

U.S. Department of Education

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

COSTA RICA

Prepared August 2009

Background

At its March 1999 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the accreditation standards used by Costa Rica to evaluate private medical schools were comparable to those used to evaluate programs leading to the M.D. degree in the United States. That determination was based on the activities of the Consejo Nacional de Enseñanza Superior Universitaria Privada (National Council of Private University Education, or CONESUP). (Note: The country's one public medical school at the University of Costa Rica is not under the authority of CONESUP.)

At its March and September 2002 meetings, the NCFMEA deferred acceptance of CONESUP's periodic report pending receipt of additional information. At both meetings the NCFMEA requested that one of its members be permitted to observe a medical school accreditation site visit to enhance the NCFMEA's understanding of the standards and processes used by Costa Rica. In addition, the NCFMEA requested that CONESUP provide the schedule for its upcoming on-site verification visits. After both requests, no schedule was received from the country.

At its March 2003 meeting, the NCFMEA reviewed the country's annual report and extensively discussed the relationship between the ongoing accrediting responsibilities of CONESUP and the recently-created accreditation body, the Sistema Nacional de Acreditación de la Educación Superior (National System for Higher Education Accreditation, or SINAES). (It appeared at that time that SINAES was essentially a voluntary evaluation paid for by the universities seeking its accreditation, and that only one medical school was involved in the SINAES process.)

The NCFMEA voted to accept the report and concluded that CONESUP is the accrediting body for private universities, including their medical schools, and that the NCFMEA would continue to evaluate CONESUP standards and processes to determine comparability for Costa Rica. At that time, the NCFMEA again requested that a representative be permitted to observe a medical school accreditation visit. Subsequently, an NCFMEA member and Department staff were invited to observe one particular CONESUP accreditation visit to be conducted in February 2004 at the Universidad Internacional de las Americas School of Medicine. However, CONESUP abruptly postponed that visit and all site visits. In a letter of February 18, 2004 the new Executive Director of CONESUP notified the Department that it would be informed of

the new inspection schedule as soon as it was established. No new schedule was received from the country.

During the March 2004 NCFMEA meeting, it was learned that a new CONESUP inspection committee was in the process of being confirmed and that they would revise the standards for self-studies done by the applicant universities to make them more thorough. Furthermore, it was noted that since the CONESUP standards submitted to the NCFMEA with the periodic report were not yet fully approved, the final version would be sent later.

The NCFMEA again confirmed the importance of observing a CONESUP-conducted onsite inspection in order to verify the role played by CONESUP, and to confirm the meaning and intent of the CONESUP accreditation/inspection process firsthand. This visit was to be conducted before CONESUP submitted its next redetermination of comparability application. The NCFMEA again noted that it needed the schedule of upcoming site visits, and that a redetermination may not be possible without observation of a CONESUP site visit. The country's periodic report was then accepted by the NCFMEA. In May 2004 the U.S. Secretary of Education requested that Costa Rica submit a list of its upcoming accreditation site visits by November 15, 2004. However, no list was received from the country.

In a letter dated February 22, 2005, CONESUP was advised that the March 2005 meeting of the NCFMEA had been cancelled. A follow-up letter dated October 12, 2006 was sent to CONESUP, informing them that the NCFMEA would meet in March 2007, and that the standards used by Costa Rica would be reviewed at that time. A January 22, 2007 phone conversation took place with the NCFMEA Executive Director and Department staff, and with the director of CONESUP, Dr. Carlos Lepiz. Dr. Lepiz (who was also a founder of SINAES) stated that complete NCFMEA information would be forthcoming; the application was received January 26, 2007.

However, the documentation submitted by the country was insufficient to allow for a redetermination of comparability. In a letter dated March 6, 2007, CONESUP's Executive Director requested that the NCFMEA disregard the information submitted in January 2007 because it was incomplete. However, no further documentation was submitted by the country. A one-page letter was received in which the Executive Director of CONESUP extended a general invitation to the NCFMEA to conduct an on-site inspection to collect first-hand information, and to verify that CONESUP's processes and efforts continued to be based on the NCFMEA guidelines. However, no list of scheduled visits was provided by the country.

A representative of Costa Rica attended the March 2007 NCFMEA meeting. During the meeting, the NCFMEA determined that additional information was still needed in order to make a determination of comparability. The NCFMEA deferred a decision of comparability until the March 2008 meeting, pending the receipt of two items -- a letter from the Minister of Education confirming that CONESUP was still Costa Rica's accrediting body for medical schools; and a formal invitation to observe an accreditation site visit.

The country was formally notified of the deferral of comparability in a September 2007 letter from the Secretary of Education. While CONESUP acknowledged receipt of the Secretary's letter, and indicated that it intended to invite the NCFMEA to Costa Rica in the near future, no further response was received from the country.

On January 9, 2008, the NCFMEA Executive Director sent a reminder letter to the country advising them of the need to submit the information requested by the NCFMEA by January 31, 2008. A response from Costa Rica's Ministry of Education was received on February 25, 2008. The response stated that CONESUP is the country's regulating body for all private universities and professions, however, the letter also stated that the official accreditation entity for both public and private university medical programs (and all higher education programs) is SINAES.

The response also indicated that a visit from the NCFMEA would be welcome (although no potential site visit dates were provided). However, the Ministry of Education suggested that the visit be with SINAES, rather than CONESUP, since SINAES is the official body that oversees the accreditation of Costa Rica's medical programs. Based on the response from the Ministry of Education, it appeared that perhaps CONESUP approved or accredited institutions, and that SINAES approved the medical programs within those institutions.

At the March 2008 NCFMEA meeting, nothing could be conclusively determined based on the information received from Costa Rica. In summary, since the role and authority of CONESUP in the accreditation of medical schools was not clear; since the relationship between CONESUP and SINAES in the accreditation process was also not clear; and since an invitation to observe a site visit was not received (and no list of upcoming site visits was provided), therefore, a finding of comparability could not be made by the NCFMEA. A September 16, 2008 letter from the Secretary of Education to Costa Rica's Minister of Education notified the country of the decision to deny comparability. The Secretary specifically noted in her letter that the deadline for submission of materials for consideration at the March 2009 NCFMEA meeting was December 15, 2008.

The Department received a January 12, 2009 letter from the Minister of Education of Costa Rica, who requested that his country be put on the March 2009 NCFMEA agenda. The Department responded on February 5, 2009 that it was too late to be on the March 2009 NCFMEA agenda, and that substantial clarifying information was needed with the comparability determination application. The Department also requested a list of upcoming site visits so that a member of the NCFMEA could conduct a timely observation.

A schedule of upcoming site visits in Costa Rica was subsequently provided by the country. However, during its March 2009 meeting, the NCFMEA decided to postpone observation of a Costa Rican site visit until after it was determined that a satisfactory application was received from the country. The Director, Accreditation and State Liaison, notified Costa Rica of that decision in an April 2009 letter. The country's present application was received from the Minister of Education in time to meet the June 1, 2009 deadline.

Summary of Findings

Based on the information provided, it appears that the country may have an evaluation system for private universities, including private medical schools, that is in several ways comparable to that used to accredit medical schools in the United States. However, the information provided did not provide a consistent picture of CONESUP's role and process. In addition, no sample decision-making or site evaluation reports were provided.

While Costa Rica has provided significant information regarding the country's quality assurance system for private university education, including medical education, the NCFMEA may wish to seek more information on the following matters:

PART 1: Responsible Entity – If a positive comparability determination is made by the NCFMEA with regard to the functions of CONESUP, it must be made clear that the public medical school in Costa Rica is not covered by, or included, in that NCFMEA decision. Any change to that decision may be made by the NCFMEA, after evaluating a documented request from Costa Rica.

PART 2 - Sec 3.1: Administration -- The extent of CONESUP's attention to the authority of the chief academic officer, and to the authority of administrators and senior faculty in affiliated institutions, is not clear.

PART 2 - Sec 3.3: Administration – Faculty do not appear to be involved in the hiring, retention, promotion and discipline of other faculty.

PART 2 - Sec 4.2: Educational Program -- Department staff could not find the requirements regarding all the basic sciences in the CONESUP Guide. In addition, despite the application narrative's exposition on laboratory requirements, the Guide includes only the most basic expectations regarding laboratory equipment and supplies. Furthermore, the supplemental materials recently sent by the country did not provide further insight into these requirements.

PART 2 - Sec 4.3: Educational Program -- Based on the information provided, and the manner in which that information was provided, Department staff could not compare the requirements of the NCFMEA clinical criteria with the related expectations of CONESUP.

PART 2 - Sec 4.7: Educational Program -- It is unclear how the data concerning student achievement and program effectiveness is gathered by the school and evaluated by CONESUP.

PART 2 - Sec 5.1: Medical Students -- It is unclear what CONESUP itself requires concerning admissions policies and student records. As a result, it is also unclear how CONESUP evaluates these matters, and ensures that a school continues to meet CONESUP's expectations.

PART 2 - Sec 5.2: Medical Students -- It is unclear what CONESUP itself expects regarding the evaluation of student achievement by the private schools. In addition, it is unclear how CONESUP evaluates the adequacy of whatever a school chooses to do.

PART 2 - Sec 5.3: Medical Students – CONESUP Standard 5's only statement that may, or may not, require an institution to offer students confidential health counseling is "Adequate counseling and guidance are provided to students."

PART 2 - Sec 6.2: Resources for the Educational Program -- There was little explanation as to how CONESUP evaluates the adequacy of faculty and their qualifications at a medical school. Furthermore, although the application narrative indicates that schools are to "protect themselves against its members' personal and professional interests," there do not appear to be any CONESUP policies or standards that deal with situations where the private interests of faculty or staff may conflict with their official responsibilities.

PART 2 - Sec 6.3: Resources for the Educational Program – The extent of CONESUP's connection to the evaluation of clinical teaching facilities is to verify that the school has an agreement with the Social Security authority since that authority is responsible for the clinical sites.

PART 3 - 1: Site Visit – Since the sample report included with the country's response to the draft report does not refer to the full accreditation visit, and since the evaluation of clinical sites is not under the authority of CONESUP, the frequency of the overall evaluation process and its integral components remains unclear.

PART 3 - 2: Qualifications of Evaluators, Decision-makers, Policy-makers -- It is unclear whether CONESUP's professional committee members personally conduct the on-site evaluations, or choose the on-site evaluators. Furthermore, it is unclear if the professional committee members make a recommendation for CONESUP's consideration or if they make the actual final decision regarding the school's accreditation.

PART 3 - 3: Re-evaluation and Monitoring – It is still unclear if CONESUP considers a school's record of complaints when it is re-evaluating a medical school for accreditation.

PART 3 - 4: Substantive Change -- It is still unclear whether CONESUP relies upon qualified medical personnel to make its decisions regarding substantive changes that can significantly affect a school's medical education.

PART 3 - 6: Accrediting/Approval Decisions – It is still difficult to envision the actual procedures that CONESUP uses on-site for making its accreditation/approval decisions, including how statistics are evaluated and used, or if poor student performance could impact CONESUP approval. Has CONESUP established any kind of student performance measure that could cause CONESUP to question a school's continued accreditation or approval?

Staff Analysis

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

There should be a clearly designated body responsible for evaluating the quality of medical education in your country, and that body should have clear authority to accredit/approve/deny the operation of medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.

Previously, when Costa Rican representatives came before the NCFMEA, they had consistently designated the Consejo Nacional de Enseñanza Superior Universitaria Privada, otherwise known as CONESUP, as the designated entity responsible for evaluating medical education in the country's private universities. This designation was based on Costa Rican Law #6693 (Annex 1) enacted on November 27, 1981, which established the foundations for CONESUP. (As well, this is supported by the legal decision in Annex 2 and by the CONESUP updating regulations in Annex 3.)

Over the last few years, however, the additional accrediting activities of the Costa Rican Sistema Nacional de Acreditación de la Educación Superior, otherwise known as SINAES, clouded the boundaries where one set of official accrediting activities began and the other set ended. Extensive discussions, hampered by the need to translate the participants' comments as they were being made, ended without decisively making the fundamental distinctions clear to all those involved.

As previously noted, an official letter of February 25, 2008 from Costa Rica's Ministry of Education stated that CONESUP is the country's regulating body for all private universities and professions, however, the letter also stated that the official accreditation entity for both public and private university medical programs (and all higher education programs) is SINAES. In addition, the Ministry of Education letter suggested that the NCFMEA should visit with SINAES, rather than CONESUP, since SINAES is the official body that oversees the accreditation of Costa Rica's medical programs. Subsequent discussions at the March 2008 NCFMEA meeting did not produce a conclusive determination as to which entity is ultimately responsible for the official accreditation of private medical schools in Costa Rica.

The current application from Costa Rica avoided the previous questions and declared that "CONESUP is the designated body responsible for approving the operation of universities with medical schools in our country as well as evaluating the quality of the medical education leading to the M.D. (or equivalent) degree provided by them." There is no explanation as to the official role of SINAES, since "In Costa Rica the only governmental entity that has the faculty to authorize, deny, monitor and inspect medical schools is CONESUP." In addition, the narrative is emphatic that "CONESUP is the only entity in charge of authorizing and supervising medical schools according to the laws and regulations mentioned above." Furthermore, the narrative insists that "CONESUP is the only organization that has the power to conduct in-depth evaluation of all academic activities and overall operations of medical schools."

Based on the country's latest submission, it is clear that Costa Rica wants CONESUP to be seen as the final authority with regard to (private) medical schools, despite whatever function SINAES may serve in the accreditation of both public and private medical schools.

The Department staff's draft report noted that "if a positive comparability determination is made by the NCFMEA with regard to the functions of CONESUP, it must be made clear that the public medical schools in Costa Rica are not covered by, or included, in that NCFMEA decision." In its August 18 response to the draft report, Costa Rica noted that the University of Costa Rica, which is the only public medical school, is not included in the process (at least not currently). The response does note that the "Universidad de Costa Rica (the public university) may be included in the process if it meets the guidelines established by NCFMEA."

Department staff continues to recommend that if a positive comparability determination is made by the NCFMEA with regard to the functions of CONESUP, it must be made clear that the public medical school in Costa Rica is not covered by, or included, in that NCFMEA decision. Any change to that decision may be made by the NCFMEA, after evaluating a documented request from Costa Rica. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

Annex 2 - Legal Opinion #17 - CONESUP only for private universities (Jan. 14, 2005)

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

August 18, 2009 - Country response to the draft staff report

PART 2: Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following areas:

Section 1: Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

In June 2006, CONESUP officially adopted (cf. Annex 6) the Inspection Guide for Private University Medical Schools (hereafter, Guide). The Guide itself (Annex 4) consists of two parts – Standards and Requirements for the Inspection of Schools of Medicine in Costa Rica; and Procedures for the Inspection of Schools of Medicine in Costa Rica. In addition, there is an accompanying summary document, entitled the CONESUP Checklist of Applicable Standards for the Inspection of Schools of Medicine in Costa Rica (Annex 5).

The Guide expects that the mission should be clear, concise and consistent with the expectations of the medical profession. The Guide further expects that the school must have a mechanism for conveying and analyzing appropriateness of the mission. In a general way, the law founding CONESUP expects that all private postsecondary institutions will contribute to the study of the solution of national problems (cf. Annex 1, Article 9). Further related expectations are found in the updating regulations governing CONESUP, including a reference to verify the institutional mission and its relationship with the major and with the graduates (Annex 3, Article 55d).

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

Annex 5 - CONESUP Checklist of Applicable Standards for the Inspection of Schools of Medicine in Costa Rica (Undated)

Annex 6 - Minutes (Formalized Excerpt) Attesting CONESUP Approved the Inspection Guide of Private University Medical Schools in Costa Rica (June 7, 2006)

Section 2: Governance

(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school's administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

CONESUP is the oversight body for private higher education institutions, and as such, is responsible for the oversight of private medical schools. In general, all private schools, including all private medical schools, are required to be legally authorized in order to provide medical education, and CONESUP grants that authorization. In that sense, CONESUP is the ultimate external authority over the school's administration.

CONESUP's authority and the requirements for a school to be legally authorized are established in the founding law (cf. Annex 1, Article 3) and in the follow-up General Regulations (cf. Annex 3, Articles 12 - 14). The regulations also focus on CONESUP's

regulation of the school's specific careers, their supporting curricula content and the characteristics of students.

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Section 3.1: Administration

(a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.

(iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

The Guide expects that schools of medicine have trained full-time administrative staff for the school's success and clear lines of authority must be evidenced in the administrative structure. Administrative personnel must be hired, executive positions must have necessary training and experience regarding their responsibilities, and institutions must have sufficient administrative personnel to ensure administrative effectiveness in the areas of admission procedures, student and academic affairs, and hospital facilities. The Guide also expects that the academic director must have the ability to direct and develop the educational program and be qualified in educational experience and leadership in medical education.

The law establishing CONESUP (Annex 1, Article 6e) expects schools to have the necessary teaching staff trained to perform their functions. In addition, the regulations (Annex 3, Article 55e) have CONESUP focus on the qualifications of university authorities and teachers. However, the extent of CONESUP's attention to the authority of the chief academic officer, and to the authority of administrators and senior faculty in affiliated institutions, is not clear.

The country's August 18 response to the draft staff analysis noted that during a CONESUP inspection the administrative aspects of the school are examined by the visiting team. In addition, the response indicated that evidence of this activity will be found in an inspection report that will be sent in the future to the NCFMEA once it is approved by CONESUP. It is unclear to Department staff why earlier reports containing suitable evidence were unavailable. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

Section 3.2: Administration

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

The Guide expects that the academic director will have the ability to direct and develop the educational program, and be qualified in educational experience and leadership in medical education. The regulations (Annex 3, Article 27) focus on the minimal qualifications of a licentiate, and specified additional years of experience, for the Rector/Chancellor, Vice-Rector, Secretary General, Deans and Academic Directors.

The specified academic experience in teaching, research or university extension must be no less than ten years to be Chancellor, eight years for Vice-Chancellor or Secretary General, and no less than four years for the positions of Dean, Academic Unit Director or its equivalent. Furthermore, for the positions of Directors or Coordinators of regional headquarters and any other university authority, a minimum undergraduate university academic experience of at least four years and a licentiate is required.

Documentation:

Comparability Application Narrative

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

Section 3.3: Administration

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to—

(i) Admissions;

- (ii) Hiring, retention, promotion, and discipline of faculty; and**
- (iii) All phases of the curriculum, including the clinical education portion.**

The Guide expects faculty to be involved in the decision-making related to policies for the admission, retention and the promotion of students. In addition, they are expected to participate in the design, execution and assessment of all aspects of the curriculum, including clinical education. Furthermore, the Guide expects that supporting evidence of faculty involvement on committees is used to verify faculty input on curriculum. However, faculty do not appear to be involved in the hiring, retention, promotion and discipline of other faculty.

The country's August 18 response to the draft staff analysis appeared to indicate that the regulations affecting employment are so thorough that the involvement of faculty in those types of decisions are indirect. That is, faculty can make their concerns known through meeting minutes. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

Section 3.4: Administration

(d) If some components of the educational program 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—

(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and

(ii) There is consistency in student evaluations at all sites.

The regulations (Annex 3, Article 37) permit a regional campus to be opened by an authorized university, pending prior approval by CONESUP of a formal application containing the elements specified in the regulations. The regulations do not express any expectations concerning the need for consistent student evaluations at all sites.

However, the country's current application narrative indicated that there are no geographically separated sites at this time when it stated (p. 12) that "No medical program is being developed in regional headquarters."

Documentation:

Comparability Application Narrative

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Section 4.1: Educational Program

(a) Duration: The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

The country's application narrative points to CONARE's "Nomenclature of Degrees and Diplomas in Higher University Education" (Annex 7) as setting the minimum period required for the preparation of a Licentiate in Medicine as 10 cycles of 15 weeks, or its equivalent. The CONARE document refers consistently to SINAES, and not to CONESUP. In addition, the document sets 18 credits every 15 weeks as the maximum load.

However, the medical science sample curriculum for the University of Central America (Annex 8) lists "CONESUP Credits" that consistently exceed the maximum load in the CONARE document. In addition, the application narrative refers to Article 20 in the CONESUP founding law (Annex 1) for the requirement that "Only CONESUP is empowered to approve careers that lead to a degree for which there is a minimum requirement of 120 credits. A credit rating is the unit of a student's work, equivalent to three class hours per week for 15 weeks, applied to an activity that is monitored, evaluated and approved by the teacher." However, Department staff could not find this requirement in Article 20 of the founding law (Annex 1) or in Article 20 of the supporting regulations (Annex 3). There is, however, a requirement in the Guide (Annex 4, Standard 3a) that the curriculum is to be 150 credits minimum, and that a credit is 3 hours for 15 weeks.

The Department staff's draft report noted that "CONARE is not part of CONESUP's application for comparability, nevertheless, there was no evidence that CONESUP adopted as its own the CONARE document regarding credits. In addition, there are two different credit minimums expressed in the two different documents referenced by CONESUP."

The country's August 18 response to the draft staff analysis noted that the CONARE nomenclature was adopted by CONESUP during a special meeting in 2005, and the meeting minutes' summary was provided as documentation (New Annex 6). The response also indicated that the difference in credit minimums was due to the transitory acceptance (similar to grandfathering) of previously-approved calculations.

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

Annex 7 - CONARE's Nomenclature of Degrees and Diplomas in Higher University Education

Annex 8 - Sample Curriculum for Medical Science (University of Central America)

August 18, 2009 - Country response to the draft staff report

New Annex 6 – Special Meeting Summary Minutes of August 31, 2005

Section 4.2: Educational Program

(b) Curricular Content: The medical school's curriculum must provide students with general professional education, i.e. the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including--

(A) Contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

The CONESUP Guide (Annex 4) expects the curriculum to focus on the training of professionally competent medical doctors who are prepared to ethically practice medicine. In addition, the Guide expects the curriculum to be logically sequenced, and that the clinical and basic sciences are to be integrated into the curriculum. Clinical experiences are expected that will enhance the necessary knowledge, skills and abilities to obtain competency. The duration of classes and clinical experiences must be stated and calculated in hours or credits and the number of classes must foster student learning and achievement of the educational objectives.

The application narrative lists the following sciences as basic to the curriculum: chemistry, biology, biochemistry, physics, anatomy, histology, embryology, mathematics, statistics, genetics, physiology, microbiology, parasitology, pathology and pharmacology. However, Department staff could not find the requirements regarding all the basic sciences in the CONESUP Guide. In addition, despite the application narrative's exposition on laboratory requirements, the Guide (cf. Standard 6c) includes only the most basic expectations regarding laboratory equipment and supplies.

The country's August 18 response to the draft staff analysis noted that the basic requirements for development of the basic sciences currently do not appear in the CONESUP Guide, but that this gap will be corrected. The response also indicated that an attached report contains more information on laboratory requirements. However, Department staff was unsure as to which report the response was referring, and a perusal of all the submitted documentation did not locate the information. The NCFMEA may wish to pursue these matters further.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

Section 4.3: Educational Program

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of selected patients having the major and common types of disease problems represented in the clerkship.

The CONESUP Guide (Annex 4, Standard 3c) expresses its expectations regarding the clinical subjects in general terms, such as “developing knowledge, skills and attitudes,” many of which could apply to non-medical vocational education as well.

The application narrative refers to the CONESUP founding law (Annex 1, Article 13) as documentation of the clinical education requirements, however, Department staff could not find related material there, or in Article 13 of the supporting regulations (Annex 3).

The application narrative also refers to the requirements set down by the Costa Rican Social Security Fund for information on clinical rotations in public hospitals (Annex 9). However, those requirements focus on the responsibilities of the various parties involved in clinical education. And finally, the application narrative refers to the Medical School curriculum at the public, not private, University of Costa Rica. It appears that all private medical schools under the authority of CONESUP are required to follow whatever curriculum is set by the leading public university.

Unfortunately, based on the information provided, and the manner in which that information was provided, Department staff could not compare the requirements of the NCFMEA clinical criteria with the related expectations of CONESUP.

The country's August 18 response to the draft staff analysis noted that the expectations of CONESUP will be found in an inspection report that will be sent in the future to the NCFMEA once it is approved by CONESUP. It is unclear to Department staff why no earlier reports containing suitable evidence were unavailable. In the interim, the response provided a sample test (New Annex 7, in Spanish) and a list of the number of students permitted in each clinical area (New Annex 8). It should be noted that the document specifying the number of students permitted in each clinical area is produced by the Costa Rican Social Security Fund. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

Annex 9 – Regulations of the Costa Rican Social Security Fund (August 5, 2004)

August 18, 2009 - Country response to the draft staff report

New Annex 7 – Sample Test

New Annex 8 – Clinical Field Approval Limits

Section 4.4: Educational Program

(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.

The application narrative noted that the nature and extent of the classes that give direct support to clinical subjects are basic science subjects with a clinical approach, including anatomy, physiology, biochemistry, histology, neuro-anatomy and embryology.

The Department staff's draft analysis noted that "no documentation was cited regarding the supporting disciplines, and no reference was made to diagnostic imaging and clinical pathology in particular." The country's August 18 response provided course materials as evidence that the supporting disciplines are an expected part of the curriculum (New Annex 9). Department staff believes that any further questions regarding the supporting disciplines, if desired, can be raised in conjunction with questions on the overall curriculum.

Documentation:

Comparability Application Narrative

August 18, 2009 - Country response to the draft staff report

New Annex 9 – Sample materials regarding Diagnostic Imaging and Clinical Pathology

Section 4.5: Educational Program

(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.

The Guide expects in one of its curriculum standards (cf. Annex 4, Standard 3) that the medical school “Integrates lessons in ethics and values throughout the entire program.” In addition, the comparability application notes that the medical program includes courses in the field of humanities such as the History of Medicine (2 credits), Medical Ethics (2 credits) and Legal Medicine (2 credits).

The Department staff’s draft analysis noted that “documentation concerning the coursework requirements relating to ethics, etc., and how that coursework is evaluated, was not provided.” The country’s August 18 response provided course materials as evidence that Medical Ethics, the History of Medicine, and Legal Medicine are an expected part of the curriculum (New Annex 10). Department staff believes that any further questions regarding these subjects, if desired, can be raised in conjunction with questions on the overall curriculum.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

New Annex 10 – Sample Course Materials on Medical Ethics, etc.

Section 4.6: Educational Program

(v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.

The country’s narrative states that all medical schools have within their curriculum subjects that deal with the development of abilities and skills related to communication and community outreach. Furthermore, the narrative states that these subjects are supervised by CONESUP, which ensures continued compliance with what was approved by CONESUP at the time of the school’s original authorization.

The Department staff’s draft analysis noted that “documentation concerning the coursework requirements relating to the development of communication skills, and how that coursework is evaluated, was not provided.” The country’s August 18 response provided course materials as evidence that communications skills are an expected part of the curriculum (New Annex 11). Department staff believes that any further questions regarding this subject, if desired, can be raised in conjunction with questions on the overall curriculum.

Documentation:

Comparability Application Narrative

Section 4.7: Educational Program

(c) Design, Implementation, and Evaluation:

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, 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.

The Guide (Annex 4, Standard 4) expects faculty to participate in decisions about curriculum including the design, execution and assessment of all aspects of the curriculum, including clinical education. Furthermore, the Guide expects that supporting evidence of faculty involvement on committees is used to verify faculty input on curriculum.

Regarding student outcomes assessment, the Guide (Standard 5g & i) expects that the school will have reliable and valid methods to assess each student's mastery of knowledge and the effectiveness of the educational program. However, it is unclear how the data concerning student achievement and program effectiveness is gathered by the school and evaluated by CONESUP.

The country's August 18 response to the draft staff analysis noted that during a CONESUP inspection there is an assessment of institutional performance and goal achievement (over the preceding two years) done by the visiting team. In addition, the response indicated that evidence of this activity will be found in an inspection report that will be sent in the future to the NCFMEA once it is approved by CONESUP. It is unclear to Department staff why earlier reports containing suitable evidence were unavailable. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

Section 5.1: Medical Students

(a) Admissions, Recruiting, and Publications

(i) The medical school 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.

(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.

The application narrative speaks in general terms about the admissions requirements that medical schools choose to place upon themselves, such as interviewing candidates and focusing on prior satisfactory academic achievement and personality, etc. CONEUP notes that it has the authority to oversee any private school's admission requirements.

Likewise, the narrative notes that advertising is the sole responsibility of each school. However, if false advertising is used, then CONESUP will step in to investigate. (This authority to investigate misleading advertising is related to the CONESUP Guide, Standard 7: Institutional Integrity.) Similarly, it is the school's responsibility to maintain student records that are only to be made available to the students, to CONESUP and to the school authorities.

The Department staff's draft analysis noted that "it is unclear what CONESUP itself requires concerning admissions policies, and student records. As a result, it is also unclear how CONESUP evaluates these matters, and ensures that a school continues to meet CONESUP's expectations."

The country's August 18 response to the draft analysis provided a sample CONESUP approval of one school's admission records and graduation requirements (New Annex 12). The records are very basic and include identification, official transcripts, admission test and application form. The graduation record requirements are equally basic. The response also indicated that the site visiting team completely evaluates the appropriate files, however, no detailed site team instructions or sample site visit reports were provided. (The narrative referred to instructions for preparing a dossier,

however, it was not provided, and its relevance is unclear.) The NCFMEA may wish to pursue these matters further.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

New Annex 12 – Sample CONESUP approval of school record requirements

Section 5.2: Medical Students

(b) Evaluation of Student Achievement

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.

As noted previously, the Guide (Standard 5g & i) expects that the school will have reliable and valid methods to assess each student's mastery of knowledge, and of the effectiveness of the educational program. This assessment is divided into the student's mastery of knowledge, skills and attitudes with regard to the basic sciences, and with regard to the clinical components, as well.

The application narrative proceeds to address these aspects from the legal perspective of ensuring that fraud is not involved in the awarding of degrees of any kind. In addition, the application narrative notes that there are no national standards, but that there are requirements to assess student achievement demanded by the Costa Rican Social Security Fund (Annex 9, Article 7).

The Department staff's draft analysis noted that "it is unclear what CONESUP itself expects regarding the evaluation of student achievement by the private schools. In addition, it is unclear how CONESUP evaluates the adequacy of whatever a school chooses to do."

The country's August 18 response to the draft analysis provided a sample CONESUP approval of one school's request to alter the community service hour requirement and

the school's request to clarify rules for rounding-out grades (New Annex 14). These matters are very limited and do not substantively address the evaluation of student achievement. The response also indicated that CONESUP has these matters tightly regulated, however, no detailed site team instructions regarding evaluation of the school's approach to student achievement, or sample site visit reports, were provided. The NCFMEA may wish to pursue these matters further.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

Annex 9 – Regulations of the Costa Rican Social Security Fund (August 5, 2004)

Section 5.3: Medical Students

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

The Guide (Standard 5d) expects that information about financial help, housing and health services is to be provided to students. In addition, health risks associated with a medical education program are to be presented to students.

The Department staff's draft analysis noted that "CONESUP Standard 5's only statement that may, or may not, require an institution to offer students confidential health counseling is 'Adequate counseling and guidance are provided to students'."

The country's August 18 response to the draft analysis provided a sample work schedule for one school's student affairs department (New Annex 15). However, the sample contained no reference pertaining in any way to confidential mental health counseling for students. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

New Annex 15 - Sample work schedule for student affairs department

Section 5.4: Medical Students

(d) Student Complaints

The medical school must have written policies for addressing student complaints related to the areas covered by the agency's accreditation standards

and processes. The student consumer information provided by the medical school to students must include the school's policies for addressing student complaints as well as the name and contact information for the accrediting/approval entity to which students can submit complaints not resolved at the institutional level.

The Guide (Standard 5f) expects medical schools to maintain confidential records of student complaints for a two-year period. Information included in the record must be the nature of the complaint, the procedure used for addressing the complaint and the final outcome. The record must evidence that due process occurred. The standard also states that the contact information for CONESUP must be accessible to students.

The country's application narrative indicates that CONESUP expects school staff to receive students' complaints or allegations; document and collect relevant evidence, if required; carry out investigations of the case; issue a report and a recommendation to proceed as pertinent; and to notify the parties involved.

The Department staff's draft report noted that "there was no documentation provided to show how this CONESUP requirement is made known to the schools." The country's August 18 response to the draft report provided an official notification dated March 2, 2009 that outlines the CONESUP complaint procedures (New Annex 21).

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

New Annex 21 - CONESUP Complaint Procedures

Section 6.1: Resources for the Educational Program

(a) Finances:

The medical school must have adequate financial resources for the size and scope of its educational program.

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

The Guide (Standard 2d) expects that institutions will provide adequate financial resources for the medical school's function and the achievement of its mission. In addition, CONESUP checks that demonstrations of fiscal stability are apparent and that revenue from tuition and patient care are not the sole funding sources. Finally, the Guide insists that annual financial statements are prepared and audited by a certified public accounting firm. The application narrative also notes that private medical schools have additional financial regulations to meet for two Costa Rican laws: the Foundations Act (Annex 10) and the Associations Act (Annex 11), which include requirements related to monitoring financial practices.

Regarding facilities, the Guide (Standard 6) briefly outlines CONESUP's expectations, including those concerning the physical plant, classrooms and laboratories. In essence, facilities must be adequate in quality and quantity as they relate to student enrollment; physical premises must be maintained and functional; patient care facilities must be maintained in accordance with government standards; classrooms must be sufficiently lit and ventilated and have audiovisual equipment.

The laboratory facilities and equipment must be safe and secure, and safety equipment for students (in accordance with the purpose of the laboratory activities) must be provided. Department staff notes that although the Guide (Annex 4, Standard 6) does not mention facilities for the humane care of animals, the corresponding checklist (Annex 5, Standard 6) expects that there will be facilities and policies for the care and protection of live animals, as appropriate.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

Annex 5 - CONESUP Checklist of Applicable Standards for the Inspection of Schools of Medicine in Cost Rica (Undated)

Annex 10 - Foundations Act (Updated April 12, 2001)

Annex 11 - Associations Act (Updated April 7, 2000)

Section 6.2: Resources for the Educational Program

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

The country's application narrative focuses on the general requirements for any kind of private school to have qualified faculty, as found in the law establishing CONESUP. Since that is the case, the narrative does not focus on requirements specific to a faculty of medicine, even though the narrative mentions how artists and architects can demonstrate their qualifications.

The Guide (Standard 4), however, does expect that the faculty will be certified by the recognized specialty board and that the faculty for both the basic sciences and the clinical sciences are to be adequate in number.

The Department's draft staff report noted that "there was little explanation as to how CONESUP evaluates the adequacy of faculty and their qualifications at a medical school. Furthermore, although the application narrative indicates that schools are to "protect themselves against its members' personal and professional interests," there do not appear to be any CONESUP policies or standards that deal with situations where the private interests of faculty or staff may conflict with their official responsibilities."

The country's August 18 response to the draft report noted that general evaluations of faculty are performed by students as they assess their own satisfaction (New Annex 18), and general disciplinary matters (possibly including conflicts of interest) are considered by the school's academic senate when they are received (New Annex 17).

In addition, the response reiterated that faculty must meet the general CONESUP requirements, and added that the basic qualifications of the medical faculty are submitted to CONESUP for approval (New Annex 4). The response also indicated that "CONESUP will check compliance of this issue during their regular inspections." However, no documentary evidence was provided. Department staff continues to believe that the NCFMEA may wish to pursue these matters further.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

New Annex 4 – CONESUP authorization of teaching staff

New Annex 17 – General Regulations

New Annex 18 – Student Assessment of Professor Form

Section 6.3: Resources for the Educational Program

(d) Library

The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

(e) Clinical Teaching Facilities

The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

The Guide (Standard 6d & e) expects that the medical library will include access to up-to-date electronic equipment, books and other publications in each of the areas of medicine. In addition, students must have help available for accessing resources, and for learning to use electronic information. Furthermore, the Guide expects that library personnel will be qualified by experience and education.

Regarding clinical teaching facilities, the Guide (Standard 6f) expects that formal agreements will be created that articulate each party's responsibilities relative to teaching, patient care and finances.

In addition, the country application narrative notes that the hospitals are owned by the Costa Rican Social Security Fund (Annex 9), and that the Fund created the norms that regulate clinical training activities. Furthermore, the narrative indicated that ensuring the quality of these teaching sites is the responsibility of each hospital's Academic Council, and that the medical schools are responsible for maintaining contact with these Academic Councils.

The Fund owns the hospital-based clinical teaching facilities, and as a result, the Fund "Establishes the process for monitoring student progress in clinical training through an ongoing review of reports from each institution." In addition, the Fund "Confirms or denies the teachers appointed by the educational institution and communicates it to the High Council of Training Spaces."

The Department staff's draft report noted that "in the absence of further clarification, it is difficult to determine how much participation, if any, that CONESUP has in the evaluation of clinical teaching facilities." The country's August 18 response to the draft report noted that the extent of CONESUP's connection to the evaluation of clinical teaching facilities is to verify that the school has an agreement with the Social Security authority since that authority is responsible for the clinical sites. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

Annex 9 – Regulations of the Costa Rican Social Security Fund (August 5, 2004)

August 18, 2009 - Country response to the draft staff report

New Annex 19 – Sample Letter of Local Academic Board Coordinator to Hospital

PART 3: Accreditation/Approval Processes and Procedures

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for

granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process must include a thorough comprehensive on-site review of the school to include all of the training sites (if any), during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review includes, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

The accreditation/approval process must include an on-site review of all core clinical clerkship sites.

(a) At sites that have never been visited by an accreditor (whose standards have been determined to be comparable), the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.

(b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.

(c) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.

NOTE: If an accrediting body is accrediting multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.

The CONESUP founding law (cf. Annex 1, Article 3f) gives the agency a general mandate to exercise “supervision and inspection” of all private universities. The developmental regulations (cf. Annex 3, Article 2f) order CONESUP to perform regular inspections of the universities to verify their fulfillment of the current laws. To help CONESUP fulfill its mission, the Minister of Public Education provides a non-voting Technical Secretary with staff, collectively called the “Technical Secretariat.”

The developmental regulations (cf. Annex 3, Articles 56-59) indicate that the Technical Secretariat is responsible for the coordination and conduct of the actual inspections with the help of professionals from the disciplines appropriate to the type of school inspected. The inspection (cf. Annex 3, Article 64) is to result in a report that includes the use of the facilities; strengths and weaknesses perceived; elements that raise

doubts; suggestions for improvement; and a description of the academic environment, professional attitude, and personnel and student quality.

According to the Guide, the site visit is conducted by CONESUP and a standing committee named by CONESUP. Included are representatives from the following: the Ministry of Health, a section of the Costa Rican Social Security Fund, the Board of Surgeons and Physicians, and the academic community.

The application narrative quotes from the CONESUP founding law that CONESUP is to carry out inspections “as many times as it deems necessary, but at least it should make a visit every two years.” However, the Guide’s “Procedures for the Inspection of Schools of Medicine in Costa Rica” (cf. Annex 4, no page numbers) states that the process, which includes the visit, is to be conducted every five years, or less, depending on the success of the institution.

As a result, the Department staff’s draft report noted that “it is unclear how often the onsite visits must take place at a minimum. In addition, CONESUP does not appear to be directly involved in the onsite reviews of all clinical clerkship sites (cf. Annexes 5 & 9).” The country’s response to the draft report noted that CONESUP visits each university at least once a year with a frequency of up to four times depending on the specific situation, and the clinical area is regularly evaluated by the Social Security authority. Since the sample report (New Annex 20) included with the country’s response to the draft report does not refer to the full accreditation visit, and since the evaluation of clinical sites is not under the authority of CONESUP, the frequency of the overall evaluation process and its integral components remains unclear. NCFMEA may want to pursue these matters further.

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

Annex 5 - CONESUP Checklist of Applicable Standards for the Inspection of Schools of Medicine in Cost Rica (Undated)

Annex 9 - Regulations of the Costa Rican Social Security Fund (August 5, 2004)

August 18, 2009 - Country response to the draft staff report

New Annex 20 - Summary of a limited inspection

2. Qualifications of Evaluators, Decision-makers, Policy-makers

The accreditation/approval process must use competent and knowledgeable individuals, who are qualified by experience and training in the basic or clinical sciences, for on-site evaluations of medical schools, policy-making, and decision-making.

The application narrative asserts that CONESUP ensures that its site-visiting evaluators have relevant qualifications in accordance with the law that established

CONESUP. That law is general in nature to cover all the private universities examined by CONESUP and is not specific to medical education programs, and CONESUP provided no further explanation or evidence.

Consequently, the Department staff's draft report noted that "it is unclear how CONESUP determines and ensures that the individuals involved in onsite evaluations of medical schools, policy-making and decision-making have the necessary qualifications." The country's August 18 response to the draft report noted that CONESUP's Senate delegates to a multidisciplinary professional committee with experience and mastery of the respective areas the authority over the inspections. It is unclear whether CONESUP's professional committee members personally conduct the on-site evaluations, or choose the on-site evaluators. Furthermore, it is unclear if the professional committee members make a recommendation for CONESUP's consideration or if they make the actual final decision regarding the school's accreditation. The NCFMEA may want to pursue these matters further.

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

August 18, 2009 - Country response to the draft staff report

New Annex 25 – Sample approval of an inspection committee

3. Re-evaluation and Monitoring

The accreditation/approval process must demonstrate the regular re-evaluation of medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

The accreditation/approval process must demonstrate that the accrediting/approval entity reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action. The complaint review process must demonstrate that it ensures the timely, fair, and equitable handling of all complaints related to the standards and procedures for accreditation/approval. The procedures also must demonstrate that follow-up action, including enforcement action, is appropriate based on the results of the investigation. In addition, the accreditation/approval entity must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.

As previously noted, the CONESUP founding law indicates that CONESUP is to carry out inspections "as many times as it deems necessary, but at least it should make a visit every two years." However, the "Procedures for the Inspection of Schools of Medicine in Costa Rica" included in the Guide states that the process, which includes the visit, is to be conducted every five years, or less, depending on the success of the institution (cf. Annex 4, no page numbers). (Note: Questions regarding the frequency

of actual full accreditation on-site visits were raised under Part 3: 1. Site Visit; and questions regarding the procedures used by CONESUP to process complaints were raised under Part 2: 5.4 Medical Students.)

As a result, the Department staff's draft report noted that "it is unclear how often the onsite visits must take place at a minimum. In addition, it is not clear how, or if, medical schools are monitored between on-site inspections. Furthermore, the application narrative provided some statements about how schools handle student complaints, but provided no documentation regarding official CONESUP procedures for handling the complaints that it receives, or how CONESUP considers complaints when re-evaluating a medical school for accreditation."

The country's August 18 response to the draft report indicated that CONESUP monitors schools on an annual basis. In addition, the response provided the procedures used to process complaints (New Annex 21). However, it is still unclear if CONESUP considers a school's record of complaints when it is re-evaluating a medical school for accreditation. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 1 - Public Law #6693 Establishing CONESUP (Nov. 27, 1981)

Annex 4 - Inspection Guide for Private University Medical Schools (Undated)

August 18, 2009 - Country response to the draft staff report

New Annex 21 - CONESUP Complaint Procedures

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

The updating regulations for CONESUP (cf. Annex 3, Article 23) contain a section entitled "Amendments to authorized majors [careers] and study programs." As the title indicates, this section is concerned with changes to the study programs such as "updating of the course content, evaluation system, bibliography, location of the study program [within the curriculum] and course requirements." The regulations indicate that these amendments/modifications may be carried out once a year at the university's initiative, and that CONESUP must be "advised" of these changes.

(The application narrative on substantive change also referred to Annex 11, which is the Associations Act. However, whatever connection Annex 11 may have had to CONESUP's approval of a substantive change was not apparent to Department staff.)

CONESUP's specific "authorization" must be requested whenever the amendment deals with the course's name, its general and specific objectives, its admission and

graduation requirements, its deletion or substitution/replacement, and if there is a change of at least 60 percent in the course content and number of credits. In addition, CONESUP's specific "authorization" must be sought if the changes could amount to the course actually becoming a new major.

The Department staff's draft report noted that "how the medical university applies and receives CONESUP's authorization for the limited number of specified changes is unclear. As well, it is not clear if CONESUP uses qualified medical personnel to review and evaluate the proposed changes before they are approved, or if the university can appeal a disapproval decision." The country's August 18 response to the draft report noted that a particular department in CONESUP examines the changes and sends the response to the school (New Annex 22), and that the school can appeal a CONESUP decision. It is still unclear whether CONESUP relies upon qualified medical personnel to make its decisions regarding substantive changes that can significantly affect a school's medical education. The NCFMEA may wish to pursue this matter further.

Documentation:

Comparability Application Narrative

Annex 3 - Regulations Updating Public Law #6693 on CONESUP (June 12, 2001)

Annex 11 – Associations Act (Updated April 7, 2000)

August 18, 2009 - Country response to the draft staff report

New Annex 22 – Sample CONESUP approval of change request

5. Conflicts of Interest, Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest by those involved in the accreditation evaluation and decision process and controls against the inconsistent application of the accreditation/approval standards.

The application narrative referred to the General Law of Public Administration (GLPA) to describe how Costa Rica addresses conflict of interest in public entities, including CONESUP. Although the GLPA was not included in the documentation, it apparently stipulates the grounds for recusal and abstention in general situations. In addition, the narrative indicates that the communication of CONESUP's procedures to everyone, together with everyone's constitutional right to be treated consistently, are adequate to ensure the consistent application of standards.

The Department's draft staff report noted that "it is unclear if all those involved in specific activities, such as accreditation site visits, are covered by the rules on conflict of interest in the GLPA." The country's August 18 response to the draft report noted the pertinent sections of the GLPA and provided a copy of the 131-page law (New Annex 23, in Spanish). More importantly, the response affirmed that all participants in specific inspection activities are public officials and are therefore subject to the GLPA.

Documentation:

6. Accrediting/Approval Decisions

While there may be diverse institutional missions and educational objectives, this should not result in the accreditation of a substandard program of medical education leading to the M.D. degree. Decisions must be based on compliance with the accreditation standards and based, in part, on an evaluation of the performance of students after graduation from the medical school.

The application narrative indicates that if a school does not meet the requirements set forth in the Guide then the school is not approved, and that this is sufficient to ensure that substandard programs are not approved. In addition, the narrative indicates that schools must keep statistics on the percentage of its students admitted to postgraduate medical programs in the previous two years. Furthermore, the narrative indicates that for students to practice they must have passed the curriculum based on CONESUP requirements.

The Department staff’s draft report noted that “in all these cases the country provided no details regarding the required documentation, or the actual procedures that CONESUP uses, for making its accreditation/approval decisions. Furthermore, although schools must keep statistics, it is not clear how those statistics are evaluated and used, or if poor performance could impact CONESUP approval. And finally, it appears that CONESUP has not established any kind of student performance measure that could cause CONESUP to question a school’s continued accreditation or approval.”

The country’s August 18 response to the draft report provided another copy of the CONESUP “Procedures for the Inspection of Schools of Medicine in Costa Rica” (New Annex 24). The Procedures outlines the basic administrative process and contains a list of basic documents that must be on hand when the CONESUP in-site evaluators arrive. The documents include:

1. A copy of CONESUP’s agreement allowing the school to function and permission to confer certificates, diplomas or degrees.
2. Information on the institution’s Board of Directors including a list of members.
3. Regulations or statutes of the institution approved by CONESUP.
4. School agreements and contracts for clinical practices and other institutions where the training process is carried out.
5. Teacher meeting reports and records, annual reports of the Executive Director as well as short and long term plans.
6. Achievement reports requested during the previous CONESUP on-site inspection.
7. Correspondence received regarding the last inspection.

8. Report showing the teaching load.
9. Report showing the number of groups and class group sizes.
10. Show institutional advertising aimed at students.
11. A complete copy of the self-assessment report.

Department staff continues to note that the Guide and its list of required documents are very general in nature. In addition, Department staff acknowledges that “teacher meeting reports and records” might include some information on how students are assessed and their achievement measured. However, it still difficult to envision the actual procedures that CONESUP uses on-site for making its accreditation/approval decisions, including how statistics are evaluated and used, or if poor student performance could impact CONESUP approval. Has CONESUP established any kind of student performance measure that could cause CONESUP to question a school’s continued accreditation or approval? The NCFMEA may wish to pursue these matters further.

Documentation:

Comparability Application Narrative

August 18, 2009 - Country response to the draft staff report

New Annex 24 - Procedures for the Inspection of Schools of Medicine in Costa Rica.

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