that are unique to the environment in Toronto. The system is seen as offering more opportunities to more people, and to foster a desire to be involved in CE and CE research. Several faculty divide their time between two or more places. This decentralized model serves the CE community well for the most part.

AREAS FOR IMPROVEMENT

All of the standards were gauged to be in compliance or exemplary (see below). However, the following seven issues were identified as topics for discussion and possible follow-up at the level of the Office for CEPD and/or the Faculty of Medicine.

- 1. Budget and resources.** While the Faculty of Medicine recognizes Dr. Silver's contribution in a significant way, there were several comments to the effect that CEPD is not valued to the same extent as undergraduate and postgraduate medical education, and that this translates into a shortage of resources for CEPD compared to the rest of the education continuum. Faculty and stakeholders alike seem to favour a more equitable division of resources. The increased tasks associated with the realization of the *strategic plan* will clearly require incremental resources thoughtfully deployed.
- 2. Relationship with industry.** Faculty and stakeholders mentioned that the policy on relationships with industry, particularly the pharmaceutical industry, needs to be tightened or at the very least made clearer. This is a particular challenge in this vast, distributed model for CEPD, as the Office of CEPD cannot possibly control all the potential for leakage. Concern was also voiced over the need to maintain relationships with industry, with the possibilities for undue influence, in a CE model where the Office of CEPD is expected to be self-funding. There is the impression that this is a bigger issue with distributed learning and faculty / teachers who are located far from the University. There is general agreement that the work just begun by Dr. David McKnight, Associate Dean for Equity and Professionalism, will shed light on this area. In addition, it is understood that his report will address both the formal and hidden curricula and cover the continuum of medical education. There is general agreement that the University and the Faculty of Medicine are tackling this difficult issue in a very healthy way, with their eyes wide open. This is extraordinarily timely given the recent dramatic concerns brought forward by the Association of American Medical Colleges, the American Medical Association and the focused consideration of the Macy Foundation initiative in CME/CPD³.

While the recent example of a course in the Department of Ophthalmology that showed undue industrial influence is reassuring in the sense that it was caught it should be sobering to the whole Faculty to understand that such things *can* happen and there may be cultures within the Faculty and its collaborating institutions where vigilance may be neither practiced nor welcome.

3. **Magnitude of the CE enterprise at the University of Toronto.** The size and number of players are a big advantage. However, concern was expressed by several faculty and stakeholders about the need for distributed leadership to go hand in hand with the existing distributed CE system. Another major discussion point was the expressed desire to use the strategic plan to provide more focus, in CE education but particularly in CE research.
4. **Evaluation.** There is a clear and identified opportunity to strengthen this component of CE and CE research within the institution. The Office of CEPD has begun to address this through the work of Ms. Jane Tipping.
5. **Outreach opportunities.** While the networking done and coordinated by the Office of CEPD is seen as exceptional, and much appreciated, some departments were identified as perhaps not fully recognizing the importance of education, particularly CEPD (e.g., public health, basic sciences). Some effort to reach out to these departments would be seen as helpful. Furthermore, the Office of CEPD, as a 'best practices' model for CE and CE research, should consider collaborating more closely, not only with the other Ontario faculties of medicine, but with the faculties across Canada.
6. **Promotion stream for continuing education and professional development.** As stated under "Strengths," there are established promotion criteria based on scholarship, including *creative professional activity* or CPA. This is highly commendable. However, there is a need for clearer communication about the criteria and what they mean, as there is a distinct impression that it is unnecessarily difficult to be promoted to full professor based on CPA. There may need to be a concerted effort to define and promote the concepts of both *innovation* and *impact* in a realm where impact can be both significantly delayed and difficult to ascribe in a complex adaptive system. If the University's focus is the improved health of Ontarians attention may be paid in the development of proxy markers for innovation and impact that extend well beyond the traditional journal tracking. In no other realm of medical education is it more important to innovate and adapt rather than creating a bunch of educators talking to each other without being connected to palpable outcomes.
7. **The mandate of the Vice Dean.** Dr. Silver's gift at connecting the right people at the right time to do the right job was highly commended. It was, however, felt that he should not have to do all the work himself and there was concern expressed that there is too much on his plate. He was referred to as the center of the spider web in the current distributed model, which is credited for providing greater flexibility. The dual mandate of Dr. Silver as Vice-Dean, CEPD and Director, Centre for Faculty Development, may not allow him sufficient time to pull all the various relationships together and provide the necessary focus and ensure cohesiveness into the future.

Accreditation Standards

1. Overarching purpose: responding to societal needs

- 1.1 The CME/CPD office has a written mission statement that:
- Defines its role in strengthening the quality of life-long education of physicians,
 - Defines its role in CME/CPD in the university and in the communities it serves,
 - Is anchored in a consideration of the health needs of these communities,
 - 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/Health Science, and
 - Is formally approved by the Faculty of Medicine / Health Sciences.

Surveyor Findings:

In September 2005, Dr. Silver led the office in an extensive strategic planning process that culminated in June 2006 with the Strategic Plan 2006 – 2011. This exercise resulted in changes to the name, vision, mission and values of the office. The bound publication entitled *Academic Strategic Plan 2006 – 2011, From Knowledge to Action: Bridging the Quality Gap* is comprehensive and includes a section on implementation. The surveyors found that stakeholders, both internal and external, were well acquainted with the document and felt that they had, for the most part, been included in its development.

The strategic plan has been formally approved by the Faculty of Medicine and is in keeping with its own mission statement.

Evaluation criteria

Noncompliance	Has no mission statement.
Partial compliance	Has a mission statement but omits one or more of the basic components, or is not aligned with faculty mission statement. Some evidence of approval and distribution.
Compliance	Has a mission statement formally approved in Faculty minutes and that includes all of the basic components, is aligned with the Faculty's mission, goals and objectives, and is communicated to the Faculty and Department Heads.
Exemplary compliance	Has a mission statement, which is approved and aligned with the Faculty's mission, as well as clear goals and objectives. These emphasize outcomes that contribute to the actualization of the mission. The goals and objectives are reviewed regularly.

Surveyor Findings: Exemplary compliance.

1.2 The CME/CPD office has identified and established long-term objectives (e.g. 5-year). These are based on its mission statement, a response to evolving societal needs and expectations, and an understanding of the physicians and communities it serves. There are defined policies and mechanisms for prioritizing these objectives, and there are specific activities that can be shown to contribute to them.

Surveyors Findings:

The long-term objectives are detailed in the five-year strategic plan. Six strategic directions have been identified: 1) Promote best practices in continuing education and professional development; 2) Foster scholarship and research in continuing education; 3) Evolve the curriculum in continuing education; 4) Broaden the scope and inclusiveness of continuing education; 5) Enhance faculty development in continuing education and professional development; and 6) Reinforce our infrastructure and funding base.

Specific goals have been identified for each of the strategic directions, and one or two lead people have been assigned to each of the strategic directions.

Evaluation criteria

Noncompliance	No evidence of long term strategic planning.
Partial compliance	Efforts of strategic planning are documented, but the pursuit of the long term objectives are incomplete and/or based on incomplete data.
Compliance	Full strategic plan developed.
Exemplary compliance	Extraordinary process for establishing objectives; and/or attempts to frame strategic objectives in a population/societal, health problem-based manner.

Surveyor Findings: Exemplary compliance.

1.3 The CME/CPD office has an ongoing and defined process of strategic planning and critical evaluation to ensure its long-term objectives are being met.

Surveyor Findings:

The Office of CEPD has in place a solid committee structure to oversee the implementation of its objectives and overall strategic plan. Surveyors were provided with detailed information on progress in each of the six strategic directions. The Office of CEPD has started to develop a detailed business plan every year to address strategic direction #6 regarding the infrastructure and funding base.

Dr. Silver commented on his particular goal to create a community of scholarly practitioners and leaders within a very large faculty. At this stage in the five-year plan, things are on track, with increasing buy-in among a large group of opinion leaders. The surveyors’ meetings with stakeholders supported this opinion. It is clear that, in this faculty, there exists a significant potential for scholarly activities that will raise the profile of continuing education in the faculty. The office and the stakeholders were of the opinion that the creation of the administrative and programmatic infrastructures was pivotal to this growth (in a distributed leadership system). It is expected that part of the scholarly activities will be in evaluation, including self-evaluation of the programmatic approach favoured by the office.

Evaluation criteria

Noncompliance	Makes no attempts to evaluate meeting of strategic objectives over time.
Partial compliance	Some evaluation of strategic objectives but only partial attempts to adjust activities accordingly.
Compliance	An ongoing process of evaluation of strategic objectives with regular modifications made to activities.
Exemplary compliance	An ongoing and systematic process of reflective evaluation of all activities of the office in light of the strategic objectives, with purposeful and regular adjustments made with full integration into program development.

Surveyor Findings: Exemplary compliance.

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

Surveyor Findings:

The Office of CEPD maintains an excellent website that provides all kinds of information to course and event planners and directors, including specific policies relating to professional, ethical and legal standards for its activities. A checklist is also provided, as well as supporting documentation such as other policies and declaration forms.

In meetings with various stakeholders, the issue of relationships with the pharmaceutical industry generated a lot of discussion. There is general agreement that an emphasis on meeting learners' needs helps to ensure the appropriate relationship right from the beginning. One of the challenges in a distributed model for CEPD is ensuring that all participants are abiding by the rules and policies. Another challenge is the vast amount of material in computer-based CEPD and the resources required to review and monitor all the content.

There seems to be a will to tackle this very difficult issue of industry influence and bias in CEPD in a faculty-wide initiative being chaired by the Associate Dean, Equity and Professionalism.

Evaluation criteria

Noncompliance	CME/CPD office neither has nor utilizes any established ethical or legal policies.
Partial compliance	CME/CPD office uses established policies but these are not monitored or enforced.
Compliance	CME/CPD office has a set of defined policies on ethical and legal issues, which are provided to all faculty participating in CME programs. Compliance is encouraged.
Exemplary compliance	CME/CPD office has a set of defined policies on ethical and legal issues, which are provided and promoted to all faculty and has a process for regularly monitoring adherence to these policies.

Surveyor Findings: Compliance.

2. Organization and administration

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

Surveyor Findings:

The Office of CEPD has a comprehensive administrative and governance structure that deals with each of the six strategic directions detailed in the 2006 – 2011 Strategic Plan.

The structure involves all the major stakeholders who feel they are appropriately inserted into the right committees.

The **Faculty Council CEPD Committee** was created a few years ago to have an oversight role. It reports to the Faculty of Medicine Faculty Council. It oversees that the standards for CE are met and has a number of other ancillary roles. The committee members actually look at each course that has been approved by the CEPD Leaders and Directors Group, discuss all issues (ethical, payment of faculty, policies & procedures) and decide if changes need to be made.

This group is also advisory to the Director, more recently on the implementation of the strategic plan and how the milestones are being met. They work at the committee level and also at the grassroots level (including with the public).

Through being involved with the programs being accredited, the members of the committee agree that they are becoming more stringent regarding budgets, needs assessment, evaluation (where they are pushing best practices and looking for evidence of changes in patient care), teaching methodologies, carry-over/follow-up from previous years' offerings, adherence to university policies, inter-disciplinarity, etc. They look at best practices and faculty development issues with input from the Directors and Leaders Group.

The challenges of faculty development and CE in a distributed learning model are recognized by this group. They are also concerned about the expectation that CE will be financially self-supporting.

The **CE Directors and Leaders Group** includes participation from outside medicine. This group feels it functions in a cohesive manner under the coordination of Dr. Silver. The members appreciated being involved in the strategic planning process. They felt that the plan provided clarity by breaking things into actionable pieces and taking into consideration the enabling factors/tools that were available or should be available.

While the training of clinician educators has been very useful, there were several comments to the effect that, in some departments, promotions based on CE educational activities are more difficult to obtain compared to promotions based on clinical research, or even on UG and PG education.

There was general agreement that the development and implementation of the strategic plan allows for the university enterprise to be equal to, and eventually be greater than, the sum of its parts (whereas before it was less).

The **CE Researchers** form another enthusiastic group of people working with others from various parts of the University. They credit Dr. Silver with fostering meaningful networking (including an informal matching process), and with being a very good mentor as well as encouraging academic freedom.

They feel that the support and ongoing investment from the Dean’s office are key, and are excited at the possibilities of doing something big together that they could not do individually.

The **Faculty of Medicine Department Chairs** were very forthcoming about their strong level of satisfaction with their relationship with the Office of CEPD and felt that the current model (with some programs being offered through the Office and others through the departments and hospitals) was working well, due mostly to Dr. Silver’s collaborative approach and the overall culture of collaboration and integration within the university, . They agreed that faculty development was one of the Office’s strengths.

They were supportive of the current structure and mandate of the Office of CEPD, and felt they were very involved in, and energized by, the development and implementation of the strategic plan that cut across departmental and other structures.

Evaluation criteria

Noncompliance	No organizational infrastructure or planning processes to fulfill the mission or goals of the office.
Partial compliance	There is a written organizational structure that is only partially integrated into the planning processes of the office.
Compliance	There is a written organizational structure that is fully integrated into the planning processes of the office.
Exemplary compliance	The written organizational structure is fully integrated and regularly evaluated and revised to ensure the CME/CPD mission and objectives are being met.

Surveyor Findings: Exemplary compliance.

2.2 The CME/CPD office effectively manages sufficient resources with a business plan to fulfill its CME/CPD mission and objectives. This includes support from the Faculty of Medicine / Health Sciences.

Surveyor Findings:

The *Office of CEPD 2008 Business Plan* flows from the 2006 – 2011 strategic plan. It was the first such document produced by the Office with the assistance of an outside consulting firm. The plan details the drivers and challenges that affect the work of the Office, describes the current initiatives and outlines the next steps in the evolution of the Office. It also makes several recommendations for improving business processes.

The support of the Faculty of Medicine is evident in many ways and has been alluded to in previous sections of this report. The underlying expectation that CEPD will be self-funding has the potential to be problematic in the future and compromise some of the leading edge research and faculty development initiatives needed if it is to achieve the level of excellence and influence to which it aspires.

Evaluation criteria

Noncompliance	Inadequate resources to sustain the CME/CPD mission and objectives of the office.
Partial compliance	Resources are limited and able to sustain only a portion of the CME/CPD mission and objectives of the office.
Compliance	Sufficient and secure resources to pursue the mission and objectives of the office.
Exemplary compliance	Resources are sufficient to pursue the mission and objectives of the office and to foster innovation and research.

Surveyor Findings: Compliance.

2.3 The CME/CPD office maintains appropriate records of its decision-making processes, general operations, and learner participation. The office provides documentation of participation to participants when appropriate or requested. (See Standard 3.2)

Surveyor Findings:

The Office of CEPD has developed an innovative computer-based system for event management that includes every aspect from needs assessment and the development of objectives to the generation of participant lists and receipts. The longitudinal tracking capabilities of the system are impressive and likely to generate interesting data for future research projects.

Evaluation criteria

Noncompliance	No established policies or procedures related to decision-making and participation documentation. No, little or disorganized record keeping.
Partial compliance	There are some written policies and procedures related to decision-making and participation documentation but they have not been fully implemented. Record keeping is inconsistent.
Compliance	There are policies and procedures related to the decision-making processes and participation documentation that have been implemented that are realistic for resource. Record keeping is organized and complete.
Exemplary compliance	The policies and procedures related to the decision-making processes and participation documentation have been fully implemented and regularly reviewed and updated. Record keeping is thorough and easily accessible. Where appropriate, participants have access to information on how to document their participation in CME activities for their Royal College and/or CFPC credit requirements.

Surveyor Findings: Compliance

2.4 The CME/CPD office is involved directly or indirectly in the university's program(s) of faculty development, undergraduate and postgraduate education.

Surveyor Findings:

The **Council of Education Deans** meet regularly (once a week). Increasingly, there are common interests on a number of issues. They are all interested with opportunities to maximize the use of existing resources.

While the Wilson Centre reports directly to the Dean, de facto it reports to the Council of Education Deans for educational objectives, to understand the continuum and to direct and guide the conjoint approaches. The education deans feel there is more and more "desiloization" and appropriate crosspollination in each other's sphere of activities.

The vertical and horizontal integration of interprofessional education is part of the 10-step strategic plan of the Faculty of Medicine. Concurrent integration is slowly but surely happening, with a couple of success stories. In ten years, the education deans feel the university will be a different place. It's beginning in UG, and these trainees will take it into their residency and beyond.

Faculty Development is a real strength, and one of the strategic directions of the Office of CEPD. There has been progression from department-specific initiatives to a faculty-wide approach. There are many faculty development activities focusing on interprofessional education, and the role of the Office of CEPD was highlighted very positively.

Evaluation criteria

Noncompliance	The CME/CPD office is not involved in contributing to the quality of CME courses produced by the Faculty of Medicine / Health Sciences and has no direct or indirect involvement in faculty development, undergraduate or postgraduate education.
Partial compliance	The CME/CPD office contributes inconsistently to the quality of CME courses produced by the Faculty of Medicine / Health Sciences. There is a strategic plan for how CME will contribute to faculty development, undergraduate and postgraduate education but this has not been consistently implemented.
Compliance	The CME/CPD office is consistently contributing to the quality of CME courses produced by the Faculty of Medicine / Health Sciences and has developed and implemented a strategic plan that defines their contributions to faculty development, undergraduate and postgraduate education.
Exemplary compliance	The CME/CPD office is consistently contributing to the quality of CME courses produced by the Faculty of Medicine / Health Sciences and has implemented and evaluated their strategic plan to enhance their contributions to faculty development, undergraduate and postgraduate education.

Surveyor Findings: Exemplary compliance.

2.5 The appropriate CME personnel are knowledgeable about the organized systems of CME/CPD standards affecting the physicians and communities it serves. The office personnel ensures that any pertinent accreditation standards are met when assigning credits under the following circumstances:

- The CME/CPD office independently develops and implements a CME/CPD activity.
- The CME/CPD office co-sponsors a CME/CPD activity. In this case, the office must assume primary responsibility for the activity’s planning, content, implementation and evaluation strategies.
- The CME/CPD office approves a CME/CPD activity of a physician organization according to established educational and ethical standards.

Surveyor Findings:

The Office of CEPD staff attend the accreditation workshops put on by the CFPC and RCPSC.

The Office of CEPD has an Accreditation and Sponsorship Coordinator to manage and lead the accreditation process. For more than a year now, all applications for accreditation and sponsorship have been submitted online and follow a detailed series of instructions. There is an extensive peer review process for each application, all done online. The sophisticated electronic system allows for excellent record keeping and cross-referencing, as well as regular updating, including accreditation information from the CFPC and RCPSC.

All programs must be co-sponsored with a Faculty of Medicine Department.

Evaluation criteria

Noncompliance	There is no organized system for reviewing and approving programs under the accreditation standards of the CFPC or RCPSC.
Partial compliance	There is a limited system for reviewing and approving programs under the accreditation standards of the CFPC or RCPSC.
Compliance	There is an established system for reviewing and approving programs under the accreditation standards of the CFPC or RCPSC.
Exemplary compliance	The office has not only established a system for reviewing and approving programs under the accreditation standards of the CFPC or RCPSC but has instituted quality control strategies to ensure credits are appropriately assigned and has contributed to the development and strategies for the implementation of these standards.

Surveyor Findings: Exemplary compliance.

3. Provision of educational services

3.1 The CME/CPD office provides a focus of expertise dedicated to enhancing the quality of physicians' life-long learning opportunities and offers a variety of learning opportunities appropriate to the needs of the physicians it serves.

Surveyor Findings:

Five of the office staff have advanced degrees in education. Dr. Silver is recognized as a dedicated leader in CEPD, both within and outside the institution. The committee structure that is in place to support the mandate of the Office of CEPD pulls forth the best from the various centers of excellence and expertise at the University of Toronto. This collaboration expands the extent and range of expert knowledge available to the Office and to those who use its resources. There is a very constructive and fostering environment throughout the institution, with the Office of CEPD acting as the focus point.

There is a considerable range of CEPD events available to physicians, in various formats. Faculty members are offered training on educational and teaching innovations, and are encouraged to use their newly acquired approaches in their own programs.

Evaluation criteria

Noncompliance	No access to any kind of educational expertise or no attempt to offer a variety of learning opportunities or to ensure the quality of their clinical content.
Partial compliance	Some expertise available and minimal attempt to provide a variety of educational offerings but no attempt to link these with needs assessments.
Compliance	Good expertise and resources available and good variety of appropriately targeted learning opportunities, which are, to some degree, linked to needs assessments.
Exemplary compliance	High level of expertise readily available, excellent learning resources, and a wide array of different kinds of learning opportunities clearly linked to needs assessments and a consideration of different learning styles.

Surveyor Findings: Exemplary compliance.

3.2 The planning and implementation of all CME/CPD activities organized, co-sponsored or approved by the CME/CPD office, are based on a systematic process that includes:

- A needs assessment, which involves intended participants and/or is based on meaningful practice descriptions (e.g. administrative databases).
- Stated objectives, which are consistent with the identified needs.
- Content and method consistent with the objectives and learning needs.
- A consideration of scientific evidence and local practice.
- A record of participant registration, attendance, participation and and/or achievement.
- Appropriate documentation of participation provided to participants. (See Standard 2.3)

Surveyor Findings:

The Office of CEPD has in place an extensive, systematic, uniform 20-step approach to planning CEPD activities, both those managed in-house and those managed by departments. There is an additional, internal evaluation process for all programs managed directly by the office.

The office has recently added a new committee, the **CE Administrators Cooperative**, to provide a forum for sharing common concerns and networking in a decentralized system. This committee meets quarterly and looks at incorporating all professional development components for all CE administrators (accreditation policies, needs assessment resources, goal and objective writing, and evaluation strategies).

Evaluation criteria

Noncompliance	No systematic approach to education planning.
Partial compliance	System is in place but there is no consistent link of needs to learning objectives to content selection or to evaluation.
Compliance	System is in place and all the components are linked together.
Exemplary compliance	Programs reflect both perceived and unperceived educational needs, contain content that is scientifically valid, and evaluation reflects the learning objectives in all programs.

Surveyor Findings: Compliance

3.3 There is an evaluation strategy to measure the overall effectiveness of the CME/CPD office. There is a strategy established to evaluate the outcome of individual CME events. For those activities in which the CME/CPD office plays a major role, the evaluation also addresses how the activities contribute to the long-term objectives.

Surveyor Findings:

Each of the six strategic directions of the five-year strategic plan includes stages for assessment, planning, implementation and evaluation.

Each CEPD activity must have a formal evaluation process. This is facilitated by a well-resourced section in the Office website on educational evaluation. Standard forms are available for use by CE planners who are also guided through a process to make sure the results of the evaluations are considered when planning future events.

The Office of CEPD has recently identified this as an area that needs strengthening, and has contracted with Ms. Jane Tipping, an education specialist, to promote the concept and approaches to evaluation in the work of the Office as well as in CE and CE research.

Evaluation criteria

Noncompliance	No or little evaluation of any aspect of the office’s learning activities.
Partial compliance	Some evaluation done, but no attempts to link evaluation with the planning process or to use results to influence subsequent educational planning.
Compliance	Evaluation done on all activities with a purposeful use of the results to influence subsequent educational planning.
Exemplary compliance	Evaluation done in an integrated fashion at all levels of the office’s activities. There is a purposeful process of using evaluation results to direct all aspects of the office’s activities at all levels, from long-term planning to individual course planning.

Surveyor Findings: Compliance.

3.4 The CME/CPD office has a duly approved policy to guide its relationship with industry in the planning and implementation of education activities it organizes or cosponsors. This policy is consistent with national and provincial standards for the relationship between industry, the professions and education organizations. In order to ensure that CME is beyond the control of persons or organizations with commercial interests and free of commercial bias, CME providers must:

- Control the planning and content of education activities.
- Establish priority of content areas.
- Select all educators and approve relevant materials.
- Demonstrate disclosure of all relevant relationships with industry or other sources of potential bias.
- Ensure appropriate separation of promotion from the educational process.
- Have evaluation data of educational activities that shows that these safeguards have been effective in preventing commercial bias.

Surveyor Findings:

The Office of CEPD examines the budget of every activity that has applied for credits, and asks for detailed information on the intended use of any profit.

It was widely acknowledged and commented upon that CE, while an education industry, is also a business industry. As funding from the Faculty becomes more and more limited, there is the perception, in some departments more than others, of an underlying “permission” to make more profit (or at least not lose any money) and to partner with perhaps less legitimate organizations. As noted earlier in this report, a recent initiative in the Department of Ophthalmology was of significant concern. While it is gratifying that this lapse was caught it raises concerns about other possible breaches in a highly distributed model. The Faculty and University cannot afford to have their reputation challenged through inadequate attention and support.

It is to the credit of the Faculty that Dean Whiteside has recently tasked the new Associate Dean for Equity and Professionalism, Dr. David McKnight, with carrying out a faculty-wide study on relationships with industry.

Evaluation criteria

Noncompliance	No policy in place to govern relationships with industry and/or substantive breaches of accepted standards of behaviour regarding relationships with industry.
Partial compliance	Policy in place and generally followed, but there are some breaches of the policy or of accepted standards of behaviour regarding relationships with industry.
Compliance	Policy in place and consistent appropriate application of the policy and accepted standards of behaviour regarding relationships with industry.
Exemplary compliance	Complete and thorough application of policy and accepted standards of behaviour regarding relationships with industry. Full support of the Faculty and individual faculty members in following the policy standards.

Surveyor Findings: Compliance.

3.5 The CME/CPD office promotes and supports self-directed learning through: facilitation of the skills of practice reflection including question asking, information access and knowledge management; integration of personal learning within group education activities; and the offering of targeted learning opportunities for individuals.

Surveyor Findings:

The Office of CEPD demonstrates its support of self-directed learning by encouraging the use of educational technology, including a search system on the office’s website to enable learners to find the appropriate events to meet their own educational needs. In addition, they are able to respond to requests for individualized or tailored education experiences, an offer they extend beyond the university to the entire province. The office also houses a provincial resource, the **Guidelines Advisory Committee**, that identifies specific topic areas, searches for all guidelines in that area, evaluates them and identifies one best guideline for physicians.

For events that are managed by the Office of CEPD, care is taken to encourage personal learning projects and independent learning opportunities.

Evaluation criteria

Noncompliance	No strategies or services in place to support the self-directed learning skills of individual physicians.
Partial compliance	Some strategies and/or services are in place to support the self-directed learning skills of individual physicians.
Compliance	Strategies to support the self-directed learning skills of individual physicians have been implemented and are an integral component of the office’s activities.
Exemplary compliance	There is a systematic process in place to support the self-directed learning skills of individuals throughout the continuum of learning. This process is regularly evaluated and revised.

Surveyor Findings: Compliance.

4. Research and innovation

4.1 As an academic unit, the CME/CPD office contributes to the understanding of CME/CPD through:

- A program of research and development, in a manner consistent with its mission and objectives
- The linking of such activities to other academic programs within the university, where appropriate.
- A sharing of its program, activity and research experience through publications, presentations, and participation in the broader academic CME community.
- The scholarship of innovation, which should be embedded in its mission and expressed through the development of innovative CME/CPD programs and activities.

Surveyor Findings:

Strategic Direction #2 is to *Foster scholarship and research in continuing education* by: a) creating a framework for scholarly activity in CE; b) establishing a CE research infrastructure to pursue scholarship; and c) developing quality indicators or benchmarks for CE standards.

The surveyors repeatedly heard of the excellent work of the Office, and particularly Dr. Silver, in fostering networks and matching budding with more established CE researchers to encourage more scholarly activity across the faculty.

The following academic programs are involved and linked with the Office: the Joint Program in Knowledge Translation at the Keenan Research Centre (the Li Ka Shing Knowledge Institute of St. Michael's Hospital), the Wilson Centre for Research in Education; the Office for Interprofessional Education; the Centre for Faculty Development; the Peter A. Silverman centre for International Health; and the Department of Health Management Policy and Evaluation.

The impressive list of publications, grants and awards involves the following areas: CE interventions, needs assessment, interprofessional education and collaboration, faculty development, knowledge translation, research methods and global CE.

Evaluation criteria

Non compliance	No evidence of research or development activities and/or no consideration of this in the mission statement.
Partial compliance	Innovative programs and activities are developed and implemented but are not considered as part of the mission statement and/or are not published or presented in the context of the broader academic CME community. Resources are not adequate to allow for further development of innovative ideas.
Compliance	Innovative programs and activities are developed and implemented; research experience is shared with the CME/CPD community and both these considerations are reflected in the mission statement. Available resources are deemed adequate.
Exemplary compliance	There is an established program of R&D activities consistent with the mission statement and objectives of the office; There is evidence of consistent implementation of these innovations in practice and an attempt to link these with health care outcomes. These experiences are consistently shared with the academic CME/CPD community and adequate resources are available to sustain these activities.

Surveyor Findings: Exemplary compliance.

Summary Statement

As noted in the preamble, this report contains the site surveyors' assessment of the University of Toronto's Office of CEPD compliance with CACME standards and practices. It then moves beyond that to offer requested advice on the current functioning, institutional expectations, environmental opportunities and potential relationships that mark this unique period in the history of this exceptionally strong Division. It would be both presumptuous and foolish to claim that in a few days' observation the surveyors could be exhaustive in their assessment. Contained within the report are a number of specific observations and assessments.

However, it is quite evident that if the Office of CEPD is to be optimally effective it will require continuation and elaboration of a broad variety of collaborative partnerships. Many of these already exist and the report contains references to the remarkable range of educationally focused enterprises with which the University of Toronto is currently blessed. Indeed, many institutions would see this as an embarrassment of riches. As with many such situations, a great deal of sensitivity is required at the leadership, administrative, and resource-deployment levels if ideas, careers, and activities are to avoid drifting into a series of individual fiefdoms whose whole is considerably *less* than the sum of its parts.

At the same time, there are significant issues of scale. It can be difficult indeed to create and nurture a sense of belonging in a large heterogeneous enterprise. As one example, the significant opportunities presented by the increased resources in the Li Ka Shing Knowledge Institute at St. Michael's Hospital will need to be carefully managed by the Dean and other leaders if it is to be a force for cohesion and collaboration rather than intra-institutional competition. The reviewers saw a real sense of both pride and collaboration in their discussions with members of such entities as the Wilson Centre, the Discovery Commons, CFD, the Centre for Effective Practice, etc. As a specific example, the latter Centre sees a potential role in serving as a "guide wire" at several levels: between CPED and family practice, between knowledge translation and clinical activities, and between the University of Toronto and the process of primary care systems change. Others may see clearly analogous roles for themselves and achieving some clarity of joint purpose is challenging. Nonetheless, the current culture of intra-faculty collaboration appears to provide an atmosphere of flexible decision-making capable of adapting to rapidly changing internal and external environments. The Faculty Council CEPD Committee appears to play a valuable role in contributing to this adaptability and to the culture of mutual respect essential to its success.

Similar issues and challenges exist in the relationships beyond the University of Toronto itself. For example, if the opportunities inherent in the CPD Ontario initiative are realized this could be a very high order expression of the social accountability of the Faculty. The leadership already demonstrated by Dr. Silver and the Office of CEPD should contribute significantly to the realization of a responsive and responsible interprofessional educational support system for a truly responsive and effective health care system. This "closing of the loop" between social needs, health impacts, professional education, quality of practice and positive health outcomes could stand as a major achievement.

There should be no illusions about the difficulty of such a task. However, the reviewers feel that the resources and the leadership encountered during their brief visit provide an unprecedented source of optimism in approaching this task. Respectful but firm leadership will be necessary at the nested hierarchy of scales that run from the coalface of clinical practice through decanal leadership to inter-institutional, provincial, and even national leadership.

This report contains many examples of issues that require attention if this higher vision is to be achieved.