

## U.S. Department of Education

### Final Staff Analysis of the Report Submitted by Canada

Prepared March 2012

#### **Background**

In February 1995, the National Committee on Foreign Medical Education Accreditation (NCFMEA or the Committee) first determined that the accreditation standards and processes used by the Committee on Accreditation of Canadian Medical Schools (CACMS or Canada) to evaluate medical schools in Canada were comparable to those used in the United States. The Association of Faculties of Medicine of Canada and the Canadian Medical Association sponsor CACMS.

In 2001 and again in 2009, the NCFMEA reaffirmed its prior determination that the standards and processes used by the CACMS for the evaluation of medical schools remain comparable.

The NCFMEA also requested that the CACMS submit a report for review at the spring 2011 NCFMEA meeting updating the Committee on the two issues included within this report. The NCFMEA did not meet in spring 2011 due to the pending appointment of new NCFMEA members and the designation of a committee chair.

#### **Summary of Findings**

Based on its review of the information submitted by the country, Department staff concludes that Canada provided information in response to the NCFMEA's request for a report on two specific issues. The specific issues addressed in this report include the control local governments have over medical schools, and the CACMS' relationship to the Canadian government, the provinces, and the local authorities.

Regarding the local government control, Department staff noted that the CACMS provided narrative information that provincial governments have the authority to close medical schools by virtue of their funding of and authority governing medical schools within their jurisdiction. However, the CACMS is not aware of any example where the provincial governments have exercised that authority and therefore could not provide documentation of such an occurrence

Regarding the CACMS' relationship to the Canadian government, the provinces, and the local authorities, Department staff noted that the CACMS provided

additional documentation concerning its recognition by five associations and organizations as the accrediting body for medical schools in Canada, but did not provide any additional information or documentation regarding the CACMS' relationship to the Canadian government, the provinces, and the local authorities, or that its accreditation is recognized by those governmental entities. Therefore, Department staff recommends the submission of additional information and documentation to demonstrate that the CACMS is the entity clearly designated as responsible for evaluating the quality of medical education, and that the CACMS has the clear authority to accredit the operation of medical schools in Canada.

### **Staff Analysis**

#### **Outstanding Issues**

**Whether local governments can close schools, and, if so, whether and how often local governments have closed them.**

#### **Country Narrative**

Provincial governments could theoretically close medical schools but this has never happened.

#### **Analyst Remarks to Narrative**

The NCFMEA requested information concerning the operational authority of local governments in response to the information and documentation presented and reviewed at the March 2009 meeting. Specifically, the CACMS provided information that each provincial government is responsible for the approval or denial of the operation of medical schools because no federal Department of Health or Department of Education exists in Canada. However the CACMS did not provide information or documentation regarding the relationship between the provincial governments and CACMS, to include the operational authority concerning the establishment and closure of medical schools.

In this report, the CACMS provided information to indicate that provincial governments have the authority to close medical schools but that they have never exercised that power. While Department staff appreciates the statement provided by the CACMS, the staff recommends more information and documentation concerning the relationship between the CACMS and the provincial governments to provide a clear indication of the entities designated to have the authority to approve or deny the operation of medical schools in Canada.

#### **Country Response**

All medical schools in Canada are public and financially supported by provincial governments, and a university's authority to confer degrees is also granted by provincial governments. While provincial governments cannot close medical schools, they can theoretically withdraw funding and/or withdraw a university's authority to grant MD degrees. Should this happen, a medical school would, in effect, no longer be able to operate. To our knowledge, this has never happened in Canada.

### **Analyst Remarks to Response**

The CACMS provided narrative information that provincial governments have the authority to close medical schools by virtue of their funding of and authority governing medical schools within their jurisdiction. However, the CACMS is not aware of any example where the provincial governments have exercised that authority and therefore could not provide documentation of such an occurrence.

Staff Conclusion: Comprehensive response provided

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### **CACMS' relationship to the Canadian government, the provinces, and the local authorities.**

#### **Country Narrative**

There is no formal relationship with the federal or provincial governments however both levels of governments recognize CACMS as the accrediting body for Canadian medical schools. Furthermore, provincial governments only support school which are fully accredited, the most recent example being the Northern Ontario School of Medicine (founded in 2004).

In 1979, the Canadian Medical Association (CMA), the College of Family Physicians of Canada (CFPC), the Association of Universities and Colleges of Canada (AUCC), the Federation of Medical Regulatory Authorities of Canada (FMRAC), the Royal College of Physicians and Surgeons of Canada (RCPSC) all recognized the Committee on Accreditation of Canadian Medical Schools (CACMS) as the accrediting body for Canadian Medical Schools and having final authority for accreditation decisions.

#### **Analyst Remarks to Narrative**

The NCFMEA requested information concerning the CACMS' relationship to the Canadian government, the provinces, and the local authorities in response to the information and documentation presented and reviewed at the March 2009 meeting. Specifically, the CACMS did not provide information or documentation to demonstrate that the CACMS is authorized by the Canadian government (national or provincial) as the entity responsible for evaluating the quality of medical education.

In this report, the CACMS provided information regarding its relationship to the Canadian government, the provinces, and the local authorities. Specifically, the CACMS stated that there is no formal relationship with the federal or provincial governments, but that those governments do recognize the accreditation of the CACMS. The CACMS also stated that various associations and organizations recognize it as the accrediting body for medical schools in Canada.

While Department staff appreciates the statements provided by the CACMS, the staff recommends the submission of documentation to support the information provided and to demonstrate that the CACMS is the entity clearly designated as responsible for evaluating the quality of medical education, and that the CACMS has the clear authority to accredit the operation of medical schools in Canada.

### **Country Response**

In 1979, the Canadian Medical Association (CMA), the College of Family Physicians of Canada (CFPC), the Association of Universities and Colleges of Canada (AUCC), the Federation of Medical Regulatory Authorities of Canada (FMRAC), the Royal College of Physicians and Surgeons of Canada (RCPSC) all recognized the Committee on Accreditation of Canadian Medical Schools (CACMS) as the accrediting body for Canadian Medical Schools and having final authority for accreditation decisions.

We are attaching copies of the letters of recognition from CMA, AUCC, CFPC, RCPSC and FMRAC.

### **Analyst Remarks to Response**

The CACMS provided additional documentation concerning the recognition of CACMS by five associations and organizations as the accrediting body for medical schools in Canada. While Department staff appreciates the additional documentation provided by the CACMS, it does not demonstrate its relationship to the Canadian government, the provinces, and the local authorities, to include recognition of its accreditation by those entities.

Therefore, Department staff recommends the submission of additional information and documentation to demonstrate that the CACMS is the entity clearly designated as responsible for evaluating the quality of medical education, and that the CACMS has the clear authority to accredit the operation of medical schools in Canada. This information should include a specific description of the relationship between the CACMS and the provincial governments to provide a clear indication of the entities designated to have the authority to approve or deny the operation of medical schools in Canada.

**Staff Conclusion: Additional Information requested**

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U.S. Department of Education

Final Staff Analysis of the Report Submitted by Dominica

Prepared March 2012

**Background**

In October 1997, the National Committee on Foreign Medical Education Accreditation (NCFMEA or the Committee) first determined that the accreditation standards used by the Medical Board of Dominica (the Board or Dominica) to evaluate medical schools on Dominica were comparable to those used in the United States. In 2001 and again in 2007, the NCFMEA reaffirmed its prior determination that the standards and processes used by the Board for the evaluation of medical schools remained comparable. The NCFMEA also requested that the Board submit periodic reports describing its continuing accreditation activities.

The NCFMEA met in March 2009 to review the report submitted by the Board regarding its accrediting activities. The NCFMEA formally accepted the Board's report and requested that it submit a report for review at the spring 2010 NCFMEA meeting updating the Committee on its accrediting activities and addressing, specifically, the relationship between the Board and the Bahamas and its activities related to All Saints University School of Medicine and any additional activities related to Ross University School of Medicine. The NCFMEA did not meet in spring 2010 due to the pending appointment of new NCFMEA committee members and the designation of a committee chair.

At the fall 2011 meeting, the NCFMEA reviewed and formally accepted the Board's report, and requested that the Board submit a report for review at the spring 2012 NCFMEA meeting updating the Committee on the Board's action regarding the public accreditation information disclosed by All Saints University School of Medicine, and the Board's collection and evaluation of USMLE data for Ross University School of Medicine.

**Summary of Findings**

Based on its review of the information submitted by the country, Department staff concludes that Dominica provided information in response to the NCFMEA's request for a report of the issues requested at the fall 2011 meeting. This report specifically addressed the Board's action regarding the public accreditation information disclosed by All Saints University School of Medicine, and the Board's collection and evaluation of USMLE data for Ross University School of Medicine (RUSM).

With regard to All Saints University School of Medicine, Department staff noted that the Board took action to request the correction of incorrect or misleading information released by All Saints University School of Medicine on its website. Department staff confirmed that the incorrect or misleading information has been removed from the website, and no additional information is required.

Regarding the USMLE data for RUSM, Department staff reviewed the information and documentation provided by the Board to include the ECFMG-prepared and RUSM-prepared USMLE pass rate data. Although the reported data is not identical, Department staff noted that difference between the RUSM-prepared USMLE pass rate data and the ECFMG-reported data is not significant, and no additional information is required.

With regard to the Board's review of the data in the assessment of RUSM, the Board indicated that it will use the independently-audited learning outcomes report in conjunction with the RUSM- and ECFMG-prepared USMLE pass rate data in the assessment of RUSM and its recertification in December 2012. In addition, Department staff noted that the RUSM- and ECFMG-prepared USMLE pass rate data include the performance comparison of students who attend RUSM with that of examinees from all medical schools outside the United States and Canada. However, the Board did not provide any information or documentation that it has used the the data obtained in the assessment of RUSM. Therefore, Department staff suggests that the Board be asked to provide additional information and documentation concerning the evaluation of RUSM using the USMLE pass rate data and learning outcomes report provided.

### **Staff Analysis**

#### **Outstanding Issues**

**Accreditation activities related to All Saints University School of Medicine, with specific regards to the correspondence and/or actions taken concerning the accuracy of the information published on the school's website.**

#### **Country Narrative**

As previously reported, All Saints University School of Medicine (“All Saints”) has not pursued Dominica Medical Board (“Board”) accreditation, and the Board has not recognized or approved All Saints. All Saints remains chartered by the Government of the Commonwealth of Dominica.

By letter dated October 14, 2011, the Board advised All Saints to remove promptly from its website an inaccurate and misleading statement regarding All

Saint's accreditation status. See Letter from D. Shillingford to J. Yusuf (Oct. 14, 2011) (Exhibit A). Specifically, All Saints had posted the following statement on its website: "The standard of the University MD degree program is periodically assessed to be in conformity with the accreditation standards of the Medical Board of Dominica." As of January 20, 2012, All Saints had removed that statement from its website.

### **Analyst Remarks to Narrative**

The Board provided information and documentation to indicate that it requested that All Saints University School of Medicine correct the incorrect or misleading information regarding its accreditation on its website. Department staff confirmed that the incorrect or misleading information has been removed from the website. Therefore, no additional information is needed concerning the relationship between the Medical Board of Dominica and All Saints University School of Medicine.

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**USMLE data and collection practices for Ross University School of Medicine, to specifically include the following data: • The number of students who entered Ross University School of Medicine during the same academic year (the two most recent complete cohorts); • The number of students who took each Step of the USMLE from each cohort; • The number of students who passed each Step of the USMLE on the first attempt from each cohort; and • The number of students who re-took and passed each Step of the USMLE from each cohort. Provide the data for each cohort from internally prepared data and ECFMG-reported data.**

### **Country Narrative**

Educational Commission for Foreign Medical Graduates ("ECFMG")-prepared data:

Ross University School of Medicine ("RUSM") has supplied to the Board two reports that it obtained from ECFMG. The reports are at Exhibits B and C. The Board understands that 2010 is the most recent calendar year for which ECFMG is able to supply such reports. RUSM has informed the Board that it expects to receive by June 2012 an ECFMG report for the period January 1, 2011 through December 31, 2011.

RUSM-prepared data:

In connection with this report to the NCFMEA, the Board asked RUSM to supply (1) information regarding RUSM's "USMLE data and collection practices" and (2) the NCFMEA-requested data, as prepared by RUSM, namely (a) the number of students who entered RUSM during the same academic year (the two most recent complete cohorts); (b) the number of students who took each Step of the USMLE from each cohort; (c) the number of students who passed each Step of the USMLE on the first attempt from each cohort; and (d) the number of

students who re-took and passed each Step of the USMLE from each cohort. RUSM's response is at Exhibit D.

Board-requested data:

The Board has asked RUSM to supply extensive audited data pertinent to learning outcomes and to create a statistically valid predictive model for specified dependent variables ("Outcomes Report"). The Board's request is at Exhibit E. RUSM has engaged Ernst & Young to perform the audit and to develop the predictive model. The Board expects to receive RUSM's Outcomes Report on February 6, 2012. The Board will supply the Outcomes Report to the NCFMEA.

### **Analyst Remarks to Narrative**

The Board provided information and documentation of the USMLE data and collection practices for Ross University School of Medicine (RUSM). Specifically, the Board provided ECFMG-prepared USMLE pass rate data for calendar years 2009 and 2010, as well as the RUSM-prepared data for two complete cohorts (academic years 2004-2005 and 2005-2006).

Even though the Board provided the information and documentation as requested, the information and documentation are not in a format that is comparable. Therefore, Department staff requests the re-submission of the RUSM-prepared data in a format that would allow it to be compared with the ECFMG-prepared data. The RUSM-prepared data needs to reflect the same reporting period. More specifically, the data, instead of being broken down by starting cohort, needs to be broken down by attempts, passes, and re-takes at each Step of the USMLE for the calendar years 2009 and 2010.

Department staff noted that the ECFMG-prepared data includes the performance comparison of students who attend RUSM with that of examinees from all medical schools outside the United States and Canada. This comparison indicates that RUSM students performed better than those from all medical schools outside the United States and Canada on the Step 1 and Step 2 Clinical Skills, but not for Step 2 Clinical Knowledge.

In addition to the data request of the NCFMEA, the Board also included information concerning an independently-audited learning outcomes report. The Board indicated that the learning outcomes report is not yet available, but would be provided in response to this report.

### **Country Response**

As indicated in Dominica's original submission, the Dominica Medical Board (Board) asked Ross University School of Medicine (RUSM) to supply extensive audited data pertinent to learning outcomes and to create a statistically valid predictive model for specified dependent variables ("Outcomes Report") (See Exhibit E). The data that RUSM provided in connection with the Outcomes

Report is at Exhibits 1 and 2. The predictive models are at Exhibit 3. Dominica is supplying the data in the form in which RUSM supplied the data to the Board, except that Dominica has removed student names in the interest of privacy. The correspondence and narrative that accompanied the Outcomes Report are at Exhibit 4.

In addition, the Board asked RUSM to supply the RUSM-prepared USMLE data in a form that allows comparison to the ECFMG-prepared USMLE data. RUSM's response is at Exhibit 5.

### **Analyst Remarks to Response**

The Board provided updated information and documentation of the USMLE data and collection practices for Ross University School of Medicine (RUSM). Specifically, the Board provided the updated RUSM-prepared data for calendar years 2009 and 2010, as well as the independently-audited learning outcomes report described in the previous submission.

Since the format of the RUSM-prepared USMLE pass rate data was revised to reflect the same reporting period as the ECFMG-reported data, Department staff is able to compare the information. Although the reported data is not identical, Department staff notes that difference between the RUSM-prepared USMLE pass rate data and the ECFMG-reported data is not significant.

Department staff noted that both sets of data include the performance comparison of students who attended RUSM with that of examinees from all medical schools outside the United States and Canada. Those comparisons indicate that RUSM students performed better than those from all medical schools outside the United States and Canada on the Step 1 and Step 2 Clinical Skills, but not for Step 2 Clinical Knowledge.

The Board also included the independently-audited learning outcomes report it required RUSM produced as part of its recertification process. The Board provided an overview of the learning outcomes report and the raw data, the data analysis, and the predictive model to identify attributes of students who successfully complete the program.

Staff Conclusion: Comprehensive response provided

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**Based on the data collected, provide information on how the data is analyzed and used in assessing the school.**

### **Country Narrative**

The Board extended until December 16, 2012 RUSM's current certification, pending receipt of certain information. See Letter from D. Shillingford to J. Flaherty (Dec. 15, 2011) (Exhibit F). The Board plans to analyze RUSM's Outcomes Report, referenced in response to Question 2, in connection with its consideration as to whether and under what conditions to extend RUSM's certification beyond December 16, 2012.

### **Analyst Remarks to Narrative**

The Board indicated that it will use an independently-audited learning outcomes report, which is not yet available, in the assessment of RUSM and its certification process with the Board.

Previously, Department staff noted that the ECFMG-prepared USMLE pass rate data includes a performance comparison which indicates that RUSM students performed better than those from all medical schools outside the United States and Canada on the Step 1 and Step 2 Clinical Skills, but not for Step 2 Clinical Knowledge. The Board did not provide any information or documentation concerning the evaluation of the ECFMG-prepared data in the assessment of RUSM.

Therefore, Department staff requests the submission of the learning outcomes report, as well as information and documentation specifically on how the ECFMG-reported data is used in assessing RUSM.

### **Country Response**

The Board plans to analyze the RUSM- and ECFMG-prepared data, as well as the Outcomes Report, in connection with its consideration as to whether and under what conditions to extend RUSM's certification beyond December 16, 2012. The Board will consider such data in connection with its assessment of RUSM's compliance with accreditation standards related to, for example:

- geographically separate sites (e.g., "If some components of the educational programme are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that (a) the educational experiences at all geographically separated sites are comparable in quality to those at the main campus and to each other, and (b) there is consistency in student evaluations at all sites.");
- clinical education (e.g., "Medical schools must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.");
- evaluation of student achievement (e.g., "The administration and the faculty should have knowledge of methods for measurement of student performance in accordance with stated educational objectives and national norms. . . . The

U.S. Department of Education

Staff Analysis of the Report Submitted by Grenada

Prepared March 2012

**Background**

At its September 1996 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) initially determined that the standards of the New York State Department of Education (NYSDE), Office of the Professions, used to evaluate St. George's University School of Medicine (SGUSOM) in Grenada (for the purpose of placing St. George's students in clinical clerkships in teaching hospitals in New York State), in conjunction with the standards used by Grenada's Ministry of Health, Housing, and the Environment to evaluate and approve clinical clerkships for St. George's students outside of New York, were comparable to those used to evaluate medical schools in the United States.

The NCFMEA determined, at its March 2001 meeting and again at its March 2007 meeting, that the country's standards used to evaluate its medical school continued to be comparable to those used to evaluate medical schools in the United States. At the March 2007 meeting, the country was requested to provide a report of its accrediting activities to be reviewed at the Committee's March 2009 meeting. At the March 2009 meeting, the country was requested to provide a further report, containing an update on one issue, at the Spring 2011 Committee meeting. Since the membership of the Committee had temporarily lapsed and the Committee was not meeting at that time, the report is being considered at the current meeting instead.

**Summary of Findings**

Based on a review of the report submitted by Grenada, Department staff concludes that the country has provided the information requested by the NCFMEA and that its actions during the past year appear to be consistent with the NCFMEA Guidelines.

**Staff Analysis**

**Current status of medical schools**

## **Country Narrative**

St. George's University School of Medicine (SGUSOM) remains the only medical school in Grenada. It continues to be accredited by the Ministry of Health of the Government of Grenada and approved by the New York State Department of Education's Office of the Professions for the purposes of long term clinical placement in New York State.

## **Analyst Remarks to Narrative**

The country reports that the St. George's University School of Medicine (SGUSOM) continues to be the only medical school operating in Grenada. The school is accredited by the government of Grenada, but is evaluated by the New York State Department of Education (NYSDE). Based upon a site visit report attached as an exhibit in another section, it appears that the SGUSOM's most recent review by the NYSDE occurred in February 2007 and that the school remains fully accredited.

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## **Overview of accreditation activities**

### **Country Narrative**

Grenada Ministry of Health (Grenada Ministry)

The following site visits were conducted by teams of consultants retained by the Grenada Ministry for purposes of academic program oversight. The members of each team have extensive experience in the fields of medical education, academic program review and professional regulation. The consultant teams included the following individuals: Bernard Pollara, MD, PhD, Emeritus Professor of Pediatrics, College of Medicine, University of South Florida; Leo Sullivan, MD, Retired Associate Dean, Tufts University School of Medicine; Brian Gilchrist, MD, Former Pediatric Surgeon, SUNY Brooklyn, currently Chief of Pediatric Surgery and Director of the Children's Hospital Institute, Elliot Hospital, Manchester, New Hampshire; Howard Sohnen, MD, Former Associate Dean for Clinical Medical Education and OB/Gyn Residency Program Director, Mercer University School of Medicine; Lynn Ringenberg, MD, Emeritus Professor of Pediatrics, University of South Florida, College of Medicine; and Thomas J. Monahan, MA Retired Executive Secretary, NYS Board for Medicine. At the conclusion of each site visit, a report was prepared and submitted to the Permanent Secretary of the Grenada Ministry of Health.

January 23-27, 2011

During this period of time a team of consultants visited the following SGUSOM clinical sites in New Jersey, New York and California on behalf of the Grenada Ministry of Health: Richmond University Medical Center, Staten Island, New

York; Hackensack University Medical Center, Hackensack, New Jersey; Arrowhead Regional Medical Center, Colton, California. During the site visit the team members met with the Director of Medical Education or Medical Director, Clerkship Directors, clinical faculty, administrative support staff and students. A report of the team's findings was prepared and submitted to the Permanent Secretary of the Grenada Ministry of Health. A copy of the report transmittal letter is attached as Attachment 1

June 13-16, 2011

A site visit was conducted by a team of consultants on behalf of the Grenada Ministry of Health to St. Michael's Medical Center, Newark, New Jersey; Bergen Regional Medical Center (Behavioral Health Sciences), Paramus, New Jersey; Jersey City Medical Center, Jersey City, New Jersey; JFK Medical Center, Edison, New Jersey; Monmouth Medical Center, Long Branch, New Jersey. During the site visit the team members met with the Director of Medical Education or Medical Director, Clerkship Directors, clinical faculty, administrative support staff and students. A report on the team's findings was prepared and submitted to the Permanent Secretary of the Ministry of Health. A copy of the report transmittal letter is attached as Attachment 2

August 16-18, 2011

During this period of time a team of consultants visited the following SGUSOM clinical sites on behalf of the Grenada Ministry of Health: St. Barnabas Medical Center, Livingston, New Jersey; Newark Beth Israel Medical Center, Newark, New Jersey; Norwalk Hospital, Norwalk Connecticut; St. Mary's Hospital, Waterbury, Connecticut; Norwegian American Hospital, Chicago, Illinois. During the site visit the team members met with the Director of Medical Education or Medical Director, Clerkship Directors, clinical faculty, administrative support staff and students. A report on the team's findings was prepared and submitted to the Permanent Secretary of the Ministry of Health. A copy of the report transmittal letter is attached as Attachment 3

November 7-13, 2011

During this period of time a team of consultants to the Ministry of Health visited St. Joseph's Hospital Medical Center in Paterson, New Jersey; University Support Services, LLC in Great River, New York; and Basingstoke/North Hampshire Hospital and William Harvey Hospital in the United Kingdom. During the site visit, the team members met with the Director of Medical Education or Medical Director, Clerkship Directors, clinical faculty, administrative support staff and students. A report on the team's findings was prepared and submitted to the Permanent Secretary of the Ministry of Health. A copy of the report transmittal

letter is attached as Attachment 4

### **Analyst Remarks to Narrative**

The country provided site visit reports resulting from on-site reviews of selected clinical sites that were conducted in New Jersey, Connecticut, and Illinois during 2011. The review team concluded that the training sites were of high quality and provided excellent clinical education experiences. The team visited the following sites during August 2011:

New Jersey:  
St. Barnabas Medical Center  
Newark Beth Israel

Connecticut:  
Norwalk Hospital  
St. Mary's Hospital

Illinois:  
Norwegian American Hospital

The country provided no information regarding meetings held and accreditation decisions reached, nor accreditation conferences or training sessions held. Presumably, no such events occurred. However, more information is needed from the country in order to affirm this assumption.

Staff determination: Additional information is requested for this section. The country needs to indicate whether other events, in addition to the clinical site visits, occurred.

### **Country Response**

The continued accreditation of SGUSOM does not require additional formal action by the Ministry of Health provided that NYSED approval is maintained and there continue to be favorable site-visit reports submitted by consultant teams.

In relation to accreditation conferences and training sessions, it should be noted that all consultants have extensive experience in the areas of medical education and accreditation. All consultants are provided with written standards and guidelines and new consultants are trained individually before participating as full fledged team members. In addition, Mr. Thomas Monahan attends the annual meeting of the Federation of State Medical Boards and participates in those activities related to medical education and accreditation. In addition, he also anticipates attending the fall International Association of Medical Regulatory Agencies (IAMRA) meeting in Ottawa.

In relation to site visits conducted in 2011, and as stated in the Ministry's original listing of site visits between November 7 and November 13, 2011, a team of

consultants to the Ministry of Health site-visited the recently upgraded and newly occupied administrative offices of University Support Services LLC (USSLLC), in Great River, New York (February 2011). This third party servicer, consisting of approximately 160 administrative and staff support employees, serves as the North American correspondent to St. George's University. Attached to this section, please see the cover letter and site visit report covering the USSLLC visit wherein. The team met with Dean of Enrolment Planning, the Director of Financial Aid, the Dean of the School of Medicine, the University Director of Operations and the clinical placement staff. Please accept our apologies for not making this aspect of the November site visits and the team's acceptance of these facilities clearer in the initial submission.

### **Analyst Remarks to Response**

In its initial report, the country provided a list of site visits conducted during January, June, August and November of 2011 and site visit reports resulting from on-site reviews of selected clinical sites that were conducted in New Jersey, Connecticut, and Illinois during 2011. The review team concluded that the training sites were of high quality and provided excellent clinical education experiences.

In the draft analysis, staff requested information about other events that occurred, in addition to site visits. In its response to the request for additional information, the country provided information stating that a consultant working in the country's behalf attended meetings of the Federation of State Medical Boards.

Staff Conclusion: Comprehensive response provided

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### **Laws and regulations**

#### **Country Narrative**

There have not been any changes to the laws and regulations of the Government of Grenada affecting the accreditation of medical schools since December 2009.

#### **Analyst Remarks to Narrative**

The country states that there have been no changes to its laws affecting the accreditation of its medical school. It provided copies of various acts that authorize the school's operation.

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### **Standards**

## **Country Narrative**

There have been no changes to date in the New York State standards since December 2009. However, it should be noted that the New York State Education Department is currently in the process of reviewing and updating the current processes/procedures and standards in order to assure that they are comparable to current LCME standards and procedures.

## **Analyst Remarks to Narrative**

The country indicates that it continues to operate under the NYSED standards and that these standards, while under review, have not changed since 2009. A copy of "A Guide for Unaccredited/Unregistered Medical Schools Seeking to Operate in New York State" (the NYSED state standards) was provided as documentation. The country notes that the NYSED is currently reviewing its standards for alignment with the Liaison Committee on Medical Education (LCME) standards, and that future revisions may result from this review.

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## **Processes and procedures**

## **Country Narrative**

There have been no changes to date in the New York State's processes and procedures since December 2009. However, it should be noted that the New York State Education Department is currently in the process of reviewing and updating the current processes/procedures and standards in order to assure that they remain comparable to current LCME standards and procedures.

## **Analyst Remarks to Narrative**

As stated and documented in the previous section, there have been no changes to the NYSED standards.

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## **Schedule of upcoming accreditation activities**

### **Country Narrative**

February/March 2012

During this period of time a team of consultants to the Grenada Ministry of Health will conduct site visits to the following clinical facilities: Kings County Medical Center in Brooklyn, NY; Spring Grove Hospital Center, Catonsville, MD; Miami Children's Hospital, Florida; and Cleveland Clinic, Westin, Florida.

March/April 2012

During this period of time a team of consultants to the Grenada Ministry of Health

will conduct site visits to the following clinical facilities: Virtua West Jersey Health Systems, Inc., Voorhees, New Jersey; Doctors Hospital of Michigan, Pontiac, Michigan; St. Joseph's Mercy Hospital Oakland, Pontiac, Michigan; St. John Hospital and Medical Center, Detroit, Michigan; Kern Medical Center, Bakersfield, California.

September/October 2012

During this period of time a team of consultants to the Grenada Ministry of Health will conduct site visits to the following clinical facilities in the United Kingdom: Staffordshire General Hospital, Stafford; Norfolk and Waverney Mental Health Partnership Trust, and Norfolk and Norwich University Hospital, Norfolk; Royal Hampshire County Hospital, Winchester; North Middlesex University Hospital and Watford General Hospital, London; St. Anne's Hospital, London; Poole General Hospital and St. Ann's Hospital, Poole; Great Western Hospital, Swindon; Russells Hall Hospital, Dudley; Ipswich Hospital, Ipswich; Kent and Canterbury Hospital, Canterbury; Barnet General Hospital, London; and Stoke Mandeville Hospital, Aylesbury.

### **Analyst Remarks to Narrative**

The country provided a schedule of upcoming site visits to various clinical facilities in California, Florida, Maryland, Michigan, New Jersey, and New York, as well as in the United Kingdom.

The country provided no information regarding upcoming accreditation meetings or on-site visits to its medical school. Presumably, no such events are scheduled. However, more information is needed from the country in order to affirm this assumption.

Staff determination: Additional information is requested for this section. The country needs to indicate whether other events, in addition to the clinical site visits, are scheduled.

### **Country Response**

In response to interest expressed in the Draft Staff Analysis Report in the sections entitled "Summary of Findings" and "Schedule of upcoming Accreditation Activities" a team of consultants to the Ministry of Health will conduct a site visit of the True Blue Campus of St. George's University in Grenada in November/December 2012. Please accept our apologies for omitting the plans for this visit in our initial submission.

### **Analyst Remarks to Response**

In its initial report, the country provided a schedule of upcoming site visits to various clinical facilities in California, Florida, Maryland, Michigan, New Jersey, and New York, as well as in the United Kingdom.

In response to a request for additional information in the draft staff analysis, the country provided information that a team of consultants, acting on behalf of the Ministry of Health, will conduct a site visit of the True Blue Campus of St. George's University in Grenada in November/December 2012.

The country also reports that one of its consultants, acting on behalf of the country anticipates attending the Fall 2012 International Association of Medical Regulatory Agencies (IAMRA) meeting in Ottawa, Canada.

Staff Conclusion: Comprehensive response provided

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### **Outstanding Issues**

#### **Report on your accreditation activities and evolution of family medicine.**

### **Country Narrative**

In April 2007 the New York State standards and guidelines for approval and, thus, the Grenada accreditation standards were amended by establishing a requirement for a Family Practice Clinical Clerkship in the clinical component of the program. St. George's University, School of Medicine, the only medical school in Grenada, responded at that time by forming two new departments; one in Family Medicine and General Practice and another in Emergency Medicine. SGUSOM has always required a four week rotation in primary care during the third and fourth year of medical school. The educational principles of this rotation could be learned by medical students in Family Medicine, Internal Medicine or pediatric ambulatory, primary care clinics or in emergency medicine. These departments were responsible to further develop the curriculum of the primary care rotation. In 2011, the school modified its "primary care" clerkship by replacing it with a specific "Family Medicine" four week requirement.

### **Analyst Remarks to Narrative**

In conjunction with the 2007 ED staff review, the NCFMEA explored with the Grenada whether a clerkship in Family Practice was required, and the Committee requested that the country provide further information regarding such a clerkship in its 2009 report. The country then noted in its 2009 report that New York's guidelines had been amended in 2007 to require a rotation in Family Practice. The country has now provided an update in its current report noting that the curriculum in has been further developed and that its "Primary Care" clerkship has been replaced with a specific "Family Medicine" four week required rotation.

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## U.S. Department of Education

### Staff Analysis of the Standards for the Evaluation of Medical Schools Used by Nevis

Prepared March 2012

#### **Background**

In 1998, the Government of St. Kitts and Nevis and the Medical University of the Americas (MUA) signed an agreement establishing the MUA as the only medical school on the island of Nevis. The islands of St. Kitts and Nevis are joined together as a federation, although each exercises considerable autonomy over internal island matters. In 2007, the Premier of the Government of Nevis signed an agreement designating the Accreditation Commission on Colleges of Medicine (ACCM) to act on Nevis's behalf as the MUA's accreditor. The Government of Nevis is appearing at the Spring 2012 NCFMEA meeting seeking an initial determination that the standards used by the ACCM to evaluate the island's one medical school are comparable to those used to evaluate medical schools in the United States.

NCFMEA reviews requests from countries for determinations of comparability. This request for a comparability determination was initiated by the government of an island which is a component of the federal government. The island component has a constitutionally protected right to secede from the federation, should a two-third majority of the island's population vote for independence in a local referendum. The NCFMEA may want to consider whether it is an eligible request for comparability and whether it is appropriate to make a comparability determination in this case, whether there may be a need for additional clarification of the relationship between Nevis and St Kitts, and what implications such a decision may have on future requests. Also, if the NCFMEA concludes that it is appropriate, and that the process is comparable, it may also want to make clear that the comparability determination is limited to the island of Nevis and that St. Kitts would need to seek its own comparability determination and designate ACCM or some other entity as the designated accreditor for medical schools operating in St. Kitts.

#### **Summary of Findings**

This is Nevis's first appearance before the NCFMEA. Based on the information provided, it appears that the government of St. Kitts and Nevis, through an agreement utilizing the services of the Accreditation Commission on Colleges of Medicine (ACCM), has an evaluation system that is substantially comparable to that used to accredit medical schools in the United States. However, while the

government has provided significant information regarding the ACCM's standards for medical education, the NCFMEA may wish to request additional information related to several areas.

The Committee may wish to obtain additional information as to the agency's requirement for audited financial statements from the school, as well as requirements for prior approval of substantive changes related to the school's main campus. The Committee may also wish to explore several issues related to faculty and students. Additional information may be requested regarding faculty input into the school's mission and objectives. The Committee may also wish to explore requirements regarding the school's complaint procedures, as well as the ACCM's procedures for tracking patterns of complaints at its schools. An additional area related to both students and faculty concerns the MUA's first time pass rates on the USMLE Step one. Pass rates were initially low, then appeared to be improving. However, the institution's most current pass rates still fall below the agency's established benchmark. More information regarding actions taken by the ACCM, as well as the school's ongoing performance on the test, may be of interest. Finally, the Committee may also wish to obtain additional information regarding student feedback and student placement services.

### **Staff Analysis**

## **PART 1: Entity Responsible for the Accreditation/Approval of Medical Schools**

### **Approval of Medical Schools, Question 1**

#### **Country Narrative**

The entity responsible to approve or deny approval of a medical school on the island of Nevis is the Government of St Kitts and Nevis (Exhibit 1 – Govt & MUA Agreement & Charter)

#### **Analyst Remarks to Narrative**

The government of St. Kitts and Nevis is the sole authority authorizing the establishment and operation of the Medical University of the Americas (MUA) on the island of Nevis. As documentation, the country provided a copy of a July 1998 agreement signed by the government's Minister of Education and the MUA authorizing the establishment of the school.

The agreement also stipulates that the extent of clinical rotations at the hospital on Nevis shall be determined with input from the Ministry of Health, and that additional equipment that may be needed at the hospital will be pursued with the agreement of that ministry.

Two representatives on the MUA's Board of Directors, including one medical doctor (M.D.) and one educator, will be chosen with government approval. The MUA will also pay the government an annual fee of \$50,000 U.S. or \$250 U.S. per student, whichever is greater.

While it is clear that the MUA operates under the approval of the government of St. Kitts and Nevis, it is unclear whether the school is under the jurisdiction of the Ministry of Education or the Ministry of Health. The Minister of Education was the signatory on the original 1998 establishing agreement. However, the Ministry of Health has input into clinical rotations at the hospital on Nevis and its Minister was also the signatory on the agreement designating the Accreditation Commission on Colleges of Medicine (ACCM) as the MUA's accrediting body. Clarification is requested as to which ministry oversees the school.

The country is requested to clarify whether the MUA is operating under the authority of the Ministry of Education or the Ministry of Health and what roles the two ministries play in the school's continued operation.

### **Country Response**

On 9-10 February 2012 ACCM made a scheduled inspection visit to the Medical University of the Americas. The ACCM team met with the Hon Hensley Daniel, Minister for Health of the Nevis Government, as it had done previously. The ACCM had already verified that the Nevis Government's Ministry of Health was the responsible Ministry in regard to Medical University of the Americas, but raised the NCFMEA's query with the Minister directly. He confirmed that, although the agreement for establishment of the medical school had been signed by the Minister for Education of the Government of St Kitts and Nevis, it is the Ministry of Health of the Nevis Government which has oversight of the medical school. The Nevis Government's Accreditation Agreement with ACCM was signed by the Premier of Nevis, Hon Joseph W Parry, on behalf of the Nevis Government, and not by the Minister for Health.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the agency clarified that while the country's Ministry of Education granted initial permission for the establishment of the medical school, its Ministry of Health is now the agency responsible for its oversight.

Staff Conclusion: Comprehensive response provided

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## **Approval of Medical Schools, Question 2**

### **Country Narrative**

The Government of Nevis regulates the certification/licensure of the medical school.

### **Analyst Remarks to Narrative**

As provided in the agreement that was attached as documentation under the previous section, the government granted the charter for the MUA to operate a medical school on Nevis, and the MUA operates under the government's authority and according to the terms specified in the agreement.

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### **Approval of Medical Schools, Question 3**

#### **Country Narrative**

The Government of Nevis retains the authority to remove the right to operate of a medical school.

#### **Analyst Remarks to Narrative**

As noted previously, while it is clear that the MUA operates under the approval of the government of St. Kitts and Nevis, it is unclear whether the school is under the jurisdiction of the Ministry of Education or the Ministry of Health. It is also unclear which of these governmental entities, if either, would have the authority to close the medical school.

Additional information is requested regarding which governmental entity would have the authority to close the MUA or to take away its right to operate. Information is requested as to the name of each entity and to whom each entity reports.

#### **Country Response**

During the ACCM's interview with the Minister of Health of the Nevis Government on 9th February 2012, the ACCM asked the Minister of Health, Hon. Hensley Daniel, to confirm whether or not his Ministry had the authority to close the medical school or remove its right to operate. The Hon. Hensley Daniel confirmed that the Ministry of Health of the Nevis Government had the authority to require the closure of the medical school or remove its right to operate.

#### **Analyst Remarks to Response**

As noted in a previous section, the agency clarified that while the country's Ministry of Education granted initial permission for the establishment of the medical school, its Ministry of Health is now the agency responsible for its oversight. The Ministry of Health would be the entity with authority to close the school, and its Minister reports to the Premier of Nevis.

## **Accreditation of Medical Schools**

### **Country Narrative**

There is a single medical school on the Island of Nevis, which is the Medical University of the Americas. In a Government Resolution dated 1 October 2006, and signed by the Minister of Health on 8 November 2006, the Nevis Government recognized the Accreditation Commission on Colleges of Medicine (ACCM) for the 'sole purpose of (a) ensuring that the Medical University of the Americas meets standards comparable to those in the United States as are applied to US Medical Schools and (b) assuring the public and the US Department of Education that the Medical University of the Americas is providing a quality and meaningful medical education.' (Exhibit 2a –Nevis Govt Resolution 2006)

The Premier of the Government of Nevis signed a Heads of Agreement with the ACCM in January 2007 which outlines the reporting procedures and role of ACCM as designated by the Government of Nevis (Exhibit 2b – Nevis ACCM Agreement 2007).

In a letter to the Executive Director of NCFMEA, dated 28 July, 2009, the Premier of Nevis affirmed the approval of ACCM as the accreditation agency in Nevis and authorized Professor Raymond Fitzgerald or his nominee to represent the Nevis Government at any hearing in the US Department of Education and receive reports and information on behalf of the Nevis Government. (Exhibit 2c – Nevis Premier to NCFMEA 2009)

ACCM reports on its accreditation activity annually to the Government of Nevis. The first Inspection Report on the Medical University of the Americas was lodged in June 2010 with the Government of Nevis, and a copy sent to the Executive Director of the National Committee on Foreign Medical Education and Accreditation (Exhibit 8 – ACCM Report on MUA 2010). An update on accreditation activities was lodged with the Government of Nevis in September 2011. An interim accreditation inspection visit to the medical school's campus is planned for February 2012 after which an interim inspection report will be lodged with the Government of Nevis.

### **Analyst Remarks to Narrative**

In 2006 the country designated the ACCM as the accrediting authority for the MUA, and in 2007 the Premier signed a formal agreement with the ACCM outlining ACCM's role and reporting procedures. The ACCM will provide a written report on the MUA's accreditation status to the Ministry of Health at least once a year and will meet with ministry officials at least once every two years. The agreement stipulates that the MUA will follow the ACCM's standards and

conform to the NCFMEA's Guidelines.

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## **Part 2: Accreditation/Approval Standards**

### **Mission and Objectives, Question 1**

#### **Country Narrative**

Yes, ACCM requires that ‘the institution shall develop educational goals which define its mission and teaching programme.’ Among these goals it is required that the institution assure ‘students, parents, patients, postgraduate training directors, government regulators and society that accredited programmes have met commonly accepted standards for professional education and that they serve the public interest.’ (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 1.1,(5), p.6)

The accreditation /approval standards and the inspection process used by the ACCM are set out in the Elements of Accreditation (Exhibit 3 – ACCM Elements of Accreditation 2011) and in the ACCM Protocol for Accreditation (Exhibit 4 – ACCM Protocol for Accreditation 2011) which are designed to reflect the Guidelines of the LCME and the Guidelines of the NCFMEA. The NCFMEA has previously confirmed that the ACCM Elements and Protocol conform to US standards. The ACCM Elements of Accreditation and Protocol for Accreditation were updated at the end of 2009 to take into account changes in LCME Guidelines and to adhere to the revised NCFMEA Guidelines. A single revision to the Elements of Accreditation was made in 2011 so that the passing of USMLE Step 2 (CS and CK) would be a prerequisite to graduation. This had previously been a recommendation rather than a requirement.

ACCM requires that the standards of medical education followed by the school are those set out in the ACCM Elements of Accreditation. ACCM is satisfied that MUA’s Mission Statement ‘Integrity in Education’ encapsulates the medical school’s intent that their medical education program ‘will prepare the students for modern medical practice in the 21st century’. The school has an additional stated objective to ensure that it will train practitioners from Nevis and the Caribbean region and contribute to health education, research and welfare in the local population. (Exhibit 5 - MUA Self Study 2009, p9,10)

The medical school’s mission statement ‘Integrity in Education’ also points to its intention not only to educate but to ensure that its students develop the high personal attributes necessary in a physician. The public interest is served by the requirement to deliver a high quality medical education and to graduate only students who have acquired ‘a critical amount of knowledge and developed adequate skills’ whereby they are successful in advancing to and completing postgraduate training, and to ensure that the students ‘acquire the knowledge, behaviours, skills and attitudes expected by the academic community and society of a physician’ (Exhibit 3 - ACCM Elements of Accreditation 2011,

Element 1.1,(2),(3) p.6)

### **Analyst Remarks to Narrative**

The ACCM's Element 1.1, Educational Goals, specifies that an institution develop educational goals to define its mission and program and requires, among other things, that the goals assure that accredited programs have met the public interest. The goals must be adopted by the institution's Board of Trustees, be re-evaluated periodically, and be published and distributed to students, faculty, and the public, typically via the institution's catalog.

The MUA's self-study document demonstrates that the institution has established a detailed mission statement, goals, and objectives in accordance with the ACCM's requirements. The MUA's mission statement specifies that it "embraces a special mission to train practitioners from the island of Nevis and the Caribbean region and to contribute to the improvements of health education, research, and prevention for the local population."

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### **Mission and Objectives, Question 2**

#### **Country Narrative**

ACCM's Element 2 'Corporate Organisation' requires that an independent and voluntary Board of Trustees will govern the institution. 'In consultation with the chief academic officer, divisional heads and representatives of the faculty the Board shall govern the institution by establishing broad institutional policies, providing institutional direction...'etc. Thus it is seen that the involvement of faculty in the defining of objectives is a requirement (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 2.1, p.7)

The first question in the ACCM's Self-Study document asks the medical school to 'describe how the institution engages in a planning process that sets the direction and priorities for the institution and results in measurable outcomes.' The response from MUA states that 'institutional priorities are set as part of MUA's annual planning process. This process begins with a review and updating of institutional priorities.... All departments participate in this process. Once the priorities are clarified, each department outlines the resources needed to accomplish the priorities.' Therefore faculty are involved in the defining of objectives. (Exhibit 5 - MUA Self Study 2009, p.2)

ACCM Elements of Accreditation Element 4.1 'Curriculum' requires that the programme shall be appropriately related to the mission of the institution... (and) must be consistent with and reflect the educational goals of the school.' It further requires that 'a curriculum committee of faculty members shall be responsible for developing and evaluating a curriculum that provides a general medical education so that its graduates are prepared to pursue further training at graduate level. The management of the curriculum shall involve the participation of the faculty and the administration in an integrated manner.' (Exhibit 3 - ACCM

Elements of Accreditation 2011, Element 4.1, p.9)

MUA's description of how the curriculum committee works to design and evaluate the curriculum is found in Exhibit 5 - MUA Self Study 2009, page 14, 'Structure of the Educational Program'

### **Analyst Remarks to Narrative**

The ACCM's Element 4.1, Curriculum, specifies that the program be related to the institution's mission and consistent with its educational goals. A faculty curriculum committee shall be responsible for developing and evaluating the curriculum, and the faculty and the administration shall be involved in the management of the curriculum. The curriculum committee must design a program that encourages an understanding of basic scientific knowledge on the part of the students.

The ACCM's Element 4.8, Evaluation of the Curriculum, specifies that the curriculum committee continuously evaluate the curriculum's effectiveness and the extent to which the institution's goals are achieved. Curricular effectiveness is evaluated based upon a number of specified outcomes measures.

The MUA's self-study includes information regarding its curriculum committee and describes its activities.

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### **Mission and Objectives, Question 3**

#### **Country Narrative**

ACCM's Elements of Accreditation require the involvement of faculty in formulating the objectives of the educational programme, as described above.

Through the By-Laws of the MUA Faculty Senate, of which all faculty are members, each member of faculty agrees that 'believing that our service is to provide quality education to capable and aspiring medical students.. we are helping Medical University of the Americas to continue to fulfil its mission.' Among the duties outlined in the Faculty Senate By-Laws is 'when appropriate, advising (through and approved and established procedure) the Deans, President and Board of Trustees on matters bearing on the academic programs and institutional policies at Medical University of the Americas.' (Exhibit 6 - MUA Faculty Handbook, Appendix E)

#### **Analyst Remarks to Narrative**

While the ACCM's standards specify that there be a faculty curriculum committee that has input into curriculum development and evaluation, ED staff was unable to locate any standards requiring the adoption of the educational program by the faculty as a whole. Furthermore, the documentation that is provided, the MUA Faculty Senate by-laws, indicates that the faculty has an

advisory role rather than a decision-making role regarding the curriculum. More information is requested in this area.

Additional information is requested. ACCM must demonstrate that its standards require the review and adoption of the educational program and its objectives by the faculty as a whole.

### **Country Response**

As stated earlier in the submission, the Board of Trustees is the ultimate authority in the university in regard to adoption of mission and institutional goals. However, ACCM has verified through inspection visits that the faculty of Medical University of the Americas reviews and participates fully in formulating the educational program and its objectives, and is deeply involved in the development of all aspects of the program through the various committees and consultative processes existing in the University. The school has confirmed that in Fall 2011 a comprehensive review of the curriculum and the institutional goals and objectives was completed, and a number of adjustments to curriculum and objectives are planned, including earlier exposure to clinical skills. The curriculum changes were adopted by the Curriculum Committee and the Board of Trustees in December 2011. A research module entitled 'Research: Literature Review and Analysis' is being finalised by the faculty Research Committee, for introduction into the curriculum in September 2012. Relevant to the entire review process was the decision that the university should formally adopt a revised mission statement along with, and incorporating, educational competencies. The Board of Trustees and the faculty will adopt the competencies in Fall 2012 with implementation planned for January 2013.

ACCM has assured itself through inspections and interviews, that faculty are, and consider themselves, fully involved in the formulation of the mission, program and objectives of the university, ACCM acknowledges that in its Elements it does not currently state that a formal review and adoption process is a requirement, and will adjust its Elements accordingly at its next scheduled meeting in May 2012

### **Analyst Remarks to Response**

In its response to the draft analysis, the agency asserted that while the requirements of this section are being met in practice, they are not formally addressed in its standards. As a result, the agency plans to amend its standards to reflect these requirements during the course of its May 2012 council meeting.

Additional information is requested. Additional information will be needed regarding the changes that the agency makes to its standards at its May 2012 meeting.

**Staff Conclusion: Additional Information requested**

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## **Mission and Objectives, Question 4**

### **Country Narrative**

ACCM's Elements of Accreditation 2011 require that 'the institution shall publish and distribute its goals (objectives) among its students, faculty and the public. ... Each medical school must engage in a planning process that sets the direction for the institution and must evaluate outcomes using objective measures. The institution's educational programmes shall be designed and evaluated to achieve its goals.' (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 1.1, p.6)

ACCM has examined MUA's Institutional Catalog where the objectives are listed as follows:

1. Provide the scientific basis for the practice of medicine through a challenging basic sciences curriculum.
  2. Promote an awareness of the bio-psycho-social and economic-legal contexts in which the practice of medicine occurs.
  3. Integrate clinical problem-solving skills with sound scientifically based clinical judgment.
  4. Foster an approach to medicine that uses evidence-based medicine and information systems as a basis for practice.
  5. Cultivate an atmosphere of scientific inquiry and research.
  6. Ensure that each student acquires solid clinical skills and problem-solving techniques that will allow for a smooth transition into residency training.
- (Exhibit 12 - MUA Institutional Catalog 2011-13, p.3)

In the Institutional Self Study (Exhibit 5 - MUA Self Study 2009, p.2) it is stated that 'MUA tracks its success relative to its priorities by monitoring key outcomes. For example, student results on standardized examinations are one of the metrics used to assess the teaching efficacy.' Many of these metrics, including success rates in USMLE Steps 1 and 2 (CS and CK) examinations, are presented to ACCM in the Annual Database Report which is submitted by the school each year at the beginning of February.

ACCM's Institutional Self-Study Questionnaire asks the school to comment on the extent to which school-wide educational objectives are linked to physician competencies expected by the medical profession and the public. MUA's response is seen in Exhibit 5 - MUA Self Study 2009, p.12-13, where the school lists the standards to which it correlates its own standards and specifically addresses the six core competencies as defined by the ACGME.

### **Analyst Remarks to Narrative**

The ACCM's Element 1.1, Educational Goals, specifies that the institution must evaluate outcomes using objective measures and that the institution's programs must be evaluated to achieve its goals.

Element 4.8, Evaluation of the Curriculum, specifies that curricular effectiveness may be measured by evaluating such outcomes measures as:

- student attrition rates
- student performance on standardized exams
- percentages of students accepted into residency programs
- percentages of eligible graduates passing the USMLE and other licensing exams
- student employment rates

The institutional self-study provides comments on the extent to which educational objectives are linked to physician competencies.

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## **Mission and Objectives, Question 5**

### **Country Narrative**

The medical school must conform to the educational goals as set out by the ACCM (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 1, nos 1-5, p.6) and verified by the ACCM inspection team during comprehensive and interim visits to the basic science campus and the affiliated clinical training sites and by examination of Annual Database Reports and appended documentation received from the medical school (Exhibit 15 – MUA Annual Database Report 2009-10).

### **Analyst Remarks to Narrative**

The ACCM's Element 1.1 specifies that an institution's graduates must:

- acquire the knowledge and skills necessary to advance to and complete post-graduate training
- acquire the professional attributes expected by the academy and profession
- be able to obtain licensure
- be able to provide quality health care
- continue life-long learning

The MUA's self-study and site visit report demonstrate that the ACCM evaluates its institutions with regard to compliance with its standards. An annual report submitted by the MUA demonstrates that the institution is required to report on a number of outcomes measures, including USMLE pass rates, subject and clinical test pass rates, and graduation and residency placement rates. The ACCM has established a threshold first-time pass rate in USMLE Step 1 of 85% for the schools it accredits.

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## **Governance, Question 1**

### **Country Narrative**

The entity responsible for evaluating the quality of the medical education is the ACCM and its Protocol for Accreditation requires that, in order to initiate the accreditation process, 'the college is chartered, licensed, and authorized to award the MD degrees by the regulatory body that governs educational institutions in that jurisdiction. The college must annex all documents to demonstrate its authorization to operate and to award the M.D. degree.' (Exhibit 4 – ACCM Protocol for Accreditation 2011, Section IV, p.16, para 3c)

The Medical University of the Americas has been legally authorized to confer the degree of MD, and the terms and conditions agreed between the Government and the University are set out in their Statement of Agreement, July 17th, 1998 (Exhibit 1 – Govt & MUA Agreement & Charter).

### **Analyst Remarks to Narrative**

The ACCM's Element 2.1, Corporate Organisation, specifies that the institution "be licensed by the appropriate governmental or regulatory authority to offer courses of instruction in medicine and to award the MD degree."

As documented under previous sections, the MUA is authorized to operate under a formal agreement with the government of St. Kitts and Nevis.

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## **Governance, Question 2**

### **Country Narrative**

The Accreditation Commission on Colleges of Medicine (ACCM) is the external and independent agency appointed by the Government of Nevis that ensures the accountability of the management of the school. ACCM's role and relationship to the Government is outlined in the Heads of Agreement between ACCM and the Government of Nevis (Exhibit 2b – Nevis ACCM Agreement 2007). ACCM is a not-for-profit organization whose role is to ascertain and verify that a medical school under accreditation is operating in a manner which ensures that their medical education programmes are compliant with ACCM standards.

### **Analyst Remarks to Narrative**

The government of Nevis has designated the ACCM as the accrediting body responsible for evaluating the medical education program at the MUA. As noted previously, the governmental entity overseeing the ACCM's accreditation activities at the MUA is the Ministry of Health. The ACCM provides written reports regarding its accreditation activities at the MUA to the ministry at least once year and meets directly with ministry representatives at least once every

two years to discuss its activities at the school.

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## **Administrative Personnel and Authority, Question 1**

### **Country Narrative**

The corporate organization and administration of the medical school must comply with standards set out in ACCM Elements of Accreditation, Elements 2 & 3 (Exhibit 3 – ACCM Elements of Accreditation 2011, Elements 2 and 3, p 7-8). ACCM requires that the school be governed by an independent and voluntary Board of Trustees as the highest authoritative body of the institution (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 2, subsection 2.1, p.7). ACCM meets the Board of Trustees during inspection visits and requires annual submission of minutes of all Board meetings held throughout the year. ACCM requires that a minimum of three Board meetings be held annually.

In the Elements of Accreditation it is stated 'The institution shall design administrative structures so that each division is able to perform its unique responsibilities efficiently. The design and size of the administration shall also be of sufficient magnitude for the size of the student body and the scope of the programme... The chief academic officer shall be supported by a competent team of professional staff in the management of the education programme. They shall include individuals representing Deans, Associate Deans and Assistant Deans, professional staff and secretarial support, student admissions, faculty affairs, education financing, accounting, budgeting and fundraising, clinical facilities, curriculum and academic affairs, students services and student affairs (student health, student activities, student counseling and student government), postgraduate and continuing medical education, research, alumni affairs, library, student financial assistance, record keeping, public safety.'

The administrative and academic organization of the school is monitored by regular inspections of the medical school campus and its affiliated clinical training sites. During these inspections interviews with faculty, administration and students are held to verify compliance with the ACCM Elements of Accreditation.

MUA describes its governance and administration in Exhibit 5 – MUA Self Study 2009 in pages 2-5 and the faculty involvement in governance on pages 52-53. There have been no long-standing vacancies or high turnover in leadership in MUA during the period of accreditation.

### **Analyst Remarks to Narrative**

The ACCM's Element 2.1, Corporate Organisation, specifies that a school shall be governed by an independent and voluntary Board of Trustees. On-campus administration is also addressed in this element and specifies that a school's bylaws address chief, associate, and assistant administrative officers, and a chief academic officer.

ACCM's Element 3.1, College Management, further specifies that the chief academic officer be supported by a team of professional staff including:

- deans, associate deans, and assistant deans
- professional staff and secretarial support
- student admissions staff
- faculty affairs staff
- financing, accounting, budgeting, and fundraising staff
- facilities staff
- curriculum and academic affairs staff
- student services and student affairs staff
- continuing education staff
- research staff
- alumni affairs staff
- library staff
- student financial assistance staff
- record-keeping staff
- public safety staff

ACCM's Element 3.3, Satellite Health Care Facilities, specifies that each satellite (clinical) facility must have a site director, department faculty, and administrative personnel.

The MUA addressed these requirements in its 2009 self-study document as verified during the 2010 site evaluation visit.

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## **Administrative Personnel and Authority, Question 2**

### **Country Narrative**

ACCM requires that the principal administrative and academic heads shall maintain open lines of communications with one another (Exhibit 3 – ACCM Elements of Accreditation 2009, Element 3 subsection 3.1, p.8) and that the Chief Academic Officer shall be provided with adequate resources to implement a sound programme (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4, p.9). Instructional budgets are developed in collaboration with the Chief Academic Officer and faculty members to ensure effective delivery of the medical education program (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 7, subsection 7.4, p.19).

Compliance with these requirements is determined during on-site reviews, and in interviewing the relevant personnel during inspection visits. ACCM also evaluates minutes of meetings, and reviews the corporate and academic organizational flow charts, which are required to be submitted annually for inspection, for appropriate access and reporting structures.

### **Analyst Remarks to Narrative**

As noted in the previous section, ACCM's Element 3.1, College Management, specifies that the chief academic officer be supported by a team of professional staff including:

- deans, associate deans, and assistant deans
- professional staff and secretarial support
- student admissions staff
- faculty affairs staff
- financing, accounting, budgeting, and fundraising staff
- facilities staff
- curriculum and academic affairs staff
- student services and student affairs staff
- continuing education staff
- research staff
- alumni affairs staff
- library staff
- student financial assistance staff
- record-keeping staff
- public safety staff

Element 3.1 also specifies that the Board of Trustees is the body responsible for ratifying the appointment of the chief academic officer. It further specifies that the principal administrative and academic officers must maintain open lines of communication with each other.

The MUA's self-study document reported on the institution's organizational chart and reporting authority and the site evaluation team confirmed that appropriately-qualified staff are in place and that lines of communication are functioning well.

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### **Administrative Personnel and Authority, Question 3**

#### **Country Narrative**

The response to the previous question covers ACCM requirements regarding resources and authority needed for department heads and clinical faculty as well as that of the Chief Academic Officer.

All clinical rotations (core clerkships) take place in hospitals in the United States, where clinical faculty are formally appointed by the school. A formal affiliation agreement is entered into with the clinical site itself, outlining the roles and responsibilities of both the school and the clinical training site. MUA describes the roles and responsibilities of the Clinical Chairs, and the ongoing communications among the Chairs and the Associate Dean of Clinical Medicine in Exhibit 8 – MUA Self-Study 2009, p.22

ACCM reviews all affiliated clinical sites and interviews available clinical faculty in order to confirm whether the faculty have the authority and support necessary

from the school in order to fulfill their responsibilities for the effective instruction of students.

### **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 3.3, Satellite Health Care Facilities, specifies that that the dean will appoint a site director, department faculty, and administrative personnel at each clinical location to implement the academic policies. The director reports to the dean, the faculty report to divisional heads, and the administrative personnel report to supervisors at the parent campus. ACCM states that it regularly inspects the clinical training sites, and conducts interviews with faculty and others, to verify that faculty have needed authority and support.

The MUA's self-study document describes its process for ongoing evaluation of clinical training sites.

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### **Chief Academic Official, Question 1**

#### **Country Narrative**

ACCM Elements of Accreditation, Element 3 (College Management) requires the chief academic official 'must hold an MD degree and possess the appropriate qualifications and experience in medical education, research and patient care to lead and to supervise the educational program of the institution.' (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 3, subsection 3.1, p.8) In MUA the title of the chief academic official is Executive Dean and the role and responsibilities of the office are outlined in the Faculty Handbook (Exhibit 6 - Faculty Handbook, Article 3.000, Section 3.600 Dean of Academic Affairs).

During the course of inspection visits, ACCM has met the Executive Dean, reviewed his CV and is satisfied that he meets the criteria both in terms of education and experience to provide leadership in medical education, scholarly activity and patient care.

#### **Analyst Remarks to Narrative**

The ACCM's Element 3.1, College Management, specifies that the chief academic officer must hold an M.D. degree and possess the qualifications and experience in medical education, patient care, and research necessary to lead the institution's educational program.

The qualifications of the MUA's academic dean were described in the institution's self-study, and a copy of his curriculum vitae was provided as an appendix to the self-study.

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## **Chief Academic Official, Question 2**

### **Country Narrative**

With oversight from the Board of Trustees, senior administrators of the medical school conduct a formal search process. Candidates both from within and external to the medical school are screened and considered. Recommendations are formulated for the Board of Trustees. Final approval of any candidate is subject to and approved by the Board of Trustees. This is in accordance with ACCM standards which require that all faculty appointments including that of the chief academic official (Executive Dean) must be approved by the Board of Trustees. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 3, subsection 3.1, p.8)

### **Analyst Remarks to Narrative**

The ACCM's Element 8.2, Policy on Selection Process and Appointment of Faculty, specifies that the institution must define its faculty policies, including the method of selection. The element also specifies that the recruitment and selection of faculty shall be the result of collective efforts department heads, faculty representatives, and the administration.

The ACCM's Element 3.1, College Management, specifies that the Board of Trustees shall ratify the appointment of the chief academic officer.

The MUA described the qualifications of its chief academic official in its 2009 self-study document.

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## **Faculty**

### **Country Narrative**

(i) Admissions: ACCM requires that, upon consultation with the administration, a faculty committee must define the institution's requirements for admission and make final decisions on students admitted to the program. (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 6, subsection 6.1 p.17). MUA's faculty have an obligation to 'assist in the proper execution of medical school affairs' (Exhibit 6 – MUA Faculty Handbook, Article 4.000, Section 4.400, II, i , p.23) and this includes serving on committees as required by the institution.

(ii) Faculty Promotion, Tenure and Retention: ACCM Elements of Accreditation, (ACCM Elements of Accreditation 2011 - Element 8, Subsection 8.2. p.20) requires that the recruitment and selection of the faculty as well as all other academic policies 'shall be the result of the collective efforts of the chief academic officer, department heads, faculty representatives and the administration.' The participation of faculty members in decisions relating to appointment, promotion and tenure are set out in the Faculty Handbook, which is

reviewed by ACCM (Exhibit 6 - Faculty Handbook Article 4.000 Section 4.100 Faculty Appointments, p.17--21 and in Article 5.000, Recruitment and Employment, p.30-31) and is also described in MUA's Self Study (Exhibit 5 - MUA Self Study 2009 pp.49 – 51)

In relation to Discipline, a Faculty Ad Hoc Hearing Committee is convened, and the subject of Discipline and Termination is fully described in the Faculty Handbook (Exhibit 6 – MUA Faculty Handbook, Article 11, p.54).

(iii) Curriculum: ACCM requires that a curriculum committee of faculty members be responsible for developing and evaluating the medical curriculum. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4, subsection 4.1, p. 9) As above, the Faculty Handbook states the requirement to serve on committees as being part of the responsibilities undertaken by faculty. The Curriculum Committee meets each semester (Exhibit 5, MUA Self Study 2009, p14, para B.1a).

With regard to the clinical portion of the curriculum it is stated in the MUA Self-Study that 'the academic curriculum is a collaborative program involving MUA and the affiliated teaching hospitals. The university works with the hospital to ensure that the teaching curriculum is consistent with the university's expectations and standards. The Associate Dean of Clinical Medicine is primarily responsible for the oversight and review of each hospital's curriculum to ensure consistency with MUA standards.' (Exhibit 5 – MUA Self Study 2009, p.20).

There are twice yearly meetings attended by the Associate Dean of Clinical Medicine, the Clinical Chairs and Associate Dean of Basic Sciences to plan, review and develop the curriculum and relevant aspects of the educational programme. Throughout the year there is ongoing communication between the Associate Dean of Clinical Medicine and the Clinical Chairs in relation to the clinical portion of the educational programme.

ACCM verifies that these committees and processes are functioning by requiring the medical school to submit minutes of all meeting held, these to be appended to the school's Profile prior to first inspection by ACCM. Once under accreditation, the medical school must continue to submit committee minutes as appendices to its Annual Database Report to ACCM. Faculty members participating in the various committees are listed in the minutes of the meetings. ACCM also interviews faculty during campus and site visits to ascertain that they are satisfied with the extent of their participation in the functioning of the medical school.

## **Analyst Remarks to Narrative**

#### Admissions:

The ACCM's Element 6.1, Admissions, specifies that there will be a faculty admissions committee that consults with the administration to define to size and characteristics of the student body. The committee is charged with defining the institution's admissions requirements and making final decisions on students who are admitted to the program. The committee must develop an "orderly" process for evaluating and screening applicants, and the process must be applied uniformly.

#### Hiring, retention, promotion, discipline:

The ACCM's Element 8.2, Policy of Selection Process and Appointment of Faculty, specifies that the recruitment and selection of the faculty, as well as all other policies of the institution, must be the result of collaboration among the chief academic officer, department heads, faculty representatives, and the administration. The element further notes that the faculty should receive regular feedback on their academic performance and progress toward promotion.

The ACCM's element 8.9, Criteria and Procedures for Evaluation and Promotion, specifies that the institution will have policies for the periodic evaluation of faculty performance, including procedures and standards against which evaluations are measured. The element requires that an institution's administrative structure ensure that the faculty is involved in decisions related to hiring, retention, promotion, and discipline of faculty.

#### Curriculum and clinical education:

The ACCM's Element 4.1, Curriculum, specifies that a curriculum committee of faculty members be responsible for developing and evaluating a curriculum that provides a general medical education such that the institution's graduates are prepared to pursue graduate level training. It also specifies that the management of the curriculum shall involve the participation of the faculty and the administration in an integrated manner.

The ACCM's Element 4.4, Clinical Clerkships, specifies that the curriculum committee require that all clinical instruction be carried out in both inpatient and outpatient settings and that clerkship objectives be clearly delineated and distributed to the supervising faculty members at the beginning of each clinical rotation.

The ACCM's Element 4.5, Oversight of Clinical Students, specifies that the curriculum committee stipulate the types of patients or clinical conditions that the students must see and ensure that the clinical faculty oversee workups of patients by students.

The MUA addressed these requirements in its 2009 self-study document.

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### **Remote Sites, Question 1**

## **Country Narrative**

No part of the preclinical educational programme takes place at remote sites. There is a single campus on the island of Nevis at which all preclinical education takes place.

## **Analyst Remarks to Narrative**

The MUA on Nevis is a single campus institution. All pre-clinical education takes place at the campus on Nevis.

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## **Remote Sites, Question 2**

### **Country Narrative**

The clinical education (core clerkship) portion of the curriculum is carried out in hospital settings in the United States. Site visits to sites must be conducted by the Clinical Dean or designee on a regular basis. The provision of a quality medical educational experience is verified by the ACCM during clinical site visits which are carried out within the accreditation period. During these visits course directors, faculty and administrators are interviewed, the resources including library inspected, and closed-door interviews are held with students present at the time of the visit. Any observations or recommendations for improvement of the educational experience at the site are given at the end of the visit, and are formally recorded in a written report which is made available to the school within 4-6 weeks of the visit and sooner if possible. (Exhibit 4 - ACCM Protocol for Accreditation 2011, p.23-25)

In the ACCM Self-Study questionnaire, the school is asked to evaluate the effectiveness of mechanisms to assure that educational quality and student services are consistent across sites. This question is answered comprehensively by the school in Exhibit 5 - MUA Self Study 2009, p.30-31.

MUA describes its ongoing evaluation of clinical training sites through mechanisms including 'site visits and written reports by MUA, site visits by third party experts', (e.g. ACCM), 'ad-hoc feedback from students, formal student evaluation of sites at the end of each rotation block', and elaborates on the entire process in Exhibit 5 - MUA Self Study 2009, pp.22-23.

MUA recognizes that consistent clinical experience across different geographic sites is a challenge (Exhibit 5 – MUA Self Study 2009, p.65 para 2) and has instituted the standards described above to ensure comparability of education for the students at their clinical training sites.

The institution has also developed MyMUA, a Moodle-based online learning platform to help deliver resources, evaluate experience and performance and assess the adequacy of the teaching sites and faculty. Students are required to return an evaluation form to the university. They also return patient logs. MUA

provides direct feedback to the clinical training site. All faculty involved in the teaching of MUA students at diverse clinical sites are formally appointed by MUA and there are formal teaching agreements in place with each site. (Exhibit 5 – MUA Self Study 2009, p56,57, C 1-4)

Also, ACCM notes that the Associate Deans of Basic and Clinical Sciences collaborate and meet regularly to ensure that the transition from Basic to Clinical Sciences is as seamless as possible for the students involved. (Exhibit 5 – MUA Self Study 2009, p64, para 9)

### **Analyst Remarks to Narrative**

As noted in the previous section, the MUA on Nevis is a single campus institution. All pre-clinical education takes place at the campus on Nevis.

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### **Program Length, Question 1**

#### **Country Narrative**

ACCM requires that the program of education must be no less than 130 weeks spread over 4 academic years (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.1, p.9).

The actual length of the program at Medical University of the Americas is 147 weeks, comprising 10 semesters. There are five Basic Science Semesters of 15 weeks each (includes final exam week at the end of each Basic Science Semester), 42 weeks of Core Clinical Rotations and 30 weeks of Elective Clinical Rotations (Exhibit 15 – MUA Annual Database 2009-10, p.2 and 12)

Nevis is not a member of the European Community.

### **Analyst Remarks to Narrative**

The ACCM's Element 4.1, Curriculum, specifies that the length of the educational program be no less than 130 weeks offered over the course of four academic years.

Contrary to what is stated in the narrative, the MUA's self-study document states that the institution's program consists of 142 weeks of instruction and practical training, comprised of five semesters of basic science training at the campus on Nevis, followed by five semesters of clinical training at affiliated teaching hospitals. The MUA's annual database report also states that the program is 142 weeks in length.

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### **Curriculum, Question 1**

## **Country Narrative**

The length and outline of the Curriculum at MUA is described in Exhibit 5 (Exhibit 5 - MUA Self Study 2009, p.14-17).

ACCM requires that 'the programme shall provide a general and broad learning experience in the principal medical disciplines' and that it is 'a programme which encourages students to acquire an understanding of basic scientific knowledge which is fundamental to medicine'. (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4.1, p 9). ACCM also requires that the curriculum includes 'the development of problem-solving skills, communication skills, procedural competencies, an understanding of the principles of basic and translational research as applied to medicine, and access to service learning opportunities'.

ACCM requires that the medical school continuously evaluate its entire curriculum by a number of stated measures to ensure that institutional goals are being achieved, and ACCM also must be notified of plans for any major modifications to the curriculum. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4, Subsection 4.8, p.15)

## **Analyst Remarks to Narrative**

The ACCM's Element 4.1, Curriculum, specifies that the curriculum must encourage students to acquire an understanding of the basic scientific knowledge that is fundamental to medicine. This fundamental scientific knowledge of medicine is further defined to include:

- new discoveries
- new technologies
- new understanding of diseases
- new diagnostic treatments
- new methods of treatment

The element also specifies that the curriculum shall promote:

- development of problem-solving skills
- communication skills
- procedural competency
- an understanding of the principles of basic and translational research
- access to service learning opportunities

The MUA self-study document and on-site report indicate that the curriculum was appropriately examined during the ACCM review.

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## **Curriculum, Question 2**

## **Country Narrative**

The basic sciences curriculum must 'allow students to acquire, through didactic and practical instruction, current understanding and advances in the biomedical science disciplines', which are listed in response to this questionnaire's Subsection 4.2, Q.2 below.

A further requirement is to ensure inclusions of 'new discoveries, new technologies, new understanding of diseases, new diagnostic techniques and new methods of treatment.'

The curriculum committee is required to develop an orderly programme which meets current standards for quality and quantity. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4, Section 4, Subsection 4.1, 4.2, 4.3, p.9-11)  
ACCM has reviewed the curriculum of the medical school, including the syllabi for all basic science courses and clinical medicine rotations, and is satisfied that the MUA curriculum meets the required standards.

With regard to the effects of social needs and demands on care, ACCM Elements of Accreditation lists 20 topics of special concern to society and the practice of medicine which must be covered either in separate courses or in the required courses, stating also the minimum amount of time which must be given to addressing these topics. The full list is seen in Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4.3, p.10.

### **Analyst Remarks to Narrative**

ACCM's Element 4.2, Basic Science, specifies that the curriculum must include:

- anatomy
- histology
- physiology
- biochemistry
- medical ethics
- neuroscience
- biostatistics
- microbiology
- immunology
- pathology
- pharmacology
- therapeutics
- preventative medicine
- basic and translational research

Basic science instruction should include laboratory opportunities, observations, and analysis of data.

The ACCM's Element 4.3, Clinical Science specifies that the clinical program will emphasize primary care. The curriculum shall address commonly occurring, acute and chronic diseases and provide instruction in current understanding and advances in their:

- diagnosis
- treatment
- management
- prevention
- rehabilitation

Although not required as separate courses, the element specifies that the curriculum will also cover topics of special concern to society and the practice of medicine, including:

- medical ethics
- death and dying
- HIV/AIDS
- domestic violence
- alcohol and substance abuse
- smoking
- obesity
- child abuse
- sexuality, teen pregnancy prevention, therapeutic abortion
- nutrition
- occupational health
- epidemiology
- cost management
- health maintenance
- geriatrics
- long term care
- quality assurance

The MUA self-study document and on-site report indicate that the curriculum was appropriately examined during the ACCM review.

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### **Curriculum, Question 3**

#### **Country Narrative**

Research: Students are able to engage in projects that will benefit health care on Nevis and in the Caribbean Region (Exhibit 12 - MUA Institutional Catalog 2011-13, page 15)

ACCM's Institutional Self Study questionnaire asks schools to assess the impact of research activities on the education of medical students, including opportunities for medical students to participate in research. MUA's response to this question is seen in Exhibit 5 - MUA Self Study 2009, p.6-7

Further on in the Self Study, Medical University of the Americas states that 'Research and critical thinking are integral parts of the MUA Curriculum' from the first semester, through the course MED114 Introduction to Informatics and Evidence-Based Medicine so that 'at the end of the course students are able to frame a clinical question based on therapy, diagnosis, prognosis or etiology, and

they are able to develop a focused search using the latest electronic technology. Students are taught the skills necessary to critically appraise scientific literature for validity and to use appropriate databases.... Students are able to participate in supervised research electives during the basic and clinical science portions of their medical education.' (Exhibit 5 - MUA Self Study 2009, p15-16)

MUA further addresses its expanding research efforts in Exhibit 5 - MUA Self Study 2009, page 65 stating that 'MUA has greatly expanded its research effort over the past year. The primary objective of this effort has been to ensure that MUA students gain the skills, experience and opportunity to plan, implement, analyze and interpret medical research. While students have long been taught research methods in MED114 - Informatics and Evidence-Based Medicine and MED314 - Epidemiology and Preventative Medicine, all students must now use those skills gained to produce a research paper. While the basal level of this may be a case report on a patient they have seen, increasing opportunities for students to participate in higher levels of research have been created through the hiring of faculty firmly grounded in research experience, the establishment of Research Day, and the promotion of ongoing faculty-student research projects.'

ACCM requires that the programme, both in basic and clinical sciences, shall include opportunities for students to acquire 'an understanding of basic and translational research' (Exhibit 3 – ACCM Elements of Accreditation 2011, p.9,11,13)

### **Analyst Remarks to Narrative**

The ACCM's Element 4.3, Clinical Science, specifies that the curriculum will offer students opportunities to appreciate the importance of basic and translational research as applied to medicine.

The ACCM's Element 4.6.5, Practice Opportunities for Students, specifies that students must be provided with opportunities for service learning experiences and exposure to the principals of translational research, with the goal of moving students toward greater competency and the acquisition of appropriate professional attributes.

The MUA self-study document and on-site report indicate that the curriculum was appropriately examined during the ACCM review.

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### **Curriculum, Question 4**

#### **Country Narrative**

ACCM Elements of Accreditation 2011 require that there must be 'opportunity for active learning and independent study to foster the skills necessary for lifelong learning' (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4.1, p.9)

In its Self Study questionnaire ACCM asks the school to discuss the types and

sufficiency of educational activities to promote self-directed learning and development of the skills and habits of lifelong learning. In Exhibit 5 - MUA Self Study 2009, p.17-18, MUA describes the various opportunities available to the students for self-directed study and learning.

### **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 4.1, Curriculum, specifies that the institution must provide students an opportunity for active learning and independent study in order to foster the skills necessary for lifelong learning.

The ACCM's Element 4.3, Clinical Sciences, also specifies that the curriculum should be designed to prepare students for life-long learning, as a way to stay abreast of new medical developments.

The MUA self-study document and on-site report indicate that the curriculum was appropriately examined during the ACCM review.

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### **Curriculum, Question 5**

#### **Country Narrative**

ACCM's Elements of Accreditation requires that there shall be 'access to service learning opportunities.' (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4.1, p.9)

MUA assesses prospective students' commitment to service as part of the admissions screening. During their basic science semesters on the island campus in Nevis students have the opportunity to observe patient care in the Alexandra Hospital, in local area clinics and during home visits by arrangement with the local health services.

#### **Analyst Remarks to Narrative**

The ACCM's Element 4.1, Curriculum, specifies that an institution's curriculum must promote:

- the development of problem-solving skills
- the development of communication skills
- the development of procedural competency
- an understanding of the principals of research
- access to service learning opportunities

The MUA self-study document and on-site report indicate that the curriculum was appropriately examined during the ACCM review.

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### **Curriculum, Question 6**

## **Country Narrative**

The medical school is required to provide instruction in anatomy, histology, physiology, biochemistry, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, therapeutics and preventive medicine, basic and translational research. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.2, p.9)

A table outlining the MUA basic science curriculum, both lecture and laboratory hours, is found in Exhibit 5 (Exhibit 5 – MUA Self Study 2009, p.16).

## **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 4.2, Basic Science, specifies that the curriculum must include:

- anatomy
- histology
- physiology
- biochemistry
- medical ethics
- neuroscience
- biostatistics
- microbiology
- immunology
- pathology
- pharmacology
- therapeutics
- preventative medicine
- basic and translational research

Basic science instruction should include laboratory opportunities, observations, and analysis of data.

The MUA self-study document and on-site report indicate that the curriculum was appropriately examined during the ACCM review.

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## **Curriculum, Question 7**

### **Country Narrative**

ACCM Elements of Accreditation require that instruction within the basic sciences should 'include laboratory or other practical opportunities for the direct application of the scientific method.' (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.2, p.9,10) ACCM in its comprehensive inspection of the medical school campus viewed the Anatomy Laboratory and Microbiology Histology Pathology Laboratory and found them to be of adequate size and suitably equipped. The number of laboratory teaching hours are listed and a

review of the laboratory work is found in the ACCM's Inspection Report on Medical University of the Americas. (Exhibit 8 – ACCM Report on MUA 2010, p.19,20) ACCM has reviewed the CVs of faculty teaching in these laboratories and has verified that they are suitably qualified.

### **Analyst Remarks to Narrative**

The ACCM's Element 4.2, Basic Science, specifies that instruction in the basic sciences should include:

- laboratory or other practical opportunities for the direct application of the scientific method
- accurate observation of biomedical phenomenon
- critical analysis of data

Opportunities may include hands-on exercises or simulations that encourage students to collect or use data to test and verify hypotheses or address questions about biomedical principles and phenomena.

The MUA self-study document and on-site report indicate that the curriculum was appropriately examined during the ACCM review.

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### **Clinical Experience, Question 1**

#### **Country Narrative**

Q 1: The requirements for the clinical science program are outlined in Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4, subsection 4.3 p.10-11

ACCM requires that a medical school offer core programs of 12 weeks each in the Core Clinical Clerkships of Internal Medicine and Surgery, 6 weeks each in Paediatrics, Obstetrics/Gynaecology and Psychiatry. Family Medicine must be offered either separately or integrated into the previous five core programs. There must be not less than 26 weeks in electives.

ACCM is satisfied that MUA has a clinical clerkship program consisting of two academic years, totaling 72 weeks – 42 weeks in the Core Clinical Clerkships cited above, and 30 weeks of Selective and Elective Clinical Rotations in four strands listed A - D. The (A) Primary Care Required Selective and the (B) Medicine Selective (any major medical subspecialty) must each be a minimum of 4 weeks. Other (C) Approved Electives must be approved by the school and be those which best fit the student's preparation for career of choice. An approved (D) Research elective may be in any clinical field, under faculty supervision. (Exhibit 9 – MUA Clinical Handbook, p.4)

Q 2: ACCM has reviewed the Clinical Medicine Program Handbook (Exhibit 9 – MUA Clinical Handbook) which lists all the learning objectives and competencies to be acquired in each of the required Core Clerkships and was also found to give clear and helpful guidance and advice on undertaking Clinical Training. The

Clinical Medicine Program is kept under review by MUA's Curriculum Committee and the Handbook updated regularly. The school requires attainment of a listed number and type of procedural skills and disease entities to be covered. How the acquisition of these learnings, skills and competencies will be evaluated is indicated under each clerkship heading and the rules for promotion during clinical clerkships are clearly stated.

ACCM requires that clinical training sites are monitored by the school on a regular basis and that students evaluate their experience and feedback this information to the school. The school has a Clinical Curriculum Committee which meets twice yearly to review student clerkship evaluations, student log books and site visit reports. This committee reports to the Curriculum Committee (Exhibit 7 - MUA Profile database, p.24, q.46,47)

ACCM has reviewed the Associate Clinical Dean's site visit reports and a sampling of Student Evaluation forms as part of the inspection process. ACCM is satisfied that the school's system of reporting and evaluating of clinical sites is working well and that the medical school is vigilant in ensuring that their students acquire the learning objectives described in the school's Clinical Medicine Program Handbook.

ACCM Elements of Accreditation require that each hospital site has a course director who is responsible for ensuring that students receive a high quality teaching and a clinical experience consistent with the school syllabus. Students must be assigned a sufficient number of patients to practice and develop clinical skills and concepts (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4, subsection 4.4, 4.5, 4,6.1.p.11,12). Students are required to keep log books that are reviewed by the Associate Clinical Dean and Clinical Curriculum Committee to verify that they are exposed to an appropriate case mix. Sampling of logbooks is also carried out by ACCM inspection teams.

MUA utilizes only sites which have ACGME approved residency programs and students may not enter clinical training until they have passed USMLE Step 1. ACCM verifies the provision of a quality clinical education program through ACCM site inspections, review of required documentation, interviews with clinical faculty and confidential student interviews (Exhibit 10 – ACCM Hospital Questionnaire and Sample Report). Clinical training sites which are new are inspected by ACCM within 12 months of students being placed there as required by NCFMEA Guidelines.

Q 3: Clinical instruction in relation to all organ systems is required by the school, and all aspects of acute, chronic, continuing, preventive and rehabilitative care are also addressed in the curriculum.

ACCM requires the school to ensure opportunities for students to develop clinical skills and concepts and to have a broad range of learning experiences. This is to be monitored by faculty review of patient logs, charts and disease entities/procedures/skills checklist. (Exhibit 3 – ACCM Elements of Accreditation

2011, Element 4, subsection 4.6.5 and 4.6.6, p.13)

### **Analyst Remarks to Narrative**

The ACCM's Element 4.3, Clinical Science, specifies that the clinical experience include exposure to multidisciplinary areas such as emergency medicine, and disciplines such as clinical pathology and diagnostic imaging that support general medical practice. The clinical rotations must include:

- internal medicine
- surgery
- pediatrics
- obstetrics and gynecology
- psychiatry
- family medicine
- clinical electives chosen by the student

ACCM specifies the minimum number of weeks for each of the core clinical clerkships and for electives.

As noted previously, the ACCM's Element 4.3, Clinical Science, also specifies that the curriculum shall address commonly occurring, acute and chronic diseases and provide instruction in current understanding and advances in their:

- diagnosis
- treatment
- management
- prevention
- rehabilitation

Although not required as separate courses, the element specifies that the curriculum will also cover topics of special concern to society and the practice of medicine, including:

- medical ethics
- death and dying
- HIV/AIDS
- domestic violence
- alcohol and substance abuse
- smoking
- obesity
- child abuse
- sexuality, teen pregnancy prevention, therapeutic abortion
- nutrition
- occupational health
- epidemiology
- cost management
- health maintenance
- geriatrics
- long term care
- quality assurance

The MUA self-study document indicates that the clinical portion of the curriculum was appropriately examined during the ACCM review.

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## **Clinical Experience, Question 2**

### **Country Narrative**

ACCM requires that ‘the design of the program shall encourage students to master medical sciences, clinical skills, and to develop a professional demeanor for graduate training’. It requires that the faculty ‘develop in the students the appropriate professional attributes expected by the public of physicians and teach students to uphold the highest standards of behaviour, conduct, integrity and ethics.’ (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4, Subsection 4.3, p.11)

Within the school’s Clinical Medicine Program the acquisition of knowledge, skills, attitudes and behaviours necessary for further training in the practice of medicine is integrated into the objectives of each core. The Clinical Medicine Program Handbook outlines the philosophy, goals and objectives of clinical training, and the ultimate stated intent of the program is to ‘prepare physicians who will impact positively on the quality of healthcare and healthcare delivery systems and will improve access to health care for individuals and their families’. (Exhibit 9 – MUA Clinical Handbook, p.3-5)

In the Self Study the School describes the system for ensuring that students have acquired the core clinical skills specified in the school’s educational program objectives (Exhibit 5 – MUA Self study 2009, p 27)

### **Analyst Remarks to Narrative**

As demonstrated in the previous section, the ACCM requires its schools to provide clinical experiences in all of the specified disciplines.

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## **Clinical Experience, Question 3**

### **Country Narrative**

Q 1: Instruction and experience in patient care is provided in both ambulatory and hospital settings (Exhibit 5 - MUA Self Study 2009, p, 28) Medical University of the Americas currently has affiliation agreements with ten hospitals in the US, all of which are ACGME approved teaching sites. (Exhibit 15 - MUA Annual Database Report 2009-10, p.23 - nine at time of report attached as Exhibit 15, plus a tenth which became affiliated in 2011). The school's clinical deans regularly visit and review the instruction and experience acquired by students, and to ensure that these are received in both settings. As above, patient logs are also reviewed.

ACCM conducts site visits to all core clerkship training hospitals during each period of accreditation to ascertain whether training is received in both ambulatory and hospital settings. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4, subsection 4.4 para 1, p.11)

Q 2: The objectives of each core clerkship, as outlined in the Clinical Medicine Program handbook, and reviewed by ACCM, require the study of patients having a variety of common and major disease types. (Exhibit 9: MUA Clinical Handbook, Example: p.20-24 Internal Medicine Clerkship) ACCM Elements of Accreditation require that instruction shall offer 'adequate number of new patients to work up each week' and 'adequate number of existing patients to follow each week'. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.4, p.11) Furthermore, faculty are required 'to expose students to a broad range of learning experiences through attendance at ward teaching rounds (3-5 per week), case conferences, mortality and morbidity conferences, medical grand rounds, lectures, small group problem solving exercises, morning report meetings, literature analysis, ethics presentations and on-call experience' (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4, Subsection 4.6.6. p.13)

ACCM requires that students are taught by faculty members of the college. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4, Subsection 4.6.2 p.12) ACCM monitors this through on site visits, interviewing faculty and students, and reviewing a selection of patient logs, evaluations by faculty of student achievement, and students' evaluation of the teaching received. (Exhibit 10 - ACCM Hospital questionnaire and sample report)

### **Analyst Remarks to Narrative**

The ACCM's Element 4.3, Clinical Science, specifies that the clinical curriculum shall be offered under close faculty supervision of patient care in hospital and ambulatory facilities at all affiliated hospitals. It later specifies that student instruction may be rendered in the confines of teaching hospitals and ambulatory care facilities.

The ACCM's Element 4.4, Clinical Clerkships, specifies that all clinical instruction be carried out in both inpatient and outpatient settings, and that there be adequate daily patient census representing a broad range of commonly occurring diseases available for students to study.

The MUA self-study document, and the affiliated hospital site visit report that was provided, indicates that the clinical portion of the curriculum was appropriately examined during the ACCM review.

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### **Supporting Disciplines**

### **Country Narrative**

Students must receive instruction in supporting disciplines such as clinical pathology and radiology during the clerkship by attendance at case conferences and small group tutorials on these topics. ACCM requires that 'There shall be appropriate exposure to multidisciplinary areas such as emergency medicine and to disciplines supporting general medical practice such as clinical pathology, and diagnostic imaging.' (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4, subsection 4.3 p.10, 1st para) and states that faculty's assessment of a student must include the student's ability to interpret clinical data, laboratory data, radiographic data', as well as other required skills. (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4, subsection 4.6.8, 1st para, p.14,) During visits to clinical training sites ACCM teams verify that this is the case.

### **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 4.3, Clinical Science, specifies that the clinical experience include exposure to multidisciplinary areas such as emergency medicine, and disciplines such as clinical pathology and diagnostic imaging that support general medical practice. The clinical rotations must include:

- internal medicine
- surgery
- pediatrics
- obstetrics and gynecology
- psychiatry
- family medicine
- clinical electives chosen by the student

The MUA self-study document, and the affiliated hospital site visit report that was provided, indicates that the clinical portion of the curriculum was appropriately examined during the ACCM review.

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### **Ethics, Question 1**

#### **Country Narrative**

Q 1: ACCM requires that the curriculum provides instruction in topics of concern to society, including medical ethics, death and dying (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4 subsection 4.3, p.10) ACCM also requires that the school evaluates the acquisition of these competencies. In the MUA Self Study the school answers the question as to how the curriculum ensures that students receive exposure to, and training in, behavioural and socioeconomic subjects. It is stated that from point of application, where experience in the humanities is sought, the subsequently admitted students are required to 'exhibit professionalism and behaviors appropriate to future members of healthcare teams'. Personal values and principles are addressed in a number of basic science courses and a list of behavioural and attitudinal goals is provided (Exhibit 5 - MUA Self Study 2009, p.23)

The Student Handbook (Exhibit 11 – MUA Student Handbook, p.8-11) describes the Honor Code to which students must sign up.

Q 2: Medical ethical principles and human values are integrated into the teaching at Basic Sciences level and in the Clinical Cores and are evaluated accordingly throughout the educational programme.

### **Analyst Remarks to Narrative**

The ACCM's Element 4.3, Clinical Science, specifies that, to maintain patient trust and public confidence, the faculty shall develop in the students the professional attributes expected of physicians and teach students to uphold the highest standards of behavior, conduct, integrity, and ethics.

As previously noted, the element also specifies that, although not required as separate courses, the curriculum will also cover topics of special concern to society and the practice of medicine, including:

- medical ethics
- death and dying
- HIV/AIDS
- domestic violence
- alcohol and substance abuse
- smoking
- obesity
- child abuse
- sexuality, teen pregnancy prevention, therapeutic abortion
- nutrition
- occupational health
- epidemiology
- cost management
- health maintenance
- geriatrics
- long term care
- quality assurance

The ACCM Element 4.6.6, Monitoring Students' Clinical Experience, specifies that the faculty must monitor the students in:

- ward teaching rounds
- case conferences
- mortality and morbidity conferences
- medical grand rounds
- lectures
- small group problem-solving exercises
- morning report meetings
- literature analysis
- ethics presentations
- evening on-call experiences

The MUA self-study document indicates that basic science and clinical portions of the curriculum, including ethics, were appropriately examined during the ACCM review.

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## **Communication Skills, Question 1**

### **Country Narrative**

Q. part 1 : The development of good communication skills is required by ACCM. Instruction in communication skills must be part of the behavioural sciences curriculum and must also be developed and evaluated during clerkship rotations by clinical faculty (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.1, 2nd para, p.9).

As the majority of students in MUA will hope to be able to select a postgraduate residency position in the US or Canada, MUA has stated that its curriculum focuses on competencies generally accepted in those countries as essential for the sound practice of medicine. In its Self Study the medical school notes the six core competencies identified by the ACGME, one of which is Interpersonal and Communication Skills, and states that it is committed to the further development of a competency-based curriculum on the lines of that introduced in Stanford University and Indiana University (Exhibit 5 – MUA Self Study 2009, pp.12-13 and 65) ACCM will continue to monitor this curricular development.

Q part 2. All aspects of student achievement are monitored on a continuous basis by the medical school and this includes the student's ability to communicate effectively. In the Clinical Rotations, preceptors must grade each student on their 'rapport with staff and patients' and are encouraged to comment and expand on the numerical evaluation given (Exhibit 9 – MUA Clinical Handbook, Preceptor Evaluation, p.47). The Medical Student Evaluation Form is returned to the school by the preceptors at the end of each clinical core rotation - a score below 69% is a failing grade. ACCM reviews a selection of these Evaluation Forms prior to each clinical site visit.

### **Analyst Remarks to Narrative**

The ACCM's Element 4.1, Curriculum, specifies that the curriculum shall promote the development of:

- problem-solving skills
- communications skills
- procedural competency
- an understanding of research

The element further specifies that the curriculum must allow students to develop an understanding of the manner in which diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments. The curriculum must also allow students to learn to recognize and address gender and cultural biases, both on the part of physicians and patients,

in the process of health care delivery.

The ACCM's Element 4.6.5, Practice Opportunities for Students, specifies that the clinical curriculum should include opportunities for students to practice and develop their clinical skills. These skills include taking patient histories, performing physical exams, patient data collection, and developing patient management plans. The faculty must require students to write daily progress notes regarding their use of these skills, and the faculty must promptly review the notes, critique them, and give the students timely feedback on them.

The MUA self-study document indicates that the clinical portion of the curriculum, including communication skills, was appropriately examined during the ACCM review.

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## **Design, Implementation, and Evaluation, Question 1**

### **Country Narrative**

The curriculum committee consists of faculty who are at all times involved in the development and evaluation of the curriculum. Curriculum Management is addressed in the MUA Self Study. (Exhibit 5 – MUA Self Study 2009, pp 28-29)

### **Analyst Remarks to Narrative**

The ACCM's Element 4.1, Curriculum, specifies that a curriculum committee comprised of faculty members will be responsible for developing and evaluating the curriculum, and that the management of the curriculum will involve the participation of both the faculty and the administration. The committee is charged with designing a curriculum that encourages students to acquire an understanding of the basic scientific knowledge that is fundamental to medicine.

The ACCM's Element 4.4, Clinical Clerkships, makes clear that the curriculum committee is also tasked with designing the clinical portion of the curriculum and stipulates certain requirements that the committee must include in the clinical portion of the curriculum

The ACCM's Element 4.7, Senior Electives, states that the curriculum committee must develop a flexible curriculum that permits students to pursue advanced studies in the core clinical disciplines and also to pursue areas of personal interest.

The ACCM's Element 4.8, Evaluation of the Curriculum, specifies that the curriculum committee must continuously evaluate curriculum weaknesses, goals, content, and the degree to which institutional goals are achieved, in order to remedy those areas of the curriculum that are in need of strengthening.

The MUA's self-study document describes the curriculum committee's role, which includes evaluating courses in a systematic way.

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## **Design, Implementation, and Evaluation, Question 2**

### **Country Narrative**

Q.2 part 1 : The single medical school in Nevis, Medical University of the Americas, is required to have a system for evaluating the effectiveness of its curriculum. The school must evaluate the effectiveness of its curriculum by examination of students, through student and faculty feedback and by monitoring of objective benchmarks such as success in licensing examinations and acceptance into residency training. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.8 and 4.9, p.15) ACCM requires advance notification of major modifications to the curriculum, including goals, plans, methods and intended evaluation of results. Resources required must be considered (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.8, p.15)

Q.2 part 2: There is only one medical school in Nevis whose curriculum is reviewed by ACCM on an ongoing basis as described previously.

### **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 4.8, Evaluation of the Curriculum, specifies that the curriculum committee must continuously evaluate curriculum weaknesses, goals, content, and the degree to which institutional goals are achieved, in order to remedy those areas of the curriculum that are in need of strengthening.

The element also specifies that curricular effectiveness may be measured by:

- student attrition rates
- student performance on standardized exams
- percentages of graduates accepted into residency programs
- percentage of eligible graduates passing the USMLE or professional licensing exams
- employment rates
- sampling student opinions
- sampling graduate opinions

The MUA's self-study document describes how the institution judges the effectiveness of the curriculum.

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## **Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

The school is required to have a curriculum committee consisting of faculty that develops the curriculum. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.1, p.9) The school must evaluate the effectiveness of its curriculum by examination of students, through student and faculty feedback and by monitoring of objective benchmarks such as success in licensing examinations and acceptance into residency training. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.8 and 4.9, p.15)

MUA describes the general design of the Educational Program in the Self Study, (Exhibit 5 – MUA Self Study 2009, p.14-18) and the school addresses the processes for management, implementation and review of the curriculum on pages 28-29 in the Self Study. The ongoing evaluation of the educational experience at clinical training sites is addressed in Exhibit 5 - MUA Self Study 2009, p.22.

In the Self Study on page 26, the school states '... MUA uses multiple methods to assess students, faculty, programs and the institution' and goes on to list the principal methods on the following page. Further on in the Self Study on p.32, the school is invited to discuss how information about its students and graduates is used to evaluate and improve the educational program. MUA responds that the results from the multiple methods used for evaluation 'provide feedback for consideration of further refinements or outright re-construction of the curriculum. The curriculum is a living document that is continually evaluated for its effectiveness in achieving the overall goals of the institution. MUA continues to evaluate logical, evidence based changes that might aid in the efficiency and effectiveness of developing quality physicians.'

The school returns statistics to ACCM annually in its Annual Database Report - Exhibit 15. Evaluation of student performance is covered on pp.18-19. The USMLE Steps 1 and 2 are returned on pp.20-21. Statistics on Graduation and Residency are returned on p.28, and NRMP match results are returned on p.29.

### **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 4.8, Evaluation of the Curriculum, specifies that curricular effectiveness may be measured by:

- student attrition rates
- student performance on standardized exams
- percentages of graduates accepted into residency programs
- percentage of eligible graduates passing the USMLE or professional licensing exams
- employment rates
- sampling student opinions
- sampling graduate opinions

The MUA's self-study document describes how the institution judges the effectiveness of the curriculum.

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## **Admissions, Recruiting, and Publications, Question 1**

### **Country Narrative**

The school's admission philosophy, process and requirements are described in Exhibit 12. (Exhibit 12 - MUA Institutional Catalog 2011-13, p.5-9). The question on admissions is also addressed in the MUA Self Study (Exhibit 5 – MUA Self Study 2009, p.33-36).

The school states on its website, that beyond the stated specific educational requirements, it looks at every prospective student holistically, 'taking into consideration your overall commitment to learning, sense of intellectual curiosity, sense of responsibility, your moral outlook, a commitment to service, and not surprisingly, a very sincere interest in health care.'

<http://www.mua.edu/mua/index.php/admissions/selection-criteria>

### **Analyst Remarks to Narrative**

The ACCM's Element 6.1, Admission, repeats the language of the NCFMEA Guidelines: "The institution must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians."

The MUA's self-study and supporting documentation (e.g., catalog) describe the prerequisites necessary for application to enter the medical program at the institution.

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## **Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

Q 1: 'The current selection criteria were designed by administrators and faculty' (Exhibit 5 – MUA Self Study 2009, p.34. An ACCM team visited the Administrative Offices of MUA in Devens Massachusetts in 2010, and there the team interviewed the admissions personnel and were informed that, after prescreening, suitable candidates are interviewed in liaison with the Admissions Committee which is composed of deans and faculty. A GPA of 3 to 3.2 is targeted and MCAT results are requested from all U.S. Citizens, Permanent Residents and Nationals. MCAT is a requirement where a GPA is less than 3.

MUA provides a pre-medical programme for applicants who do not have all the necessary elements to begin the MD course. In order to be eligible for the programme candidates must have successfully completed a minimum of 60 undergraduate semester hours in an accredited college or university.

Q 2: The school has been in operation for some time and has developed its own requirements and criteria for admission. As the school is now under accreditation by ACCM on behalf of the Government of Nevis, the admissions policy and process is approved and monitored by ACCM whose requirements of the school are seen in Exhibit 3. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 6, p.17-19). The school must present statistics on applications, acceptances and matriculations in the Profile Database which must accompany the Institutional Self Study (Exhibit 7 – MUA Profile database p.3-5) and, once accredited, must present these statistics annually in the required Annual Database Report to ACCM (Exhibit 15 – MUA Annual Database Report 2009-10, p.3-5).

### **Analyst Remarks to Narrative**

The ACCM's Element 6.1, Admission, specifies that, at a minimum, students who are admitted to the program must possess three years of undergraduate education (exceptions made for baccalaureate/MD programs), but a baccalaureate degree is preferred. Any undergraduate major is acceptable.

Individuals must:

- be in good physical/mental health
- have a record of academic excellence
- have good personal character
- have favorable standards of behavior
- have personal integrity
- be motivated
- have a desire to serve mankind

An admissions committee is tasked with defining the school's admissions requirements and make final decisions on students who are admitted to the program. The admissions committee must develop a process for evaluating and screening applicants, and the process should be uniformly applied. Screening factors should include:

- grade point averages
- type/degree of difficulty of courses taken
- scores on the medical school admissions test
- writing proficiency
- communications skills
- maturity and professionalism
- references from college pre-professional committees and undergraduate faculty members
- effective and articulate applicant interview

The MUA's catalog specifies various areas of consideration in the application process, including:

- education requirements in biology, chemistry, English, physics, and mathematics
- intellectual and academic ability

- communications skills
- recommendations
- personal education goals
- MCAT scores

Although minimum grade point averages (GPA) are not specified, the MUA's self-study document indicates that the average GPA for its incoming students is 3.1. It also states that applicants from the U.S. are expected to have the equivalent of 90 semester hours or 135 quarter hours of undergraduate education from an accredited institution. A baccalaureate degree is not required, but preference is given to applicants who have completed a baccalaureate, or higher, degree.

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### **Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

The Admissions Committee, which makes the final decisions on students to be admitted to MUA, consists of the Executive Dean, the Associate and Assistant Deans of Clinical Medicine and the Associate and Assistant Deans of Basic Science. In its Self Study, MUA states that 'Final responsibility for the selection of students to be admitted to the university resides with the Admissions Committee' (Exhibit 5 – MUA Self Study 2009, p.34)

ACCM requires that 'The committee on admissions shall define the size and characteristics of the student body ... (and) shall define the institution's requirements for admission and make final decisions on the student admitted to the programme. (Exhibit 3 - ACCM Elements of Accreditation 2011, p.17)

#### **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 6.1, Admission, specifies that an admissions committee shall be tasked with defining the school's admissions requirements and make final decisions on students who are admitted to the program. The admissions committee must develop a process for evaluating and screening applicants, and the process should be uniformly applied.

The MUA's self-study document states that the final responsibility for student selection resides with the admissions committee.

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### **Admissions, Recruiting, and Publications, Question 4**

#### **Country Narrative**

In response to a question on selection of medical students in the Institutional Self Study, MUA states 'The size of the applicant pool and the anticipated number of matriculants are always measured against available resources of faculty, classroom space, laboratory space and library/study facilities.' (Exhibit 5 – MUA Self Study 2009, p.34)

ACCM requires that 'the institution shall not enrol more students than resources are available to support a quality education. Equally important, the institution shall not seek to maintain its enrolment through retention of academically weak students. ... Careful consideration must be given to the availability of an applicant pool of sufficient quality and quantity, and the size, quality, scope and accessibility of the library, faculty offices, faculty, inpatient and ambulatory care facilities, patient census in each of the clinical disciplines, administrative and managerial resources, financial resources...' (Exhibit 3 – ACCM Elements of Accreditation 2011, pp.18-19)

An increase in enrolment above 10% in one year or a cumulative increase of 20% in 3 years must be notified to ACCM by January 1st of the year preceding the proposed expansion. The notification must be accompanied by documentation demonstrating the adequacy of the college's physical and educational resources to manage the increase in numbers. (Exhibit 3 – ACCM Elements of Accreditation 2011, p.18)

### **Analyst Remarks to Narrative**

The ACCM's Element 6.6, Student Body Size, specifies that there is no minimum size requirement for the student body. The institution must not enroll more students than it has the resources to support, and shall not maintain its enrollment by retaining academically weak students.

The ACCM has a requirement that a 10% increase in enrollment in one year or a cumulative increase of 20% in three years must be reported to the ACCM by January 1 of the year preceding the proposed expansion, accompanied by documentation demonstrating that the institution has the physical and educational resources needed to support the increased numbers.

The element also specifies that in determining the size of the student body, the institution must consider the availability of an applicant pool of sufficient quality and quantity, as well as the size, quality, scope, and accessibility of the:

- library
- faculty offices
- faculty
- clinical facilities
- patient census in the clinical disciplines
- administrative and managerial resources
- financial resources
- demands of other programs at the institution

The MUA's self-study document indicates that the applicant pool is measured against the factors specified above.

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## **Admissions, Recruiting, and Publications, Question 5**

### **Country Narrative**

(i) MUA's Institutional Catalog is presented as Exhibit 12. ACCM, having inspected the catalog and the university itself, is satisfied that the catalog provides an accurate description of the school, its educational program, its admission requirements for students both new and transfer, the criteria for advancement, its academic guidelines and grading policies, and the requirements for the award of the MD

(ii) In the MUA Catalog, p.8 it is stated 'Since English is the language of instruction, it is important that applicants be prepared academically to pursue the curriculum and be able to communicate effectively Applicants whose principal language is not English may be required to take the Test of English as a Foreign Language (TOEFL).'

(iii) In the MUA Catalog p.26-28 are listed the costs of tuition, and other fees, together with policy on payments and refunds and information on loans and financial aid. The requirement to carry personal health insurance coverage for the duration of the medical school programme is seen in the MUA Catalog, p.22

(iv) In the Catalog, in Faculty and Student Handbooks, and on its website, MUA has publicized to all faculty and students the standards and procedures for the evaluation, advancement and graduation of its students. (Exhibits 6, 11 and 12, and [www.mua.edu](http://www.mua.edu))

(v) Standards for student conduct and procedures for disciplinary action are found in the Institutional Catalog pp.20-22, (Exhibit 12) and in the Student Handbook, p.9-16 (Exhibit 11)

ACCM reviews the school's Institutional Catalog and Website [www.mua.edu](http://www.mua.edu) as well as the Student Handbooks, both Basic and Clinical Sciences, and the Faculty Handbook.

ACCM's standards state that the institution's publications, advertising and student recruitment policy 'must present a balanced and accurate representation of the mission and objectives of the educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical program and its requirements for the award of the MD degree.' (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 6.1, 1st para, p.17)

## **Analyst Remarks to Narrative**

### Catalog:

The ACCM's Element 6.1, Admission, specifies that the institution's publications, advertising, and recruitment policy must present an accurate representation of the program's mission and objectives. The institution's catalog (or equivalent document) must accurately describe:

- the school
- the educational program
- admissions requirements for new and transfer students
- criteria for satisfactory academic progress
- graduation requirements

### Language:

As noted above, Element 6.1 specifies that the institution's catalog must include admissions requirements. The MUA's catalog specifies that official TOEFL score reports must be submitted by applicants when applicable (i.e., when English is not the applicant's native language).

### Costs:

The ACCM's Element 7.5, Fees and Student Refunds, specifies that the institution shall publish the costs for:

- tuition
- dormitory
- meal plans
- other fees

The institution must also publish a refund policy that includes the procedure and formula used to calculate refund amounts.

The ACCM's Element 10.2 Student Health, specifies that the institution must publicize the availability of health and long term care insurance.

### Evaluation/Advancement/Graduation:

The ACCM's Element 5.1, Student Promotion and Evaluation, specifies that there must be a student promotion and evaluation committee comprised of faculty members tasked with establishing methods for assessing student knowledge and skills. Assessment must correspond to subject matter, course objectives, and the curriculum. The element also specifies that, for student advancement, the committee's student performance standards must be enforced for each course.

The element specifies that rules must be developed regarding:

- evaluation methods
- the grading system
- promotion standards
- honor roll requirements

As noted above, the ACCM's Element 6.1, Admission, specifies that the institution's catalog (or equivalent document) must accurately describe both the criteria for satisfactory academic progress and the institution's graduation requirements.

Conduct:

The ACCM's Element 6.5, Student Dismissals, specifies that the faculty committee on student promotion and evaluation shall develop dismissal policies and procedures for students who fail to meet the institution's academic or behavioral standards. The standards must be published and made available to students upon entering the program. Dismissal procedures must include provisions for due process and appeals.

The MUA's self-study document and catalog demonstrate that it has addressed the ACCM's requirements.

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## **Admissions, Recruiting, and Publications, Question 6**

### **Country Narrative**

Q 1 : A student must 'have the right to review and challenge his/her academic record at all times. The records must be kept confidential and available only to faculty and administration with a need to know unless released by the student or as otherwise governed by laws concerning confidentiality.' (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 5.1, p.16, col.1, 5th para).

The subject is addressed in the Student Handbook under 'Confidentiality of Student Records' where it is stated 'In accordance with the Family Education Rights and Privacy Act of 1974, Medical University of the Americas students have the right to review, inspect, and challenge the accuracy of information kept in the cumulative file by the institution. Records that may be released to the student for review include: grade and evaluation reports and transcripts that relate to student progress. Student progress notes that are held by individual faculty are not considered part of the student's official file and cannot be released.' (Exhibit 11 – MUA Student Handbook, p.24)

In the Institutional Self-Study, the school is asked to review the adequacy of systems for providing students with access to their records, and assuring confidentiality of student records. MUA's response is found in Exhibit 5 - MUA Self Study 2009, p.41-42, where it is stated that MUA 'maintains permanent records in secure sites' and that 'student confidentiality is applied through the use of Family Educational Rights and Privacy Act, waiver forms and direct contact with the student ....' and the student's role in ensuring the accuracy of his or her records is outlined.

Q 2: The Government of Nevis has not to date imposed its own confidentiality requirements regarding student records. The Government is satisfied with the

ACCM requirement, (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 5.1, p.16) that 'With the exception of the faculty and the administration, student records shall be kept confidential. The student shall have the right to review and challenge his/her academic record at all times. The records must be confidential and available only to faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.'

Thus applicable law is the Family Education Rights and Privacy Act of 1974. (Exhibit 11 – MUA Student Handbook, p.24) The ACCM Elements of Accreditation state that 'with the exception of the faculty and the administration, student records shall be kept confidential. Standard due process shall apply to the student's right to review the accuracy of his/her records.' (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 5.1, p.16, 3rd para)

### **Analyst Remarks to Narrative**

The ACCM's Element 5.1, Student Promotion and Evaluation, specifies student records will be kept confidential, with the exception of access by the faculty and administration who need to know their contents, or as released by the student. Student records must be governed by applicable confidentiality laws. Students will have the right to review and challenge their academic records.

The MUA addressed the confidentiality of student records in its self-study document.

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## **Student Achievement, Question 1**

### **Country Narrative**

The medical school faculty and administration have established clear principles and methods for the evaluation of student achievement, including criteria for satisfactory academic progress and requirements for graduation. Evaluation of student achievement is discussed in Exhibit 5 - MUA Self Study 2009, pp.21,26-27 and criteria for advancement are found in the Institutional Catalog and in the Student Handbook. The requirements for graduation are also stated in both of these documents.

The MUA Promotions Committee is composed of faculty who review all student achievement as well as discuss and make decisions on all cases where a student's academic progress is borderline or unsatisfactory. ACCM reviews minutes of this committee and is satisfied that the appropriate processes are in place.

MUA requires a passing grade in USMLE Step 2 Clinical Knowledge and USMLE Step 2 Clinical Skills for graduation.

## **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 5.1, Student Promotion and Evaluation, specifies that there must be a student promotion and evaluation committee comprised of faculty members tasked with establishing methods for assessing student knowledge and skills. Assessment must correspond to subject matter, course objectives, and the curriculum. The element also specifies that, for student advancement, the committee's student performance standards must be enforced for each course.

The element specifies that rules must be developed regarding:

- evaluation methods
- the grading system
- promotion standards
- honor roll requirements

As noted previously, the ACCM's Element 6.1, Admission, specifies that the institution's catalog (or equivalent document) must accurately describe both the criteria for satisfactory academic progress and the institution's graduation requirements.

The ACCM's Element 5.1, Student Promotion and Evaluation, specifies that the passing of USMLE Step 2 Clinical Skills and USMLE Step 2 Clinical Knowledge must be a prerequisite to graduation.

These areas were addressed in the MUA's self-study document.

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## **Student Achievement, Question 2**

### **Country Narrative**

The multiple methods for evaluation of student achievement are listed in the MUA Self Study – Exhibit 5 – MUA Self Study 2009, p.21, 26-27.

Q 1 : ACCM requires that students pass internal school examinations and assessments as set out in Elements of Accreditation, Element 5 – Student Promotion and Evaluation. ACCM requires there to be a Student Promotion and Evaluation Committee comprised of faculty members which will establish the methods for evaluating student achievement. ACCM requires the faculty to employ objective and narrative evaluation, based on observation of students' performance, proficiency and mastery of clinical principles, skills and problem solving. Students' professional demeanor, behavior and working relationship with patients and their families, their colleagues and other healthcare professionals must also be objectively evaluated. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 5.1 p.15,16).

All students must pass the United States Medical Licensing Examination Part 1 (USMLE Step 1) prior to clinical training (Exhibit 12 – MUA Institutional Catalog

2011-13, p.17 and Exhibit 7 – MUA Profile database, p.20). Passing of USMLE Step 2 (CK and CS) are now a necessary prerequisite for graduation. These requirements are stated in the MUA Institutional Catalog 2011-13. (Exhibit 12 – MUA Institutional Catalog 2011-13, p.18) and in the Annual Database Report 2009-10 (Exhibit 15 – MUA Annual Database Report 2009-10, p.20)

Q. 2 : MUA requires that students must achieve a passing grade on all taught courses which are evaluated through regular internal examinations. The school utilizes NBME Shelf Examinations in all Basic Science courses and in the Introduction to Clinical Medicine course. The school provides Kaplan USMLE texts and access to the associated Kaplan video library so that students may also objectively assess their own progress. ACCM requires evaluation methods to be reported in the Profile or Annual Database Questionnaire provided by the school to ACCM.

In the clinical cores, MUA students are assessed by preceptors who are board certified or eligible practicing physicians, by means of filling out an evaluation form on each student for each clinical rotation they complete. The students are assessed and graded under a number of headings (Exhibit 5 – MUA Self Study 2009, p.21) The school administers a mandatory Core Curriculum Examination (CCE) after every clerkship (Exhibit 9 - MUA Clinical Handbook, p.43-44) and some hospitals additionally require their own clerkship examinations. A further learning and evaluation tool is MUACourses with weekly cases and reflection as described in the Annual Database Report (Exhibit 15 - MUA Annual Database Report 2009-10, p.13)

Evaluation of student performance is reported annually to ACCM in the Annual Database Report (Exhibit 15 - MUA Annual Database Report 2009-10, p.18-19)

ACCM has reviewed MUA's policy on promotion and dismissal procedures (Exhibit 11 – MUA Student Handbook – Guidelines for Advancement and Guidelines for Academic Probation and Dismissal, p.19-20).

### **Analyst Remarks to Narrative**

The ACCM's Element 5.1, Student Promotion and Evaluation, specifies that student evaluation not be limited to traditional test-taking, but rather employ objective and narrative evaluation, based upon observation, of the student's performance, proficiency, and mastery of the fundamental clinical principals, clinical skills, and problem-solving in each clinical area.

Element 5.1 further specifies the ACCM's requirement that students pass USMLE Step 1 prior to advancing to clinical training, and that students must pass USMLE Step 2 Clinical Skills and USMLE Step 2 Clinical Knowledge prior to graduation.

The MUA addressed these requirements in its 2009 self-study document and also provided a detailed report regarding USMLE pass rates as part of its annual

database report to ACCM.

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### **Student Achievement, Question 3**

#### **Country Narrative**

The school has a 'rigorous admissions process' so that the expectation is that those admitted to the MD Programme 'will successfully complete the program of study'. There is a support system in place to assist students achieve this objective, and a system for academic probation where students whose average in a class falls below 65%. This is discussed in Exhibit 5 - MUA Self Study 2009, pp.36-38.

Students must pass USMLE Step 1 in order to proceed to clinical training, and must pass USMLE Step 2 Clinical Skills and Clinical Knowledge for graduation. The requirements for advancement to clinical training and for graduation are listed in the Institutional Catalog (Exhibit 12 - MUA Institutional Catalog 2011-13, p.17-18 and in the Student Handbook (Exhibit 11 - MUA Student Handbook - Guidelines for Advancement, p.19-21.

ACCM's standards for monitoring students' academic progress are seen in Exhibit 3 – ACCM Elements of Accreditation 2011, Element 5.2 Student Counselling, and requirements for the oversight of clinical students are listed in Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.5 – Oversight of Clinical Students, pp.11-12.

#### **Analyst Remarks to Narrative**

The ACCM's Element 5.2, Student Counseling, specifies that course directors must administer periodic and interim exams to evaluate student mastery of course materials, as well as the degree of problem-solving skill attained. Such exams will serve as progress reports that provide interim feedback to the student, as well as to faculty members and counselors in order for deficiencies to be identified early enough to allow tutoring. A faculty advisor must be appointed for each student, and that advisor is responsible for helping the student maintain satisfactory academic progress.

As noted previously, the ACCM's Element 5.1 specifies the ACCM's requirement that students pass USMLE Step 1 prior to advancing to clinical training, and that students must pass USMLE Step 2 Clinical Skills and USMLE Step 2 Clinical Knowledge prior to graduation.

The MUA addressed these requirements in its 2009 self-study document.

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### **Student Achievement, Question 4**

## **Country Narrative**

MUA requires students to satisfy the requirements of both the Basic Science and Clinical Medicine programs and to have passing scores in USMLE Step 1, USMLE Step 2 Clinical Knowledge and USMLE Step 2 Clinical Skills in order to be eligible to receive the Doctor of Medicine Degree. (Exhibit 12 – MUA Institutional Catalog 2011-13, p.17, 18)

ACCM requires that students have USMLE Step 1 before being allowed to proceed to clinical training and the passing of USMLE Step 2 Clinical Knowledge and Clinical Skills is a prerequisite for graduation. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 5.1, p.16).

Student achievement was reported to ACCM by the school in its Profile (Exhibit 7 – MUA Profile Database, p.20) and is reported annually in an Annual Database Report (Exhibit 15 – MUA Annual Database Report 2009-10, p.20). A first time pass rate of 85% on USMLE Step 1 has been set by ACCM as the appropriate benchmark for student achievement.

## **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 5.1 specifies the ACCM's requirement that students pass USMLE Step 1 prior to advancing to clinical training, and that students must pass USMLE Step 2 Clinical Skills and USMLE Step 2 Clinical Knowledge prior to graduation.

The ACCM states that it has set a first time pass rate of 85% on USMLE Step 1 as the appropriate benchmark for student achievement, although this pass rate does not appear to be published in the ACCM's Elements of Accreditation document.

The MUA's 2009-2010 annual report indicates that its first time USMLE Step 1 pass rate for 2009-2010 was 83%, for 2009-2009 was 86%, and for 2007-2008 was 63%. Since the pass rate has been fluctuating and was recently below the ACCM's established benchmark, additional information is requested as to the MUA's first time pass rate for 2010-2011, if that information available. Information is also requested as to what actions the ACCM took as a result of the MUA's failure to meet the agency's established benchmark in 2007-2008.

Additional information is requested. The ACCM is requested to document that the 85% first time USMLE Step 1 pass rate is published in its Elements of Accreditation. It is also requested to provide information on the MUA's 2010-2011 first time USMLE Step 1 pass rate, if available and to describe the actions taken when the MUA failed to meet the agency's established benchmark in 2007-2008.

## **Country Response**

NCFMEA in 2003 asked ACCM to consider what would be a reasonable first time pass rate in USMLE 1 for a school that it accredits. At the following meeting of ACCM, the Commission decided that 85% was a reasonable objective for a foreign medical school. However, ACCM does not include the 85% benchmark into its Elements, but 85% first time pass rate in USMLE Step 1 is a clearly stated objective well-known to all the schools which ACCM accredits. ACCM's work has been with medical schools in development, and ACCM makes it clear to all schools when it begins their accreditation process, that they are expected to work towards attaining the 85% first time pass rate by means of admission of quality students, a strong and well-taught curriculum, well-qualified faculty, supported by student services and facilities which will help them reach that goal.

ACCM undertook to be the accrediting body for Nevis in early 2007, and in April 2007 the MUA changed ownership. Thus ACCM noted the 63% pass rate of 2007-8 as a starting point from where it expected the school to move forward. The ACCM made its first accreditation decision on MUA after a campus visit in January 2010. After ACCM's recent inspection visit to the campus (Feb 9/10, 2012) the university was asked to provide a brief overview of the path it took to bring the program into line with its own and ACCM's objectives, and has provided the following statement.

“The university changed ownership in the spring of 2007. In order to implement a comprehensive set of improvements designed to meet the ACCM's as well as the university's own institutional objectives, a comprehensive program of quality initiatives was begun, culminating with the ACCM's site visit in 2010. These changes were deemed necessary by the university in order to achieve predictive and sustainable quality outcomes, and to establish institutional processes for continuous assessment, review and improvement.

The changes include: (i) implementation of NBME Subject Exams in all Basic Sciences courses in which offered; (ii) recruitment of faculty and administrators with needed skill sets; (iii) introduction of an ongoing faculty development program; (iv) construction of a 38,000 sq. ft. academic learning facility, housing five state of the art classrooms, a secure testing center, a physical diagnosis lab, student lockers, faculty offices, a fitness center, as well as a faculty lounge and visitor's apartment; (v) renovation and expansion of the university's library; (vi) relocation of the university's U.S. administrative offices to a modern facility; (vii) renewed focus on the integration of Basic Sciences and Clinical Medicine; (viii) re-examination of the university's clinical program to assess its needs; (ix) institutional commitment to the expansion of research; (x) complete overhaul of the university's I/T infrastructure and website; and (xi) new financial management software platform.”

Additionally, key academic and administrative personnel have been recruited, including Gordon Green, MD (Executive Dean), Linda Perangelo, MD (Associate Dean of Clinical Medicine), as well as experienced clinical support staff, a Financial Aid officer, Admissions professionals, and a Registrar.

Other major developments include implementation of new graduation requirements, namely the passage of the USMLE Step II (CS & CK), and new admissions requirements (i.e., MCAT scores for all U.S. citizens and permanent residents).”

MUA provided a detailed project list for the years 2007-2010, which is included as Exhibit 16 – MUA Project List.

ACCM continues to monitor the ongoing improvements to the educational program, and the resultant improvements to educational outcomes, through the university’s submission of annual databases, biennial inspection visits to the campus and a program of inspection of all clinical sites, along with an ongoing dialogue with the university’s administration. As a result of these monitoring activities and the quality improvement efforts underway at MUA, the ACCM is confident that the university will continue to improve the quality of its educational program, including improvements in first time USMLE Step I pass rates.

While for the database reporting period 2010-2011 the overall first time pass rate on USMLE Step 1 was 80.5%, for the quarter ending December 31, 2011, the first time pass rate on USMLE Step 1 was 86%.

### **Analyst Remarks to Response**

In its response to the draft staff analysis, the agency provided information on the three issues listed below.

Publication of required USMLE pass rate:

The agency stated in its response that an 85% first time USMLE pass rate is a "clearly stated objective well-known to all the schools which ACCM accredits." Despite the fact that the NCFMEA’s request was for a minimally acceptable passage rate, the ACCM appears to have established an aspirational benchmark. The agency states that it does not publish this expectation in its standards. The NCFMEA may want to clarify its request to require the agency to establish a minimally-acceptable passage rate and to require that the ACCM make this requirement clear in its standards document.

MUA's 2010-2011 USMLE pass rate:

The agency reported in its response that the MUA's 2010-2011 USMLE first time pass rate was 80.5%, which is below the agency's established benchmark of 85%. The agency added, however, that the pass rate for the quarter ending December 31, 2011 was 86%. Additional information is requested as to corrective actions the agency is taking in response to the MUA's low 2010-2011 pass rate.

Actions taken in regard to 2007-2008 USMLE pass rate:

In its response, the agency described steps that the MUA took in response to its low 2007-2008 pass rate, including changes in the curriculum,

faculty/administration, and physical plant, which appear both comprehensive and appropriate. Staff notes that the agency first began accrediting the MUA in 2007 and that its scores have improved since that time. No additional information is requested in this area.

Additional information is requested. The ACCM is requested to document that its required 85% first time USMLE Step 1 pass rate is published in its Elements of Accreditation. It is also requested to describe the corrective actions it is taking in response to the MUA's failure to meet the agency's established benchmark in 2010-2011.

Staff Conclusion: Additional Information requested

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## **Student Achievement, Question 5**

### **Country Narrative**

The relatively small size of the basic science campus and student body ensures that there is ongoing feedback to the school from the students in relation to all aspects of their educational experience during the semesters spent on Nevis. The school comments on the accessibility of faculty and administrators in Exhibit 5 - MUA Self Study 2009, p.40.

Students formally evaluate their clinical clerkships by returning a required evaluation form to the school at the end of each clerkship.

### **Analyst Remarks to Narrative**

The ACCM's Elements of Accreditation do not appear to specify any requirements related to this section.

Additional information is requested. The agency is asked to provide information and documentation regarding its requirements that schools have a formal process to collect and use information from students on the quality of courses and clerkships, which could include such measures as questionnaires, focus groups, or other structured data collection tools.

### **Country Response**

Department staff have indicated where an adjustment should be made to the Elements to require a formal process of collection and utilisation of information from students on the quality of their courses and clerkships. While the requirement is not currently stated as such in the Elements, ACCM does in fact verify during its inspection visits and in received documentation from the school that these processes are in place. MUA collects student evaluations throughout the Basic Science and Clinical Medicine portions of the MD program. The primary evaluations by students include:

- Survey of all first semester students following the first block exam
- Required course and faculty evaluations following every Basic Science course
- Required course, teaching faculty and preceptor evaluations following every core clinical rotation

The first semester student survey assesses student satisfaction with the university in general, the admissions process, the orientation process, and the initial portion of the academic program. As a result of this survey MUA made a number of improvements to the admissions process and the orientation process that have both increased the proportion of accepted students who matriculate at the university and improved student satisfaction with the orientation process. As part of the recent 2012 site visit the ACCM reviewed the first semester student survey.

Basic Science course evaluations must be completed by students following the completion of each course. Students cannot receive a grade in a course until the evaluation for that course is complete. MUA utilizes the course evaluations as part of the ongoing evaluation of the curriculum which also includes educational outcome measures such as NBME shelf exam and USMLE exam performance. ACCM reviewed the course evaluation forms as part of the December 2010 and February 2012 site visits.

As with Basic Science course evaluations, Core Clinical Medicine rotation evaluations must be completed by students following the completion of each course, and students cannot receive a grade for the core clinical rotations until the evaluation for that rotation is complete. The university utilizes the core clinical rotations to evaluate clinical sites (in conjunctions with educational outcomes measures including Core Clinical Exam and USMLE Step 2 results) and shares the results of these evaluations of the sites and individual preceptors with the teaching sites. The ACCM reviews these rotation evaluations during their campus site visits, clinical rotation site visits, and as part of the annual database submittals.

Self-selected students, during closed-session interviews with ACCM inspection teams, have confirmed that they have ample opportunity to feedback and have their views or concerns regarding all aspects of their education at Medical University of the Americas taken into account. However, a revision of the Elements, in the light of Department staff's comments, is proposed for the next ACCM meeting.

### **Analyst Remarks to Response**

In its response to the draft analysis, the agency asserted that while the requirements of this section are being met in practice, they are not formally addressed in its standards. As a result, the agency plans to amend its standards to reflect these requirements during the course of its May 2012 council meeting.

Additional information is requested. Additional information will be needed regarding the changes that the agency makes to its standards at its May 2012

meeting.

Staff Conclusion: Additional Information requested

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## **Student Services, Question 1**

### **Country Narrative**

ACCM has verified that the student support services in MUA are as described in the MUA Self Study (Exhibit 5 – MUA Self Study, pp 36-40.) as required in ACCM Elements of Accreditation. Exhibit 3 - ACCM Elements of Accreditation 2011, Element 4, Subsection 4.7, p.14-15). Students are provided with information and guidance in applying for residencies (Exhibit 5 - MUA Self Study 2009, p.38)

Every student is assigned a faculty advisor upon matriculation. Faculty are required to maintain regular scheduled office hours each week during which they are available to students, and outside of these hours students can make individual appointments. Deans and University Administrators can also be readily accessed either by appointment or during scheduled hours. There is a housing co-ordinator who works with the incoming and current students in relation to their accommodation needs, and the financial aid department is available to work with students to budget for their tuition and living expenses. A study skills coach is available to individual students in need of assistance in this area. MUA also has a Student Support Group overseen by the Assistant Dean of Students, whose counselors see students on a scheduled or 'walk-in' basis. There is also a Mentoring Program, and seminars are provided on matters such as 'test anxiety' or 'study methods'.

### **Analyst Remarks to Narrative**

Health:

The ACCM's Element 10.1, Counseling and Guidance, specifies that student must have access to confidential psychological counseling on campus, which shall have no involvement with academic evaluation or promotion.

The ACCM's Element 10.2, Student Health, specifies that the institution must provide preventive, diagnostic, and therapeutic medical services both to students and their families. The element also specifies that all students must be vaccinated against communicable diseases prior to entering the program, that students shall be educated in the prevention and treatment of other infections and environmental diseases, and that medical leaves shall be granted when appropriate.

Financial Aid:

The ACCM's Element 10.3, Student Financial Aid and Budgeting, specifies that the institution's financial aid officer shall counsel students and their parents on

the amount and availability of financial aid. The counselors shall provide students with a detailed summary of the estimated cost for tuition, books, supplies, and personal living expenses covering the entire program. At the close of the program, the counselors shall also counsel students as to their student loan indebtedness, repayment responsibilities, and average monthly payments. The institution must comply with all government regulations regarding the management of student aid programs.

**Placement:**

The ACCM's Element 5.2, Student Counseling, specifies that the student's faculty advisor should guide the student in determining a career path and directing the student to an appropriate postgraduate position for further training. However, this does not appear sufficient to meet the requirements of this section for a system of placement assistance. More information is requested in this area.

The ACCM is requested to provide additional information regarding its published requirements that its institutions should have a system to assist students in career choice and application to graduate, residency, or fellowship programs, and to guide students in choosing elective courses and rotations.

**Country Response**

ACCM has verified during its inspection visits and from documentation received that Medical University of the Americas has a satisfactory system of placement assistance. The university has developed a "Road to Residency" programme to help guide administration in the support of students through their career choice and application to graduate, residency and fellowship programmes. The ACCM reviewed this programme as part of the February 2012 campus inspection. The "Road to Residency" programme provides guidance, checklists at specific milestones in the students' academic careers, and best practices beginning with the USMLE Step 1 exam and throughout the residency application and Match process.

While the "Road to Residency" programme is a useful tool to assist students in these matters, the university also maintains sufficient staff in the clinical department to ensure that students receive the appropriate individual attention and support in both their academic and subsequent career choices. Through the clinical department, which includes an Assistant Dean who maintains an office at a New York teaching site, students receive counselling on which electives to choose and how to successfully navigate the residency placement and match process. (Exhibit 17 – Road to Residency).

ACCM notes that Element 5.2 does lack the necessary wording to indicate that ACCM, as well as requiring the appointment of a faculty advisor to each student, also requires a system to support students in career choice, and thus this Element will be adjusted in the forthcoming review.

## **Analyst Remarks to Response**

In its response to the draft analysis, the agency asserted that while the requirements of this section are being met in practice, they are not formally addressed in its standards. As a result, the agency plans to amend its standards to reflect these requirements during the course of its May 2012 council meeting.

Additional information is requested. Additional information will be needed regarding the changes that the agency makes to its standards at its May 2012 meeting.

Staff Conclusion: Additional Information requested

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## **Student Services, Question 2**

### **Country Narrative**

ACCM requires compliance with Element 10 which addresses student services, counseling, student health, financial and budgeting. ACCM verifies compliance with this standard during inspection visits and through interviews with faculty, staff and students. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 10.1 - 10.3, p.23, 24)

### **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 5.1, Student Promotion and Evaluation, specifies that students must have the right to review and challenge their academic records at all times. The records must be confidential and available to faculty and administrators on a need-to-know basis only (unless released by the student), and must be governed by applicable confidentiality laws.

As noted and described in previous sections, the ACCM's Elements require services related to student counseling and guidance, student health, including mental health, and student financial aid and budgeting.

The MUA addressed these requirements in its 2009 self-study document.

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## **Student Complaints, Question 1**

### **Country Narrative**

ACCM has a written procedure for investigating student complaints about medical education programme quality, which is seen as an appendix to the ACCM Protocol for Accreditation 2011. (Exhibit 4 - ACCM Protocol for Accreditation 2011, Appendix A, p.53) and is also available as a separate document.

ACCM's standards require that the school must have a policy on student complaints and grievances. This policy must be published and is reviewed by the ACCM (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 10, 1st paragraph, p.23). The Student Academic Grievance Policy is published in the Student Handbook (Exhibit 11 – MUA Student Handbook, p.21)

### **Analyst Remarks to Narrative**

#### Complaints to Schools:

The ACCM's Element 10, Student Services, specifies that an institution must publish information for students that includes information on student grievance procedures. The agency's Element 10.1, Counseling and Guidance, further specifies that faculty advisors shall counsel students on procedures for student appeals and filing grievances. While the elements specify that a school must have published student grievance procedures, the ACCM does not appear to proscribe any procedures that the school must follow in addressing student complaints. Such procedures would typically include information as to who will review the complaint and timelines for resolving the complaint and notifying the complainant of the result of the review, etc. More information is needed in this area. The MUA's handbook does contains its complaint procedure.

#### Complaints about Schools:

The ACCM's complaint procedure is detailed in its Protocol for the Accreditation of Colleges of Medicine. The procedure specifies that only complaints related to non-compliance with the agency's standards will be investigated. Complaints must be submitted in writing, contain as much information as possible about the circumstances of the complaint, and cite the standards in question. The ACCM will review the complaint and request that any necessary information be provided by the school within 30 days. If the complaint cannot be resolved through correspondence, an ad hoc committee will conduct a limited site visit and report to the ACCM at the agency's next regularly scheduled meeting. The resulting decision will be sent to the complainant and the school within 30 days of the meeting.

Additional information is requested. While the agency's elements do require institutions to have published student grievance procedures, the agency does not appear to specify a procedure for institutions to use in addressing student complaints.

### **Country Response**

ACCM has not previously considered proscribing schools' procedures for student complaints. Currently it requires a school to have published complaints procedures which ACCM has reviewed as part of the accreditation process. This matter will be reviewed at the next meeting of the ACCM.

### **Analyst Remarks to Response**

In its response to the draft analysis, the agency asserted that while the requirements of this section are being met in practice, they are not formally addressed in its standards. As a result, the agency plans to amend its standards to reflect these requirements during the course of its May 2012 council meeting.

Additional information is requested. Additional information will be needed regarding the changes that the agency makes to its standards at its May 2012 meeting.

Staff Conclusion: Additional Information requested

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## **Student Complaints, Question 2**

### **Country Narrative**

The Student Academic Grievance Policy is published in the Student Handbook (Exhibit 11 – MUA Student Handbook, p.21)

ACCM only investigates complaints against a school by students if it relates directly to an issue of accreditation (Exhibit 4 - ACCM Protocol for Accreditation 2011, p.51 and Appendix A ‘ACCM Procedure for handling complaints about program quality’ p.53).

ACCM has closed session interviews with students during every visit to the basic science campus and to each affiliated clinical training site and during these sessions students are encouraged to comment freely on their educational experience. If issues are raised at these sessions, these would be fed back by ACCM to the school anonymously for resolution, and followed up as necessary. ACCM is satisfied that the school handles complaints adequately and expects any issues to be resolved at an institutional level, however ACCM has asked the medical school to insert ACCM’s contact information in the next edition of the Student Handbook.

ACCM is aware that students, through online networks and the use of search engines, know how to locate ACCM’s website, therefore ACCM has also redeveloped its website and has added a page upon which the matter of complaints is addressed : [www.accredmed.org/complaints.htm](http://www.accredmed.org/complaints.htm)

No complaints about the quality of the educational programme have been received during the past year.

### **Analyst Remarks to Narrative**

As noted previously, the ACCM requires that institutions publish their student complaint procedures, and the MUA's catalog does include such a procedure. However, the MUA's Student Academic Grievance Policy does not include the name and address of the ACCM. It is further noted that the ACCM's elements do not appear to specify that the agency's name and address must be included in an institution's published complaint procedures.

As noted in the previous section, the ACCM's procedure for complaints against schools is detailed in its Protocol for the Accreditation of Colleges of Medicine. The procedure specifies that only complaints related to non-compliance with the agency's standards will be investigated. Complaints must be submitted in writing, contain as much information as possible about the circumstances of the complaint, and cite the standards in question. The ACCM will review the complaint and request that any necessary information be provided by the school within 30 days. If the complaint cannot be resolved through correspondence, an ad hoc committee will conduct a limited site visit and report to the ACCM at the agency's next regularly scheduled meeting. The resulting decision will be sent to the complainant and the school within 30 days of the meeting.

The ACCM states that it has received no complaints against the MUA in the past year.

Additional information is requested. It is not clear that the agency's elements make any specific requirements as to what information must be included in an institution's published complaint procedures, nor that institutions are required publish the ACCM's name and address in order that students may submit complaints to the agency that have not been resolved at the institutional level.

### **Country Response**

ACCM has already requested Medical University of the Americas to publish ACCM's contact details, and the university has undertaken to place ACCM's contact details in the Student Handbook, the University Catalog and on the university website.

### **Analyst Remarks to Response**

In its response to the draft analysis, the agency states that it has requested that the necessary changes be made by the MUA. However, no documentation of the changes was provided.

Additional information is requested. Additional documentation is requested to show that the MUA has made the changes to its handbook, catalog, and web site as required by the agency.

**Staff Conclusion: Additional Information requested**

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## **Finances, Question 1**

### **Country Narrative**

Q. 1 part 1: The medical school's principal source of income is student tuition, it has sufficient financial reserve to cover its operations (Exhibit 5 – MUA Self Study 2009, p.54) and capital requirements are met through normal operating cash flows.

ACCM's requirements in relation to Fiscal Resources are delineated in Exhibit 3 – ACCM Elements of Accreditation 2011, Element 7.1 – 7.4, p.19, 20). 'The institution shall possess sufficient financial resources to carry out its mission for the size of its student body.' (Exhibit 3 - ACCM Elements of Accreditation 2011 Element 7.1) 'The instructional budget must be developed by the Chief Academic Officer in consultation with department heads, faculty representatives, and representatives of the Chief Financial Officer. A non-instructional budget ... shall be developed by the chief financial officer in a similar fashion and in consultation with appropriate department heads.' (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 7.4, 1st para, p.19) ACCM reviews the financial status of the medical school and ensures that sufficient reserve funds are available to complete the program for all students in training.

As part of its Protocol, ACCM meets with the Chief Financial Officer of the School during site visits and copies of the school's audited accounts are made available to ACCM as part of inspection visits to the school campus.

Q.1 part 2 : ACCM monitors through inspection visits, interviews and the review of annual reports submitted by the school that the size and scope of the educational program is appropriate to the resources available.

Any significant increase in student numbers must be notified in advance to ACCM with justification and documentation demonstrating the ability of the school to handle any such increase. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 6.6, p.18)

In Exhibit 5 – MUA Self Study 2009, p.62, the medical school outlines the developments and expansion of physical resources which have taken place under the present ownership.

### **Analyst Remarks to Narrative**

**Adequate Resources:**

The subsections of the ACCM's Element 7, address Fiscal Resources. Element 7.1, Sources of Income, specifies that the institution must have sufficient financial resources to carry out its mission for the size of its student body. An institution should avoid dependence on student fees and shall possess adequate reserve funds and seek alternative sources of income, derived from sources

such as:

- endowments
- annual giving
- clinical services
- government funding
- grants and other sources

Element 7.2, Debt, specifies that the present and anticipated financial resources of a school must be adequate to sustain its program and accomplish institutional goals.

Element 7.3, Chief Financial Officer (CFO), specifies that the institution's financial resources must be overseen by a chief financial officer who is responsible for preparing and controlling the budget, supervising the accounting and reporting system, and collecting, managing, and disbursing funds.

Element 7.4, Budget Planning and Compliance, specifies that the instructional budget shall be developed by the CFO in consultation with department head, faculty representatives, and representatives of the CFO. A non-instructional budget shall be developed by the CFO in consultation with appropriate department heads. The CFO will assist the chief administrative officer in preparing a budgetary allocation plan. The chief administrative officer will present the budget to the board for approval, and the CFO will monitor expenditures for budgetary compliance. Element 7.4 further states that the monitoring process for small institutions "may be as simple as reviewing quarterly statements." It states that larger institutions may adopt more a "more elaborate process such as the distribution of monthly budget statements to department heads."

None of the four sub-elements appear to require that the institution obtain audited financial statements.

The ACCM states that as part of its on-site review protocol, audited financial statements are made available to the team during the course of the on-site view. However, the agency's Protocol document, addressing requirements related to Element 7, states that the team shall review sources of income, debt, the budget planning process, adequacy of financial resources, and student fees and refund policy (p. 21). The Protocol document does not specify that the team will review the institution's audited financial statement.

Staff further notes that no financial information was provided (nor apparently requested) in the annual report submitted by the MUA, including any copy of the institution's most recent audited financial statement.

Additional information is requested regarding the agency's requirements related to submission of audited financial statements by its institutions.

Financing:

As noted above, the ACCM's Element 7.1, Sources of Income, specifies that an institution should avoid dependence upon student fees in order to avoid adversely impacting the educational program. However, the agency states in its narrative that MUA's principal source of income is student tuition. Staff again notes that financial information was not included in the MUA's annual report. More information is needed regarding the MUA's financing and reported dependence on student fees, in apparent violation of the agency's standards.

#### Size/Scope:

The ACCM states in its narrative that any substantive changes in an institution's size must receive the agency's prior approval. As noted previously, the ACCM's Element 6.6, Student Body Size, specifies that the ACCM must be notified of any increase in enrollment of 10% in one year or a cumulative increase of 20% in three years by January 1 of the year preceding the expansion. While this requirement addresses an increase in size, it does not address an increase in scope, such as the adding of other (non-M.D.) programs at an institution. More information is requested regarding prior agency approval of potential increases in the scope of an institution's program offerings.

(Note: The ACCM's Element 11.2, Hospital and Ambulatory Facilities, specifies that the ACCM must be notified in advance of any changes in faculty, physical facilities, or the budget, including changes in clinical sites. However, this appears to be related specifically to clinical sites and would not appear to apply to changes in scope at the institution itself.)

Additional information is requested in three areas. More information is needed regarding the agency's requirements that institutions provide audited financial statements. More information is needed regarding the MUA's reported dependence upon student tuition as its primary financial source. More information is needed regarding the ACCM's policies regarding the prior approval of expansions of scope at its institutions.

### **Country Response**

ACCM reviews Medical University of the Americas' financial statements during each inspection visit, and the school is required to submit all its financial statements for review annually by ACCM whether or not there is a scheduled visit. This condition is stated in ACCM's accreditation report on MUA, pages 27 and 37 (Exhibit 8 – ACCM Report on MUA 2010). The statements are emailed to ACCM by the school separately from the annual database report. However, it is acknowledged that a requirement to present financial statements does not appear in the Elements, although well-known and complied with by the medical school, and as such this is a further adjustment to the Elements/Protocol which will be addressed.

The school has stated in its Self Study that its principal source of income is tuition but it is not solely dependent upon that source of income, and ACCM has verified that this is the case through examination of the financial statements

which have been provided annually. The university has stated that it maintains as reserve approximately 25% of its retained earnings in order to assure that the program of study meets its objectives in the event of a tuition shortfall. Additionally, the university is conservatively financed in that it has no obligations for borrowed money and all of the university's property and facilities are owned free and clear. MUA also maintains \$6 million of insurance to cover operating expenses in the event that circumstances arise that disrupt its operations.

ACCM's conclusion (Exhibit 8 – ACCM report on MUA 2010) is that "a sufficient reserve fund is in place". (Exhibit 18: MUA Financial Statements 2010-11 - note: code to view: 7566)

With regard to size/scope of the program, the final paragraph of the Elements was not intended to be read in conjunction with 'Hospital and Ambulatory Facilities' only, but was included during the 2009 update of the Elements as a general statement on substantive change. This paragraph requires a new heading to separate it from the section above it.

### **Analyst Remarks to Response**

The agency provided additional information regarding issues in three areas.

#### Required financial statements:

In its response to the draft analysis, the agency asserted that while the requirement of this section related to audited financial statements are being met in practice, they are not formally addressed in its standards. As a result, the agency plans to amend its standards to reflect this requirement during the course of its May 2012 council meeting.

#### Tuition as a primary MUA financial source:

The agency provided additional information regarding the MUA's financial condition indicating that the institution is not overly dependent upon student tuition as its primary financial source, that the school maintains an adequate reserve, and that it carries no debt on its property and facilities. No additional information is needed in this area.

#### Prior approval of expansions of scope:

As noted in a prior section, the agency is in the process of making a modification to its standards document to clarify that its substantive change requirements (including prior approval of expansions of scope) apply to the institution as a whole and not only to clinical sites. Documentation of this change, when implemented, is requested.

Additional information is requested. Additional information will be needed regarding the changes regarding audited financial statements that the agency makes to its standards at its May 2012 meeting. Additional documentation is also requested regarding the changes that the agency is making to its standards manual clarifying its requirements related to substantive change.

## **Facilities, Question 1**

### **Country Narrative**

The ACCM standards for facilities are set out in the Elements of Accreditation (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 11, p.24). Facilities are inspected by the ACCM during site visits to both the basic science campus and all affiliated clinical training sites to ensure that the physical environment and space are adequate for the student body and that all the requisite components are in place and are of appropriate quality.

### **Analyst Remarks to Narrative**

The ACCM's Element 9.1, Library, specifies that the library must be of sufficient size and have an adequate collection and up-to-date equipment for using non-print materials. Element 9.3, Resources, specifies that library materials should include current editions of widely used medical books, current periodicals, and standard reference books. Other learning materials must include advanced computer hardware, instructional software, audio-visual materials, slides, and models.

The ACCM's Element 11.1, Facilities and Equipment, specify that an institution must own buildings, equipment, and a campus of sufficient size, quality and design to meet its goals.

University-owned facilities should include:

- auditoriums
- classrooms
- student laboratories
- a library
- faculty offices
- administrative offices
- an admissions office
- student services offices
- research laboratories
- animal care facilities
- student dormitories
- dining facilities
- student activities facilities
- recreational facilities

The ACCM's Element 11.2, Hospital and Ambulatory Facilities, specifies that the institution must secure access to teaching hospitals and ambulatory facilities as essential components of its clinical science program. The clinical teaching

facilities must be of sufficient size, quality and accessibility, and include a professionally managed and well-stocked library of sufficient size to provide students with ample study areas. The clinical facilities must also provide classroom facilities and sleeping quarters for on-call students during their clerkships.

The MUA addressed these requirements in its 2009 self-study document and the visiting team assessed the adequacy of the facilities during its on-site review.

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## **Facilities, Question 2**

### **Country Narrative**

MUA describes the physical facilities on the basic science campus in Nevis in the Self Study (Exhibit 5 - MUA Self Study 2009, p.54-55), wherein it is seen that there are the requisite offices for faculty, administrators and support staff, laboratories, classrooms, lecture halls, library, tutorial rooms, student study and meeting areas. Additionally there is an electronic testing centre, a physical diagnosis clinic and a student fitness centre. As students are resident on the island throughout their first five semesters, there is dormitory, restaurant and living accommodation on campus.

ACCM determines adherence to the requirements regarding facilities and equipment by inspection visits to the basic science campus and to all affiliated clinical sites. ACCM requires notice of any changes and if these are significant will schedule extra visits if necessary. Faculty, staff and students are interviewed and their opinions sought on the physical resources and equipment available to them.

There is no research carried out which involves the use of animals.

### **Analyst Remarks to Narrative**

Facilities:

The facilities requirements were addressed in the previous section.

Research:

Research facilities were included in the previous section. The ACCM reports that the MUA does not engage in animal research.

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## **Faculty, Question 1**

### **Country Narrative**

ACCM has established a requirement of Full Time Equivalent (FTE) faculty : student ratio of 1:8. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 8.1, p.20). Element 8.1, under the heading Type and Size of Faculty, states that 'The institution shall admit to its faculty only those individuals who possess professional experience, academic qualification, and competency in their areas of instruction. They shall also have prior teaching experience, have interest in teaching, have research experience, and shall continue their scientific investigation activities and scholarly work. The institution shall appoint a sufficient number of faculty members to fulfill its educational mission.'

Faculty must have an MD degree (or equivalent) or PhD. Faculty members should have previous teaching and research experience. The CVs of all faculty members are reviewed by ACCM to establish that they have the necessary experience to teach a particular subject. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 8.4 p.21)

### **Analyst Remarks to Narrative**

The ACCM's Element 8.1, Type and Size of Faculty, specifies that an institution must appoint a sufficient number of faculty members to fulfill its educational mission. The number of faculty members will be dependent upon the number of students enrolled in the program, but the faculty:student ratio must not be less than 1:8.

Element 8.4, Professional Competence, specifies that all faculty must have completed formal academic preparation with a degree in the major concentration of the instructional area, postgraduate training in the area of specialization, and specialty board certification or its equivalent. Faculty members shall possess appropriate teaching experience.

The MUA addressed these requirements in its 2009 self-study document and the visiting team made assessments regarding faculty credentials and size during its onsite review. The team found that while the student:faculty ratio was lower than required (1:9.3), students were being adequately served.

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### **Faculty, Question 2**

#### **Country Narrative**

Conflict of interest by faculty is dealt with in the MUA Faculty Handbook which is reviewed by the ACCM (Exhibit 6 – MUA Faculty Handbook, Article 4.000, Section 4.500, p.26).

ACCM's requirement in this regard is seen in the Elements of Accreditation (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 8.2, 2nd para, p.20.) 'The school shall have policies that deal with circumstances in which the private interests of faculty or staff may be in conflict with their official responsibilities.'

### **Analyst Remarks to Narrative**

The ACCM's Element 8.2, Policy on Selection Process and Appointment of Faculty, specifies that an institution must have policies that deal with circumstances in which the interests of faculty members or staff may be in conflict with their official responsibilities. Institutions are required to define their policies regarding such things as duties, compensation, faculty contracts, outside employment, and academic freedom in their faculty manual or a similar document.

The MUA addresses these requirements in its faculty handbook.

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### **Library**

#### **Country Narrative**

The Elements of Accreditation require that the library at the basic science campus and at each affiliated clinical site must be under the direction of a qualified librarian. There must be an adequate number of textbooks related to topics and courses and current subscriptions to relevant medical journals. Students should have access to the library out of hours and the library should also have internet and electronic search and journal access (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 9, p.22,23).

The library facilities and resources and the campus information technology infrastructure are described in the MUA Self Study (Exhibit 5 – MUA Self Study 2009, p.58-59 and 60-61). The electronic educational resources are also described in the Self Study, including MyMUA, an online educational platform, and for students' self assessment purposes, a full set of Kaplan USMLE tests. (Exhibit 5 – MUA Self Study 2009, p.18)

#### **Analyst Remarks to Narrative**

The ACCM's Element 9.1, Library, specifies that the library must be of sufficient size and have an adequate collection and up-to-date equipment for using non-print materials.

Element 9.2, Staff, specifies that the library must have a library administrator responsible for the selection, development, supervision, and retention of library support personnel. The chief librarian must have a master's degree in library science and experience working in a medical library.

Element 9.3, Resources, specifies that library materials should include current editions of widely used medical books, current periodicals, and standard reference books. Other learning materials must include advanced computer hardware, instructional software, audio-visual materials, slides, and models.

The MUA addressed these requirements in its 2009 self-study document and the visiting team assessed the adequacy of library resources during its on-site review.

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## **Clinical Teaching Facilities, Question 1**

### **Country Narrative**

Q 1 : ACCM requires that the school has affiliation agreements with all associated clinical sites which must be in writing and outline the roles and responsibilities of both parties in the contractual relationship.

Q 2 : The affiliation agreement must include educational objectives, faculty responsibilities, evaluation procedures and student access to appropriate hospital resources and facilities. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 11, p.25).

All affiliation agreements are submitted to ACCM as part of the documentation required prior to clinical site inspection visits and also when new affiliations agreements are made. In this latter case the new clinical site is inspected within 12 months of students being placed there.

### **Analyst Remarks to Narrative**

The ACCM's Element 11.2, Hospital and Ambulatory Facilities, specifies that the medical must maintain affiliation agreements with each health care facility where students are present, and that the agreements must be in effect at all times. Such agreements must be in writing and outline the roles and responsibilities of both parties. The agreements must specify educational objectives, faculty responsibilities, evaluation procedures, and student access to appropriate hospital resources and facilities. As previously noted, proposed changes in clinical resources such as faculty, physical facilities, or the budget must be submitted to the ACCM for approval in advance.

The ACCM states that it is the entity that approves affiliation agreements.

Additional information is requested. The ACCM is requested to provide a sample copy of an affiliation agreement between the MUA and a clinical site.

### **Country Response**

A sample affiliation agreement between MUA and St Vincent's Medical Center is included as Exhibit 19 (Exhibit 19 – Sample Affiliation Agreement)

### **Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided a sample copy of an affiliation agreement, signed by both parties, between the MUA and a clinical site. The agreement included detailed sections specifying the MUA's responsibilities, the clinical facility's responsibilities, mutual responsibilities, the time period covered by the agreement, and the amount of the stipend (per student, per week) to be paid by the MUA to the clinical facility. No additional information is needed in this area.

Staff Conclusion: Comprehensive response provided

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### **Part 3: Accreditation/Approval Processes and Procedures**

#### **Onsite Review, Question 1**

##### **Country Narrative**

Q. 1 part 1 : ACCM, which is the entity responsible for accrediting/approving the single medical school on Nevis, namely the Medical University of the Americas, conducts a comprehensive onsite review prior to granting it accreditation/approval. This onsite review is conducted according to the ACCM Protocol for the Accreditation of Colleges of Medicine in evaluating a medical school for accreditation purposes (Exhibit 4 – ACCM Protocol for Accreditation 2011 incl complaints procedure, p.19-27)

Q 1 part 2 : The ACCM Protocol for Accreditation requires a comprehensive evaluation of all components of a medical school to include curriculum including its structure and content, teaching and evaluation methods, faculty and their qualifications, administration and its functioning, student body and students' levels of achievement, student supports and services, the medical school's financial resources, physical facilities and equipment. In other words, the comprehensive site visit must encompass an inspection and evaluation of all aspects of the medical school's structure and functioning such that it may be determined whether it meets the standards as described in ACCM Elements of Accreditation. The Protocol provides the ACCM evaluators (inspection teams) with guidelines on the conduct of site visits to the basic science campus and to the affiliated clinical sites. (Exhibit 4 – ACCM Protocol for Accreditation 2011 incl complaints procedure, p.19-27)

Documentation which is filed with ACCM by the school prior to granting accreditation includes a Profile Database (Exhibit 7 – MUA Profile Database) with relevant appendices, and an up to date Self Study report (Exhibit 5 - MUA Self Study 2009) with substantial supporting documentation appended including handbooks, syllabi, etc. All documentation is reviewed prior to the on site visit by an ACCM inspection team.

A campus site visit inspection report dated January 18/19, 2010 is included as Exhibit 8. Following the inspection and examination of all documentation

received prior to and during the visit, together with evidence gathered by interviewing administration, faculty and students, the inspection team submitted its report to a full meeting of ACCM held in May 2010. The ACCM's decision was that the medical school merited a period of six years' accreditation subject to requirements listed on p.36-37 of the inspection report (Exhibit 8 – ACCM Report on MUA 2010)

Q 1 part 3 : There are no branch campuses in the case of Medical University of the Americas. The onsite review of the single campus on Nevis encompasses all aspects of the educational programme and facilities, including accommodation and student resources. ACCM evaluators have also inspected and approved the Administrative Offices of the University which are located in Devens, Massachusetts.

### **Analyst Remarks to Narrative**

The ACCM conducts on-site reviews at the schools it accredits, including the MUA, prior to granting accreditation. The ACCM submitted both the MUA's self study and the ACCM's First Inspection Report on the Medical University of the Americas, dated January 2010.

The inspection report included, among other areas, an examination of the school's compliance with the agency's standards, including:

- educational goals
- corporate organization
- college management
- curriculum
- student promotion and evaluation
- admissions
- fiscal resources
- faculty
- library
- student services
- facilities and equipment

The MUA does not have any branch campuses; the review encompassed the school's one campus.

A copy of an on-site review report was provided.

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### **Onsite Review, Question 2**

#### **Country Narrative**

Q. 2 part 1 : The on site reviews encompass all affiliated core clerkship sites, all of which are located in the United States.

For affiliated hospital visits, a hospital site visit questionnaire is completed by both the medical school and the hospital, and returned with supporting documentation which is required prior to the visit. Further documentation may be requested to be made available during the visit. (Exhibit 10 - ACCM Hospital Questionnaire and sample ACCM hospital site visit report). ACCM Protocol for Accreditation gives the inspection team instruction as to how the evaluation of a clinical training site shall be conducted (Exhibit 4 – ACCM Protocol for Accreditation 2011, p.23-25) ACCM Protocol requires that its teams inspect and report on all clinical sites during each period of accreditation. (Exhibit 4 - ACCM Protocol for Accreditation, p.23). As MUA is a newly accredited medical school, the process of visiting the clinical sites by ACCM inspection teams has commenced and is ongoing.

Q. 2 part 2 : The school is required to provide oversight of the learning experience and ensure a structured environment at all clinical sites (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 4.5, p.11 and 4.6 p.12) The Clinical Dean or designee is required to visit all clinical sites regularly and to file site visit reports with ACCM as part of the school's Annual Database Report (Exhibit 15a – Sample Dean's Clinical Site Visit Report). The ongoing evaluation of clinical training sites is described in Exhibit 5 – MUA Self Study 2009, p.22.

MUA uses only ACGME approved clinical training sites. ACCM standards require that approved sites must sponsor an ACGME accredited residency in the specific core specialty area or be a participating institution in an ACGME accredited residency program or have an affiliation with an LCME accredited school and the residents from that school rotate to the hospital. There should be a broad range of specialties and sub-specialties available, and there must be a structured and supervised clinical academic organization. The size, quality and resources of the affiliated clinical teaching facilities should be sufficient to serve the needs of the institution. (Exhibit 3 - ACCM Elements of Accreditation 2011, Element 11.2, p.24-25)

### **Analyst Remarks to Narrative**

The MUA uses only clinical sites in the U.S. that are Accreditation Council for Graduate Medical Education (ACGME) approved. The MUA has clinical affiliation agreements with eight U.S. hospitals. The ACCM reviews all of the MUA's clinical sites. Clinical sites are evaluated via a hospital questionnaire that is followed up with a site visit and site visit report. The ACCM submitted a sample clinical site visit report from August 2010 for a hospital that serves the MUA, as well as Saba University and St. Matthews University.

The ACCM's Protocol document specifies that clinical sites that have not been reviewed previously will be reviewed within 12 months of the medical school's accreditation review. The petition narrative states that because the MUA is

newly accredited, these reviews are ongoing. However, the MUA's site visit report indicates that the school was reviewed in January 2010, meaning that two years have elapsed since the MUA received its on-site review.

Additional information is requested. The ACCM is requested to provide additional information to document that all of the MUA's eight clinical sites were visited within the 12 months specified in the ACCM's Protocol document.

### **Country Response**

All MUA clinical training sites have been visited by ACCM inspection teams. All sites were known to ACCM previously through inspection visits in relation to other universities under accreditation, and therefore did not fit the category 'never previously visited'. Visits to the currently affiliated hospital sites were made as follows:

Brentwood Sept 2009 (for other university)  
Cherry June 2009  
Harbor Sept 2011  
Jackson Park June 2011  
Leonard Chabert Sept 2008  
Sheppard Pratt Sept 2011  
St Anthony OK Sept 2011  
St Vincent Oct 2011  
Wyckoff Aug 2010

ACCM follows up where it has made recommendations in relation to clinical sites, and is satisfied that the school has acted upon the recommendations. Interfaith, a new affiliation, will be visited in April 2012 and Brentwood and Leonard Chabert later in the year.  
(Exhibit 20 – Inspection reports on MUAs Clinical Training sites)

### **Analyst Remarks to Response**

In response to the draft staff analysis, the agency clarified that all clinical sites used by the MUA have been visited as required and provided information as to when they were reviewed . Because the MUA uses clinical sites that are visited by the agency in conjunction with other institutions that it also accredits, those sites had been previously evaluated by the agency despite the fact that they had not previously been used by the MUA. No additional information is requested in this area.

Staff Conclusion: Comprehensive response provided

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### **Onsite Review, Question 3**

## **Country Narrative**

(i) MUA does not use sites that have never been visited by an accreditor, as all sites used by MUA are ACGME approved.

(ii) As all sites in use by MUA are ACGME approved, then they are of the appropriate quality for clinical education in the United States, having been accredited by the ACGME's Review Committee. ACCM however has its own ongoing review process for all sites providing clinical education to students of the school under ACCM accreditation. Thus ACCM, having accredited a medical school, will visit all clinical sites affiliated to that school at least once during the given accreditation period. If ACCM has made recommendations in relation to a site, it will immediately make these known to the school, and will revisit the clinical training site as necessary to verify if the recommendations have been acted upon.

(iii) A newly affiliated site will be visited within 12 months of the date of placement of the first students at that site.

(Exhibit 4 – ACCM Protocol for Accreditation 2011, p.23)

## **Analyst Remarks to Narrative**

As noted previously, the MUA uses only ACGME-approved clinical sites, meaning that all of the school's clinical sites have been previously reviewed in addition to being reviewed by the ACCM. The ACCM's Protocol document specifies that clinical sites that have not been reviewed previously will be reviewed within 12 months of the medical school's accreditation review. In the analyst's previous remarks, a request was made for information confirming that the ACCM met this requirement with regards to MUA's eight clinical sites.

A copy of an on-site review report was provided.

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## **Onsite Review, Question 4**

### **Country Narrative**

Clinical clerkships are located in hospitals with which MUA has written affiliation agreements. These agreements have been reviewed by ACCM. The school uses sites where students are assured of supervised instruction by qualified preceptors and a standardized teaching programme which 'is consistent with the university's expectations and standards' and which is properly resourced. MUA describes the selection of clinical training sites, the requirements for the educational programme at such a site, the elements contained in an affiliation agreement, the curriculum, supervision and evaluation of the students at the site, and evaluation of the site by students and by the medical school in Exhibit 5 – MUA Self-Study 2009, p.19-23.

As stated above, ACCM has a programme in place for the review and evaluation of all clinical sites associated with a medical school under accreditation.

### **Analyst Remarks to Narrative**

As noted previously, the MUA's eight clinical sites are all ACGME-approved, meaning that they have been already been reviewed for quality instruction, program stability, and necessary resources. The ACCM also conducts its own reviews of all of its clinical sites.

The MUA's self-study document states that it maintains affiliation agreements with each of its clinical sites. The agreements address:

- MUA academic requirements
- specialties offered for clerkships
- minimum incoming student requirements
- student behavior (professionalism)
- hospital obligations, including student evaluation and supervision
- contract duration and renewal provisions

The ACCM reviews both the affiliation agreements and the clinical sites.

A copy of an on-site review report was provided.

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### **Onsite Review, Question 5**

#### **Country Narrative**

MUA states in the Self Study (Exhibit 5 – MUA Self Study 2009, p.19-20) that 'To be considered as a site for clinical training, the hospital or medical center must first be identified as willing to assume responsibility for training. Special care is taken at each site to assure that there is a residency training program and/or a major affiliation with a medical school and sufficient preceptors with teaching experience to provide structured and adequate supervision.' The students are taught along with students from other affiliated medical schools, whether such a school is located in the US or in another country with which the hospital or medical centre has an agreement.

ACCM currently accredits the medical education programmes at four Caribbean medical schools, each located in a different country. In some cases, students from two or more of the schools under accreditation by ACCM undertake clinical rotations in a particular clinical training site. In these cases, ACCM combines the inspection visit and reviews and reports in relation to each school under accreditation, by interviewing coordinators, adjunct professors/preceptors, students from all the schools, the librarian and other staff, reviewing the teaching programme, curricula vitae of faculty, physical resources of the site and student services available. (Exhibit 4 – ACCM Protocol for Accreditation 2011, p.23)

## **Analyst Remarks to Narrative**

As noted previously, the MUA has clinical agreements with eight teaching hospitals in the U.S., and all of these sites are reviewed by the ACCM. The ACCM accredits not only the MUA on the island of Nevis, but also the medical schools of several other countries, as well. As was noted previously, the ACCM submitted a clinical site visit report that covered three of its countries' schools that all had students at one clinical site. In cases such as these, the site visit encompasses all of the countries' students.

A copy of an on-site review report was provided.

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## **Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

Site visits are conducted by members of the ACCM who are experienced medical educators, as set out in the Protocol (Exhibit 4 – ACCM Protocol, p.7 and Exhibit 16 – ACCM List of Commissioners).

Decisions are made at full meetings of ACCM which are held twice-yearly.

Accreditation policy is dictated by the ACCM Protocol which was formulated, and is regularly updated, to ensure adherence to the Guidelines of the LCME and the NCFMEA. Any proposed changes in the Protocol are pre-circulated to members of ACCM for comment and then brought before a full meeting of ACCM at which decisions to accept, reject or amend changes will be made.

New commissioners undergo induction by the Chairman or Secretary of ACCM and receive training on the standards contained in the Elements and the procedures outlined in the Protocol. There is a mentoring process in place for new commissioners who are 'partnered' with experienced commissioners during at least the first two campus or hospital site visits. ACCM provides formal induction training for new Commissioners, (Exhibit 13 – ACCM Commissioner Training, p.1)

A preliminary training session for Commissioners who undertake to be Convenor (person who convenes inspection teams and liaises with the Government and medical school in a particular country) is also provided. (Exhibit 13 – ACCM Commissioner Training, p2) The new Convenor is supported through the process of visiting, liaising and reporting by either the outgoing Convenor or, if it is a new country, by a Convenor already active in relation to another country/school, so that processes and lines of communication are maintained. By this process ACCM also ensures that each country for which it acts as medical accreditation agency is assured of the same standard of service from ACCM. The ACCM Secretariat provides full time support to all Commissioners and Convenors and advises on administrative and logistical matters as required.

A representative of ACCM met with members of the LCME at the 2010 AAMC meeting in Washington and attended some of the LCME training sessions available at that event. ACCM's interest in participating in future LCME training programmes was expressed to the LCME who advised ACCM to contact their office in relation to any future training in which it wished to participate.

### **Analyst Remarks to Narrative**

The ACCM's commissioners serve as the agency's site evaluators, decision-makers, and policy-makers. The ACCM's Protocol specifies that commissioners are qualified by training and experience as medical educators or senior managers with experience in a medical college or teaching hospital.

Qualifications of commissioners include:

- an earned M.D.
- completion of postgraduate training
- specialty certification
- experience as a chief academic officer of a medical college
- experience as a chief or senior faculty of a clinical department at a medical college
- experience as a chief or senior faculty of a basic science department
- experience as a senior manager or administrator at a teaching hospital or medical college
- experience in medical education, teaching, research, and patient care
- experience in the medical school evaluation process

The ratio of commissioners varies in proportion to the number of medical schools accredited, with a commissioner:school ratio of 3:1. There shall also be at least one member of the commission who is a representative of the public.

The agency submitted documentation related to the training of its commissioners.

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### **Re-evaluation and Monitoring, Question 1**

#### **Country Narrative**

Accreditation is granted for a fixed time period (Exhibit 4 - ACCM Protocol for Accreditation 2011, p.43). The maximum period is unconditional (full) accreditation for six years, and in this case interim inspections are conducted every two years. Each interim visit generates an inspection report which either affirms that the school is adhering to accreditation standards, or draws attention to issues which need addressing. (Exhibit 4 – ACCM Protocol for Accreditation 2011, Section VIII, col.1, para 1, p.26)

ACCM will, if necessary, adjust a period of accreditation to a shorter conditional or probationary period during which the matters which have caused loss of unconditional accreditation must be brought back into line with the required

standards. In the case of conditional or probationary accreditation, the school will be visited on an annual basis.

A medical school may also be under shorter-term provisional, probationary or conditional accreditation as it moves towards the standards required for unconditional accreditation. The decisions, requirements and notifications are described in ACCM Protocol for Accreditation (Exhibit 4 – ACCM Protocol for Accreditation 2011, p.44-45).

### **Analyst Remarks to Narrative**

The ACCM's Protocol document states that colleges that are granted unconditional accreditation for six years, conditional accreditation for up to three years, and probationary accreditation for up to two years. Schools with unconditional accreditation are reviewed at least every two years. Schools under conditional accreditation are subject to interim reviews and annual progress reports. Schools under probationary accreditation are subject to annual reviews and on-site inspections. Schools are also required to submit detailed annual data reports to ACCM.

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### **Re-evaluation and Monitoring, Question 2**

#### **Country Narrative**

The ACCM requires an Annual Database Report to be submitted by the school in accordance with the Protocol. The annual report must contain all the information required for the ACCM to assure itself of the medical school's continued compliance with the Elements of Accreditation. A sample is provided as Exhibit 15 – MUA Annual Database Report 2009-10, and the school returns with this report a number of appendices including CVs of new faculty, minutes of the Board of Trustees, Dean's clinical site visit reports and minutes of committee meetings – curriculum committee, promotions committee etc.).

As stated previously, in the case of a fully accredited school such as MUA, the medical school campus is inspected at least every second year during the accreditation period, and further visits are scheduled if substantive change occurs or if the school falls out of compliance in any way with the Elements of Accreditation.

All clinical sites must be visited at least once during the accreditation period by the ACCM. Any new clinical sites must be visited by ACCM within 12 months of students being assigned to that site. (Exhibit 4 – ACCM Protocol for Accreditation 2011 incl complaints procedure, p.23)

Q. 2 part 2 : There is currently no record of complaints in relation to Medical University of the Americas as no complaints about the quality of the educational programme have been received by ACCM from students at that medical school. However, to ensure that ACCM will be able to monitor student complaints as part

of the accreditation process, a question has been inserted in to the latest Annual Database Questionnaire which must be returned to ACCM by the school in the form of an Annual Database Report by 1 February 2012. The question #70 is as follows.: 'In 2010-11, how many written complaints from students were received by the school? How many remain unresolved?'

In this way ACCM plans to track if a medical school is acting upon received complaints in an effective and timely fashion.

As noted previously, ACCM has also asked the school to place in the Student Handbook its contact details so that any complaints about educational programme quality which are unresolved at institutional level may be addressed to the agency, under the terms of its Protocol, 'ACCM Procedure for handling complaints about educational programme quality (Exhibit 4 – ACCM Protocol for Accreditation 2011, Appendix A, p.53) ACCM's policy is to consider promptly any complaint representing a departure from the Elements of Accreditation. A complaint would be immediately forwarded to the ACCM Convenor with primary responsibility for the school concerned and s/he would consult fellow commissioners in relation to the matter. ACCM would raise the issue with the school, and if necessary, an interim visit to the campus might be scheduled.

If the complaint represented a departure from, or non-compliance with, the Elements of Accreditation (the only type of complaint which falls within ACCM's remit) and this was upheld by ACCM's own investigations, the University would be required to take immediate steps to resolve the matter. The complaint, the process and the actions taken by all parties would be reported to the next scheduled meeting of ACCM.

If the matter was resolved by the medical school prior to the scheduled meeting, then the school would most likely be deemed to have returned to compliance with the Elements and no change in its accreditation status would occur. However, if the matter remained unresolved, the meeting would consider altering the accreditation status of the University – for example from unconditional to conditional - and given a timescale in which to bring the matter back into line with the Elements of Accreditation. The various possible decisions which can be made at an ACCM meeting are outlined in Exhibit 4 - ACCM Protocol for Accreditation 2011, Section X, The Commission's Accreditation Decision, pp 43-45. The conditions for return to previous accreditation status would be clearly indicated and the medical school would also be made aware of its right to appeal the ACCM's decision as outlined in Exhibit 4 - ACCM Protocol for Accreditation 2011, Section XI, pp. 46-50.

## **Analyst Remarks to Narrative**

## Annual Database Report

Accreditation statuses and associated reporting requirements were described in the previous section. In addition, the ACCM requires schools to submit detailed Annual Database Reports.

The reports include information regarding:

- the institution
- admissions
- enrollment
- faculty
- curriculum
- evaluation
- USMLE pass rates
- NBME subject tests
- hospitals
- graduation and residency
- general information
- administration

The agency submitted the MUA's 2009-2010 database report.

## Complaints Received by the Agency

The ACCM has received no complaints to date regarding the MUA. The agency's procedure for handling complaints that it receives regarding a schools' non-compliance with agency standards was discussed in a previous section. As noted earlier, the agency's policy clearly outlines its procedures for handling complaints against its schools in a timely manner.

## Complaints Received by the School

The agency, in apparent response to an issue raised in conjunction with another of its countries at the Fall 2011 NACIQI meeting, reports that it is in the process of implementing a new system for tracking patterns of complaints at its schools. Beginning with the February 2012 database report, schools will be required to report on the number of written complaints received in the past year. The ACCM will then track the responses in order to detect whether a schools deals with complaints in a timely fashion.

It is unclear from the information provided, however, whether the ACCM's new procedures will be sufficient to detect any patterns of potential problems with academic quality and ongoing compliance with the standards, or if the agency will instead simply track the number of complaints received and the number resolved. Additional information is requested to ensure that the agency now has procedures in place to identify patterns in the complaints that are reported by schools over a period of time.

## Country Response

As there have been no complaints to ACCM, and therefore no pattern of complaints, in relation to Medical University of Americas, ACCM had not previously felt it necessary to develop a tracking system. Furthermore ACCM appoints a single Convenor in relation to a medical school, who would very quickly be able to identify a pattern of complaints, as any received would be routed to him/her for action. The Secretariat maintains a record of all correspondence, which would include complaints if such were received. However, should the situation change a formalised tracking system would be considered.

The question on complaints introduced in 2011 into the annual database questionnaire to be completed by the school was intended to get some indication of what level of complaints the university itself was dealing with and whether it was unable to resolve any of them. ACCM would then take the information submitted in the database report and query it further with the university on a year by year basis. However, ACCM noted that in the database report from MUA received recently, that MUA had received no written complaints from its student body and there were none unresolved. ACCM will consider this matter further at its next meeting.

### **Analyst Remarks to Response**

The draft staff analysis requested additional information to ensure that the agency has procedures in place to identify patterns in the complaints that are reported by schools over a period of time. In its response the agency stated that, due to its practice of assigning the same Convenor to review an institution on an ongoing basis, it is certain any pattern of complaints would be noticed. However, in light of staff concerns, the agency stated that it will consider the issue at its next meeting.

Additional information is requested. Additional information will be needed regarding any changes that the agency makes to its procedures at its May 2012 meeting.

Staff Conclusion: Additional Information requested

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### **Substantive Change**

#### **Country Narrative**

ACCM requires the school to notify it of any substantial changes in facilities, ownership, student body size in advance and in the case of increase in admissions, to provide documentation demonstrating the capacity of the college to manage the increase in terms of physical and educational resources. Certain notifications e.g. change of ownership, will trigger a site visit to evaluate and ensure continued compliance with the Elements. (Exhibit 3 – ACCM Elements of Accreditation 2011, Element 6.6 p.18 and Element 11.2, final paragraph, p.25)

### **Analyst Remarks to Narrative**

As noted previously, the ACCM's Element 6.6, Student Body Size, specifies that the agency must be notified in advance regarding specified increases in enrollment. Element 11.2, Hospital and Ambulatory Facilities, also specifies that the agency must be notified in advance of changes in institutional resources, such as faculty, physical facilities, or the budget. However, as also noted previously, the requirements of Element 11.2 would appear to be related to changes at clinical sites, not at the campus. Therefore, more information is requested as to the agency's substantive change requirements related to institutional resources at the school's campus, in addition to at its clinical facilities.

The agency is requested to document that its Elements require advance notice of substantive changes at a medical school's campus, rather than only at its clinical sites.

### **Country Response**

As noted in response to the analyst's comment under Finances, question 1, ACCM needs to make a new heading for the paragraph on Substantive Change which was added into the Elements in 2009, in order to make it clear that refers to the entire institution, not its clinical sites only.

### **Analyst Remarks to Response**

In its response to the draft analysis, the agency notes that it will be making a slight modification to its standards document to clarify that its requirements regarding substantive change apply to the entire institution and not only clinical sites. Documentation of the change, when made, is needed.

Additional information is requested. The agency is asked to demonstrate that the specified change has been made to its standards document.

Staff Conclusion: Additional Information requested

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### **Conflicts of Interest, Inconsistent Application of Standards, Question 1**

#### **Country Narrative**

Members of the ACCM must sign a declaration excluding conflict of interest. (Exhibit 14 - ACCM Declaration on Conflict of Interest).

ACCM Protocol for Accreditation addresses the qualifications for membership of the Commission as well as conditions which would disqualify individuals from serving on the Commission. (Exhibit 4 – ACCM Protocol for Accreditation 2011,

p.6 and p.9).

### **Analyst Remarks to Narrative**

The ACCM's Protocol document specifies that, in order to avoid conflicts of interest, commissioners may not be elected who are:

- officers of an accredited college
- officers of a college seeking accreditation
- officers of a related professional association

The ACCM submitted a copy of its conflict of interest form.

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## **Conflicts of Interest, Inconsistent Application of Standards, Question 2**

### **Country Narrative**

Consistency of standards is maintained by the members of the ACCM who participate in the accreditation process of multiple schools in different jurisdictions. They rigorously and consistently apply the standards delineated in the Elements of Accreditation (Exhibit 3 - ACCM Elements of Accreditation 2011) and utilize the processes described in the Protocol for Accreditation (Exhibit 4 - ACCM Protocol for Accreditation 2011). The processes for review of all aspects of the medical education programme, are described in the Protocol for Accreditation to ensure that inspections, at whatever location they take place, are conducted in the same manner. Similarly, the process for writing of accreditation reports is carefully described so that evaluators cover all required areas of the inspection in the writing of their reports.

The Government of Nevis has reviewed and approved the Elements of Accreditation and the Protocol for Accreditation, which are applied to the single medical school on Nevis, the Medical University of the Americas.

### **Analyst Remarks to Narrative**

As noted previously, the ACCM's commissioners serve as the agency's site evaluators, decision-makers, and policy-makers. As such, they are well-versed in the agency's published Elements of Accreditation for Colleges of Medicine and their application. Commissioner training in preparation for their roles was documented in a prior section.

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## **Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

Decisions on accreditation of a school are taken by the ACCM and are based on demonstrated compliance with the Elements. Compliance is determined on the basis of site visits and review of submitted written information in the form of Self Study and Profile or Annual Database Reports.

### **Analyst Remarks to Narrative**

As has been documented in previous sections, the agency bases its accreditation actions on a school's compliance with the agency's Elements (standards), as well as on various reports that may be required, periodic on-site visits, and information that schools must provide in the agency's annual database reports. Schools are required to submit information related to graduation and residency as part of the annual report. The agency submitted the MUA's 2009-2010 database report, which contained the required information.

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### **Accrediting/Approval Decisions, Question 2**

#### **Country Narrative**

The school is required to report annually the achievements of its graduates in NRMP and provide a listing of Residency Appointments. The Profile Database reports on graduation and residency (Exhibit 7 – MUA Profile Database, p.27-28 and Exhibit 15 - MUA Annual Database Report 2009-10, p.28-29). The school is encouraged to collect data on the postgraduate progression of its students.

#### **Analyst Remarks to Narrative**

As noted previously, the ACCM collects annual information regarding graduation and residency to use in making accrediting decisions. The ACCM submitted the MUA's annual database report, which included the required information in these areas.

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### **Accrediting/Approval Decisions, Question 3**

#### **Country Narrative**

ACCM has set a target of 85% first time pass rate on USMLE Step 1 as a benchmark for accreditation approval. These data are provided annually to ACCM by the school in the school's Annual Database report. The first set of statistics were provided in the Profile Database 2008-2009 (Exhibit 7 – MUA Profile Database, p.20-21) and subsequently in the Annual Database Report (Exhibit 15 - MUA Annual Database Report 2009-10, p.20).

#### **Analyst Remarks to Narrative**

As noted previously, the ACCM has set a benchmark of 85% for first time pass rates on the USMLE Step 1. As also noted previously, the MUA's first time pass rate was 63% in 2007-2008, 86% in 2008-2009, and 83% in 2009-2010. More information is requested on any actions the ACCM took in light of the MUA's low first time pass rate in 2007-2008.

The ACCM does not collect information regarding licensure passage rates.

Additional information is needed regarding any actions the ACCM took with the MUA in light of the MUA's low first time USMLE Step 1 pass rate in 2007-2008.

### **Country Response**

The matter of USMLE Step 1 first time pass rate has been addressed above in response to Student Achievement, question 4.

### **Analyst Remarks to Response**

In a prior section of its response, the agency adequately addressed steps the MUA took in response to its low 2007-2008 USMLE Step 1 first time pass rate, including changes in the curriculum, faculty/administration, and physical plant. However, the agency also reported in its response that the MUA's most recent pass rate, for 2010-2011, stands at 80.5%, which is below the agency's target benchmark of 85%. The agency is requested to provide information regarding corrective actions it is requiring the MUA to take in light of the 2010-2011 pass rates.

Additional information is needed regarding the corrective actions the ACCM is requiring of the MUA in light of the MUA's low USMLE Step 1 first time pass rate in 2010-2011.

Staff Conclusion: Additional Information requested

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varied measures utilized must determine whether or not students have attained the school's standards of performance, as measured by licensing examinations, acceptance into residency programmes, and other valid assessments."); and

- program assessment (e.g., "There must be an ongoing review and if necessary revision of the curriculum and the delivery of the curriculum. The medical school must regularly evaluate the effectiveness of its medical programme by documenting achievement of its students and graduates in verifiable ways that show the extent to which institutional and programme purposes are met. The school should use a variety of measures to evaluate programme quality, such as data on student performance, academic progress and graduation, acceptance into residency programmes, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives. A medical school must consider student evaluations of their courses and teachers in assessing programme quality.").

### **Analyst Remarks to Response**

The Board provided (in the previous section) the independently-audited learning outcomes report that it plans to use in conjunction with the RUSM- and ECFMG-prepared USMLE pass rate data in the assessment of RUSM and its recertification in December 2012. Although the Board described how it will use the data in the assessment of RUSM and RUSM's compliance with the Board's standards, the Board has not demonstrated that it has used the data in the assessment of RUSM.

Also, in the previous section, Department staff noted that the USMLE pass rate data, prepared by ECFMG and RUSM respectively, include the performance comparison which indicate that RUSM students performed better than those from all medical schools outside the United States and Canada on the Step 1 and Step 2 Clinical Skills, but not for Step 2 Clinical Knowledge. The Board still did not provide any information or documentation concerning the evaluation of this specific data.

Therefore, Department staff suggests that the Board be asked to provide additional information and documentation concerning the evaluation of RUSM using the USMLE pass rate data and learning outcomes report provided.

**Staff Conclusion: Additional Information requested**

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# U.S. Department of Education

## Saba

Prepared April 2012

### **Background**

In March 2003, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that Saba's standards and processes to evaluate medical education programs leading to the M.D. (or equivalent) degree are comparable to the standards of accreditation used to evaluate medical education programs in the United States. The NCFMEA last reaffirmed its determination of comparability in September 2009. At that time, the Committee also requested that Saba submit a report on its accrediting activities for review by the Committee in Fall 2011. NCFMEA meetings were subsequently held in abeyance pending reappointment of the Committee members.

The Accreditation Commission on Colleges of Medicine, or the ACCM, has been the entity responsible for evaluating the quality of medical education in Saba prior to the October 10, 2010 transition in the Netherlands Antilles, which decreed Saba a municipality of the Kingdom of the Netherlands. The ACCM continues to accredit Saba and has submitted this report on the country's behalf.

This analysis provides a review of Saba's report of its accreditation activities and includes the following areas:

- Current status of medical schools
- Overview of accreditation activities
- Laws and regulations
- Standards
- Processes and procedures
- Schedule of upcoming accreditation activities.

### **Summary of Findings**

Based on its review of the report submitted by the ACCM on behalf of Saba, Department staff concludes that Saba has provided the information requested by the NCFMEA. It appears that there have been no major changes in the standards and processes that were last determined to be comparable by the NCFMEA in September 2009. Department staff also concludes that the accreditation activities during the past two years appear to be consistent with the NCFMEA guidelines.

However, a major issue reported by Saba is its recent change in status to a municipality of the Netherlands as of October 10, 2010. The NCFMEA only recognizes countries for comparability determinations, and the Netherlands is currently deemed comparable by the NCFMEA.

Subsequent to Saba's submission of its report, the Saba University School of Medicine submitted documentation from the Netherlands which states that it will recognize ACCM's current accreditation of the school during the country's transition period to acquire recognition by the Netherlands government for the Saba University School of Medicine until October 2013. Given the authorization provided by the Netherlands government, Department staff recommends that the Committee take action to remove Saba from the list of comparable countries effective October 2013.

The Netherlands is scheduled to report back to the NCFMEA on its accreditation activities in Saba at the Committee's spring 2014 meeting.

The Saba University School of Medicine is currently not participating in the Title IV program. However, the school has recently submitted an application for participation to the Office of Federal Student Aid under its current accreditation status with ACCM.

### **Staff Analysis**

#### **Current status of medical schools**

##### **Country Narrative**

The only medical school which operates on the Island Territory of Saba is Saba University School of Medicine.

Saba University School of Medicine was visited by the ACCM inspection team from March 28th thru 29th 2011. The school remains fully accredited to September 30th 2015. This report is appended as Exhibit 1.

Exhibit 1 : ACCM Interim Report on Saba University School of Medicine, 2011

##### **Analyst Remarks to Narrative**

Saba continues to accredit Saba University School of Medicine, the only medical school that operates on the Island of Saba. The ACCM conducted a site visit to the Saba University School of Medicine on March 28-29, 2011, which remains fully accredited by the ACCM to September 30, 2015.

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## **Overview of accreditation activities**

### **Country Narrative**

Accreditation activities that have taken place since September 2009 are the following in chronological order:

November 27th 2009: Full meeting of ACCM Royal Society of Medicine, London, United Kingdom.

May 28th 2010: Full meeting of ACCM Royal College of Surgeons, Dublin, Ireland.

August 4th 2010: Inspection of Wyckoff Hospital, all cores, New York, NY. Report appended.

August 6th 2010: Inspection of Administrative Offices, Saba University, Devens, MA.

November 5th thru 10th 2010: Attendance at AAMC Conference, Washington DC. Dr Peacock.

Met with members of LCME for exploratory discussions regarding future attendance at LCME workshops.

Attended meeting with regard to future recognition by ECFMG of accrediting bodies in the Caribbean region.

November 12th 2010: Full meeting of ACCM Royal Society of Medicine, London, United Kingdom.

May 27th 2011: Full meeting of ACCM Royal College of Surgeons, Dublin, Ireland.

September 20th 2011: Inspection of core rotation OB/Gyn, Holy Cross Hospital, Silver Springs, MD. Report appended.

September 21st 2011: Inspection core rotation Psychiatry, Sheppard Pratt Hospital, Baltimore, MD. Report appended.

Inspection of core rotation, Surgery, Union Memorial Hospital, Baltimore, MD. Report appended.

September 22nd 2011: Inspection core rotation Psychiatry, Spring Grove Hospital, Catonsville, MD. Report appended.

September 23rd 2011: Inspection core rotation Internal Medicine, Harbor Hospital, Baltimore, MD. Report appended.

October 19th 2011 : Inspection core rotations in Internal Medicine and Surgery,

St Mary's Hospital, Waterbury CT. Report appended

Exhibit 2 : ACCM Hospital Site Visit Reports 2010-2011

It is now the policy of ACCM to hold training sessions for all new members prior to the summer meeting, and training sessions for new Convenors are arranged as necessary. The mentoring programme for Commissioners remains in force.

Exhibit 3 : ACCM Training Sessions Agendas

Furthermore, an Education Fund has been set up in order to allow member/s to travel to relevant meetings as the need arises.

### **Analyst Remarks to Narrative**

The ACCM has provided a summary of its key activities to include full Commission meetings and inspections of core rotations in internal medicine, psychiatry, surgery, and OB/GYN. The ACCM has further noted that it has implemented a new policy to hold training sessions for all new members prior to the summer meeting, and as necessary.

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### **Laws and regulations**

#### **Country Narrative**

As stated in Interim Report 2011, the Island Territory of Saba has become independent of The Federation of the Netherlands Antilles effective 10/10/2010 and become part of the Kingdom of the Netherlands.

To our knowledge, the ACCM's agreement with Saba continues in full force and effect. As such, the ACCM continues to act on behalf of the government of Saba as its accrediting body.

#### **Analyst Remarks to Narrative**

Saba reports that it has become independent of The Federation of the Netherlands Antilles effective October 10, 2010 and is now a municipality of the Kingdom of the Netherlands.

At the NCFMEA's fall 2011 meeting, the Netherlands reported that in 2008, its accrediting body, NVAO, performed an assessment of Saba University School of Medicine based on NVAO's accreditation framework. The Netherlands reported that the assessment of Saba University School of Medicine was a positive one; however, Department staff could not access the report based on NVAO's assessment (see transcript excerpt below). The Netherlands also reported that if Saba University School of Medicine were to submit an application for accreditation by January 2012, the NVAO would reasonably complete the accreditation and recognition process by October 2013.

Correspondence from the Saba University School of Medicine to the NVAO (attached below), indicates that the school formally requested initial accreditation by NVAO on September 26, 2011, and states the school's commitment to submit an application dossier to the NVAO before the end of the year.

Therefore, the Committee requested that the Netherlands provide an update on the status of accreditation processes for medical schools on islands in the former Netherlands Antilles (to include Saba) for the spring 2014 NCFMEA meeting.

Subsequent to Saba's submission of its report to the NCFMEA, the Saba University School of Medicine submitted documentation from the government of the Netherlands (attached below) which authorizes ACCM to continue its accreditation of Saba University School of Medicine through the transition period to NVAO accreditation which the school must acquire by October 2013. Given the authorization provided by the Netherlands government, the Committee may wish to take action to remove Saba from the list of comparable countries effective October 2013.

The ACCM reports no other changes in laws and regulations that affect the accreditation of medical schools.

## **Country Response**

In response to the draft Staff Analysis, the ACCM exhibits a letter dated February 3, 2012 from the Netherlands Ministry of Education Culture and Science confirming that the current accreditation arrangements between Saba and the ACCM remain authorized until October 2013. (Exhibit 9 – Dutch Ministry of Education letter 3 Feb 2012)

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## **Standards**

### **Country Narrative**

The Elements of Accreditation are reviewed on an annual basis to keep in line with LCME Guidelines. The last review took place in 2011 with a substantial change stating that in order for a student to graduate with the MD degree s/he must pass USMLE Step 2. Elements of Accreditation appended.

Exhibit 4 : ACCM Elements of Accreditation 2011, p.16

The Protocol has also been updated in 2011 requiring any school wishing to formally apply for accreditation to pay an application fee of 1,000.00 Euro non refundable.

The qualifications of a second or third inspection team member have been adjusted to allow for participation in inspections by the lay member of the Commission, a senior hospital manager with appropriate evaluation experience.

Exhibit 5 : ACCM Protocol for Accreditation 2011 incl Appendix A, pp.8,9

### **Analyst Remarks to Narrative**

The ACCM reports that it has recently conducted a review of its standards in 2011 that yielded a significant change of requiring passage of the USMLE Step 2 exam in order to graduate with an MD degree.

Other changes to ACCM's protocol include the implementation of an application fee for accreditation, and adjustments to its qualifications for inspection team members to allow for lay members of the Commission, or a senior hospital manager with appropriate evaluation experience.

No other changes bearing on the accreditation standards applied to Saba's medical school were reported.

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### **Processes and procedures**

#### **Country Narrative**

Site visits to Saba University Basic Science campus are conducted every two years – the most recent being March 2011. The next visit will be in March 2013.

Regarding selection and training of individuals, the ACCM has recruited the following new Commissioners since September 2009:

Mr Philip Berman. CV appended.

Dr. John Donohoe. CV appended.

Dr. Freda Gorman. CV appended.

Dr. Hilary Sanfey. CV appended.

Sir Ian Gilmore. Accepted in writing. Will attend next meeting in May 2012. CV appended.

Dr. John Brock-Utne. Accepted in writing. Will attend next meeting in May 2012. CV appended.

Exhibits 6a, 6b, 6c, 6d, 6e, 6f - CVs of new Commissioners

With regard to the periodic re-evaluation and monitoring of the medical school, the ACCM receives a formal updated database in February each year. The school is required to answer a list of questions covering all major aspects of the governance of the school. This includes academic performance of students as well as information on Residency Match rates. The school also provides a list of Residency programs into which graduates have been accepted.

Exhibit 7 : Saba University Institutional Catalog

Any substantive changes in the status of the school are reflected in the written submission in the Database on an annual basis.

Exhibit 8 : Saba Annual Database Report 2009-10

The ACCM has specific requirements regarding conflict of interest laid down in The Protocol under heading “Independence of Commissioners” (page 6) and also under heading “Disqualified Members” (page 9).

Exhibit 5 : ACCM Protocol for Accreditation, p.6 and 9)

### **Analyst Remarks to Narrative**

The ACCM has provided current information on the most recent site visit to the medical school in March 2011, as well as information and CVs regarding the training and selection of new Commissioners since September 2009.

The ACCM has also provided information regarding the annual database report that the institution provides to the agency on an annual basis for monitoring purposes. The report includes key data such as enrollment information, USMLE pass rates, faculty assignments, curriculum assessments, and residency placements in accord with the ACCM's process for monitoring.

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### **Schedule of upcoming accreditation activities**

#### **Country Narrative**

Forthcoming activities are as follows:

Submission of Saba Update Report, April 9th thru 10th 2012, Washington DC.

Visit to Interfaith Hospital, Brooklyn, NY April 11th 2012

Visit to Brookdale Hospital, Brooklyn NY April 12th 2012

Full meeting of ACCM Royal College of Surgeons, Dublin, Ireland, May 25th 2012

### **Analyst Remarks to Narrative**

The ACCM has provided a list of its forthcoming accreditation activities to include visits to clinical sites in Brooklyn, NY in April 2012, and a full meeting of the ACCM Royal College of Surgeons in May 2012.

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