



## UNITED STATES DEPARTMENT OF EDUCATION

### NATIONAL COMMITTEE ON FOREIGN MEDICAL EDUCATION AND ACCREDITATION

#### Guidelines for Determinations of Comparability

Revised: May 7, 2024

Effective: July 1, 2024

#### OVERVIEW

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools are comparable to standards applied to medical schools in the United States. A comparability determination renders institutions eligible to apply to participate in the U.S. Department of Education's William D. Ford Direct Loan program. In making this determination, the Committee uses the following guidelines as a framework for making determinations of comparability.

Please provide comprehensive responses to each section of the guidelines regarding the oversight of medical schools in your country. While we recognize that the oversight system of medical schools in your country may differ from the system used in the United States, we require responses to all of the questions below to further our understanding of your country's processes and standards so that we can make an informed comparability determination.

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#### GENERAL INSTRUCTIONS

Please provide a narrative response for each individual subsection of the guidelines.

Please provide documentation for each individual subsection of the guidelines. Provide documents to verify each response, and demonstrate application of the process or procedure, as appropriate. Suggested documentation includes:

- Copies of relevant laws
- Copies of regulations, standards, or other authoritative documents
- Copies of accreditation standards
- Copies of accreditation processes and procedures documents
- Samples of institutional self-study reports
- On-site review team guidance
- Samples of site visit reports
- Decision meeting minutes
- Training materials

Please provide English translations of all documents that are submitted with the application.

Before completing each subsection, first carefully read the standard (indicated in bold print) and answer each question that follows within the context of the guidelines.

## **PART 1: BASIC ELIGIBILITY REQUIREMENTS**

### **Standard 1.1 Basic Eligibility Criteria for Initial Determinations of Comparability and Redeterminations of Comparability**

**Applicants for initial determinations of comparability must demonstrate that—**

- **at least one of its accredited medical programs currently enrolls American students; or**
- **at least one of its accredited medical programs has a good faith intent to enroll American students within the next six years if the country is deemed comparable.**

**Applicants for redeterminations of comparability must submit an application for a redetermination of comparability within six years of the applicant’s initial comparability determination or last comparability redetermination, or by an earlier date specified by the NCFMEA, and demonstrate that—**

- **at least one of its accredited medical programs currently enrolls American students; and**
- **at least one of its accredited medical programs has been certified by the Office of Federal Student Aid to participate in the William D. Ford Direct Loan Program.**

**All applicants must agree to —**

- **submit timely data requests and monitoring reports as specified by the NCFMEA;**
- **submit an application for comparability by the deadline specified by the NCFMEA, and at least once every six years;**
- **observation of the country/accrediting entity’s quality assurance activities by NCFMEA members and Department staff as deemed appropriate by the NCFMEA; and**
- **update Department staff with current contact information for country representatives and other relevant parties.**

#### **Required Submission**

1.1.A. For applicants seeking initial determinations of comparability: submit documentation demonstrating either that at least one accredited medical program within your country currently enrolls American students or that at least one accredited medical program within your country has a good faith

intent to enroll American students if the country is deemed comparable.

For applicants seeking redeterminations of comparability: submit documentation demonstrating that at least one accredited medical program within your country currently enrolls American students and that the Office of Federal Student Aid has certified at least one accredited medical program within your country to participate in the William D. Ford Direct Loan program.

1.1.B For all applicants: submit attestations affirming that your country agrees to submit timely data requests and monitoring reports; to submit applications for comparability at least once every six years; observation of your country/accrediting agency's quality assurance activities; and to update Department staff with current contact information, as specified above.

### **Basic Eligibility Review Procedures for Standard 1.1**

- A. If the staff of the U.S. Department of Education's Office of Postsecondary Education, Accreditation Group (the "Department staff" or "staff") receives an application for a comparability determination or redetermination from a country that the Department staff identifies as not meeting the basic eligibility requirements, the staff:
1. Ceases further review of the country's application;
  2. Informs the country in writing that the Department staff has preliminarily determined that the country does not meet the basic eligibility requirements and provides the country with the staff's written analysis for Standard 1.1 and any documentation supporting the staff's preliminarily determination;
  3. Invites the country to respond in writing to the staff's preliminary determination that the country does not meet the basic eligibility requirements and to provide any additional relevant context, including but not limited to whether the country met the basic eligibility requirements in the past and whether the country can demonstrate that one or more of its accredited medical programs has a good faith intent to enroll American students within the next six years, and provides the country with at least ten business days to submit its response and any supporting documentation;
  4. Reviews the country's response and, if the Department staff still determines that the country does not meet the basic eligibility requirements, informs the country, the Executive Director of the NCFMEA, and the chairperson of the NCFMEA subcommittee designated to review basic eligibility (the "Subcommittee") in writing that the country has not provided documentation demonstrating that it meets the basic eligibility requirements of Standard 1.1 and makes a recommendation in writing to the NCFMEA, taking into account all relevant

information available to the staff as to whether the NCFMEA should deny the country's application for a determination or redetermination of comparability on the basis that the country does not meet the basic eligibility requirements;

5. Provides the Subcommittee and the country with all materials and documentation relevant to the staff's recommendation; and
  6. In the event that a country that has previously attested that one of its accredited medical programs will enroll American students in the future but did not during the next six-year period of comparability, will recommend that the application be denied.
- B. Within ten business days of receiving the Department staff's written recommendation, the Subcommittee reviews the materials and documentation and determines whether the country meets the basic eligibility requirements of Standard 1.1.
1. If the Subcommittee determines that the country meets the basic eligibility requirements of Standard 1.1, the chairperson of the Subcommittee informs the Executive Director of the NCFMEA of its determination in writing, and the Executive Director of the NCFMEA notifies the country in writing of the Subcommittee's determination and asks the Department staff to resume its review of the country's application.
  2. If the Subcommittee determines that the country does not meet the basic eligibility requirements of Standard 1.1, the following procedures apply:
    - a. The Subcommittee prepares a written recommendation to the full NCFMEA committee, taking into account all relevant information provided to it by the Department staff, as to whether the NCFMEA should find that the country does not meet the basic eligibility requirements of Standard 1.1 and whether the NCFMEA should deny the country's application for a determination or redetermination of comparability on that basis.
    - b. At least ten business days before the next scheduled NCFMEA meeting, the Executive Director of the NCFMEA will:
      - i. provide the country, the Department staff, and the full NCFMEA committee with the Subcommittee's written recommendation and all materials and documentation relevant to the Subcommittee's recommendation;

- ii. notify the country in writing that the NCFMEA will consider the Subcommittee's recommendation at the NCFMEA meeting; and
  - iii. invite representatives of the country to participate in the meeting.
- c. After reviewing the Subcommittee's written recommendation, the NCFMEA considers the written recommendation of the Subcommittee at the NCFMEA meeting and provides representatives of the country, if present, an opportunity to respond orally to the recommendation.
- d. During the meeting, and taking into account all relevant information provided to it, the NCFMEA votes on:
  - i. Whether to accept the written recommendation of the Subcommittee and
  - ii. What action to take on the country's application for a determination; or redetermination of comparability, including but not limited to, denying the application, requiring that the country submit additional information, or directing the Department staff to resume its review of the country's application;
- e. The NCFMEA's vote and decision are officially recorded; and

The Secretary issues a letter to the country informing the country of the NCFMEA's decision, and the NCFMEA decision is effective as of the date of the Secretary's letter.

## **PART 2: OVERSIGHT SYSTEM OF MEDICAL SCHOOLS**

### **Standard 2.1: Approval of Medical Schools**

**There should be one or more clearly designated entities that have authority to approve or deny the operation of medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.**

#### **Submission**

- 2.1.A. What entity has the authority and responsibility to certify or license medical schools (not the certification or licensure of the medical students)? If more than one entity certifies or licenses different types of medical schools, for example, private or for-profit schools, please specify all the entities and which type of schools they certify/license. Please provide documentation of the authority to operate.
- 2.1.B. In your country, what entity or entities are responsible for the monitoring and/or continued certification/licensure of medical schools? Please provide documentation of its functional authority.
- 2.1.C. In your country, are there one or more governmental entities with the authority to close a medical school or to take away its right to operate? If so, what is the name of each entity and to whom does each entity report? NOTE: Examples have been found where the entity that grants the license for the medical school to begin operations does not have the authority to force closure of the medical school.

### **Standard 2.2: Evaluating the Quality of Medical Schools**

**There should be one or more clearly designated entities responsible for evaluating the quality of medical education in your country, and those bodies should have clear authority to accredit medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.**

#### **Submission**

- 2.2.A. In your country, are there one or more entities that conduct in-depth evaluations of each medical school in order to assess the medical school with respect to a defined set of standards of educational quality? If so, what is the name of each entity and to whom does each entity report? Please provide documentation of the functional authority of the entity.

### **Standard 2.3: System for Establishment, Certification, Licensure, Accreditation, and Closure of Medical Schools**

**There should be a clearly defined system in place for the establishment, certification, licensure, and accreditation (or its equivalent), and, as necessary, closure of medical schools.**

#### **Submission**

2.3.A. Describe your country's system for establishment and oversight of quality medical education programs and how the entities identified in Standards 2.1 and 2.2 of this section work in relationship with each other to establish and ensure a system of quality medical education.

### **PART 3: ACCREDITATION/APPROVAL STANDARDS**

#### **Standard 3.1: Mission and Objectives**

**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. 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.**

#### **Submission**

3.1.A. Does the entity responsible for evaluating the quality of medical education in your country require its medical schools to have an educational mission that serves the public interest? If your answer is yes, please explain how the public is served.

3.1.B. What requirements does your country have to ensure that the medical school faculty define the objectives of its educational program and that the objectives serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the educational program?

3.1.C. What requirements does your country have to ensure that the objectives of the educational program will be formally adopted by the faculty, as a whole, and through its recognized governance process?

3.1.D. What requirements does your country have to ensure the objectives of the educational program are stated in outcomes-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician?

3.1.E. What are your country's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care?

### **Standard 3.2: Governance**

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

#### **Submission**

3.2.A. Does the entity responsible for evaluating the quality of medical education in your country require medical schools to be legally authorized or licensed to provide a program of medical education?

3.2.B. If yes, what are the requirements for medical schools to be legally authorized or licensed to provide a program of medical education in your country?

3.2.C. In your country, are the administrators of medical schools held accountable for the operation and success of the school and its programs to an authority external and independent of the medical school?

3.2.D. If yes, what is name of that external authority and its relationship to the school and/or to the government? How does the external authority ensure that it has sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public?

### **Standard 3.3: Administrative Personnel**

**The administration of the medical school must be effective and appropriate in light of the school's mission and objectives. There must be sufficient administrative personnel to ensure the effective administration of—**

- admissions, student affairs, and academic affairs;

- **hospital and other health facility relationships;**
- **business and planning; and**
- **other administrative functions that the medical school performs.**

**There should not be excessive turnover or long-standing vacancies in medical school leadership, including the dean, vice/associate deans, department chairs and others where a vacancy could have an adverse impact on the educational program.**

Submission

3.3.A. What are your country's requirements regarding how medical schools are administered?

3.3.B What are the staffing levels or medical schools in your country with respect to administration of admissions, student affairs, and academic affairs; hospital and other facility relationships; business and planning; and other administrative functions of the medical school?

3.3.C. What are the turnover rates and vacancy rates for leadership positions in medical schools in your country?

**Standard 3.4: Authority and Qualifications of Chief Academic Officer**

**The chief academic officer of the medical school must be qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care. The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual also must 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.**

Submission

3.4.A. What are the criteria used to determine that the chief academic officer of the medical school has sufficient access to the resources and authority of the university president or other university officials to effectively administer the medical educational program?

3.4.B. Describe the qualifications a chief academic officer must meet and the selection process for the chief academic officer of the medical school.

**Standard 3.5: Affiliated Institutions**

**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.**

**Submission**

3.5.A. What are the criteria for determining that the medical school department heads and senior clinical faculty members have sufficient access to the resources and authority needed to effectively instruct students?

**Standard 3.6: Faculty**

**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—**

- admissions;
- hiring, retention, promotion, and discipline of faculty; and
- all phases of the curriculum, including clinical education.

**Submission**

3.6.A. In what way do faculty members of medical schools participate in decisions related to admissions, the curriculum (including the clinical education portion), and the hiring, retention, promotion, and discipline of faculty?

**Standard 3.7: Remote Sites**

**The accreditation process of a medical school must be for the entire educational program and not individual parts of the program separated geographically from the main campus. No part of the preclinical educational program (basic sciences portion of the program) may be taken outside the comparable country in which the medical school is located.**

**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—**

- **The educational experiences at all geographically separated sites are comparable in experience and quality to those at the main campus.**
- **The faculty in each discipline at all sites is functionally integrated by appropriate administrative mechanisms. The medical education program must be able to demonstrate the means by which the faculty at each instructional site participate in and are responsible for medical student education that is consistent with the objectives and performance expectations established by the course or clerkship leadership.**
- **Mechanisms to achieve functional integration including periodic visits to all instructional sites by the course or clerkship director; regular meetings or electronic communication across sites; consistency in student evaluation at all sites; documented clinical curriculum; periodic faculty performance and course evaluation; sharing of student assessment data; and a mechanism of remediation of any identified deficiencies.**
- **There is consistency in student evaluations at all sites.**

### Submission

3.7.A. Do any of the medical schools in your country offer all or part of the medical education program at geographically separated locations?

3.7.B. If the answer to Question 3.7.A. is “Yes”, what are the requirements the accrediting body applies to the evaluation of the medical school to ensure that the quality of education at geographically separated sites are comparable to the main campus and that students are evaluated in a comparable manner at all sites?

3.7.C. Describe the mechanisms medical schools with remote sites employ to achieve functional integration, such as periodic visits to all instructional sites by the course or clerkship director; regular meetings or electronic communication across sites; consistency in student evaluation at all sites; documented clinical curriculum; periodic faculty performance and course evaluation; sharing of student performance and student assessment data; student evaluation of remote site education; and remediation of any identified deficiencies.

## **PART 4: EDUCATIONAL PROGRAM**

### **Standard 4.1: Program Length**

**The program of medical education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction.**

#### **Submission**

4.1.A. What is the program length requirement (expressed in terms of weeks and calendar years) for the program of medical education leading to the M.D. (or equivalent) degree? Alternatively, if your country is a member of the European Community (EC) and, therefore, subscribes to the EC requirement of 5500 hours for the medical program, please provide documentation that your country is a member of the EC.

### **Standard 4.2: Curriculum**

**The curriculum must—**

- **incorporate the fundamental principles of medicine and its underlying scientific concepts;**
- **allow students to acquire skills of critical judgment based on evidence and experience; and**
- **develop students' ability to use principles and skills wisely in solving problems of health in disease.**

**The curriculum must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on care.**

**At a minimum, the curriculum must provide education in the sciences basic to medicine, including—**

- **up-to-date content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and**
- **laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.**

#### **Submission**

- 4.2.A. What are the requirements related to the basic sciences component of a medical program leading to the M.D. (or equivalent) degree?
- 4.2.B. What subjects does your country require a medical student to include in the basic sciences? Please provide an attachment.
- 4.2.C. What requirements does your country have for the laboratory portion of the basic sciences curriculum?
- 4.2.D. What requirements does your country have for the behavioral science and social science components of a medical program?

### **Standard 4.3: Research, Active Learning, and Service-Learning Opportunities**

**Medical schools are encouraged to make available sufficient opportunities for medical students to participate in research and other scholarly activities of the faculty. The educational program must include instructional programs for active learning and independent study to develop the skills necessary for lifelong learning. Medical schools are encouraged to make available opportunities for medical students to participate in service-learning activities and should encourage and support student participation.**

#### **Submission**

- 4.3.A. Do the medical schools in your country make available sufficient opportunities for medical students to participate in research, independent study, and/or service learning? If so, please describe.

### **Standard 4.4: Clinical Experience**

**A clinical experience must cover a variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, psychiatry, and family medicine.**

**Schools that do not require clinical experience in at least one of these disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.**

**Students' clinical experiences must utilize both outpatient and inpatient settings. Educational opportunities also should be available in multidisciplinary content areas, such as emergency medicine and geriatrics.**

Submission

- 4.4.A. What are your country's requirements related to the clinical sciences component of a medical program leading to the M.D. (or equivalent) degree?
- 4.4.B. What subjects does your country require a medical school to include in the clinical sciences?
- 4.4.C. What are your country's requirements for confirming that medical schools require clinical experience in all of the required disciplines to ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education?
- 4.4.D. How does your country ensure that clinical instruction at medical schools cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care?
- 4.4.E. What are your country's standards for confirming that your country's medical schools' program of clinical instruction is designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine?
- 4.4.F. What are your country's standards for assessing medical schools in the context of their delivery of instruction and experience in patient care provided in both ambulatory and hospital settings?
- 4.4.G. What are your country's standards for assessing medical schools' core (required) clinical clerkship (or its equivalent) that ensure that the clerkship allows the student to undertake a thorough study of selected patients having the major and common types of disease problems representative of the clerkship.

**Standard 4.5: Supporting Disciplines**

**Educational opportunities must be available in the disciplines that support general medical practice, such as diagnostic imaging, clinical pathology, bio statistics, epidemiology, and behavioral sciences.**

### Submission

4.5.A. What requirements does your country place on medical schools regarding the extent and nature of the educational experience the medical school is expected to provide within the M.D. (or equivalent) degree program in disciplines that support the clinical subjects?

### **Standard 4.6: Ethics**

**A medical school must teach medical ethics and human values and require its students to exhibit scrupulous ethical principles in caring for patients, and in relating to patients' families and to others involved in patient care.**

### Submission

4.6.A. What requirements does your country place on medical schools regarding the extent and nature of the educational experience the medical school is expected to provide within the M.D. (or equivalent) program in teaching medical ethics and human values?

4.6.B. What are your country's standards for evaluating the mechanisms a school has in place to monitor and evaluate the success of the instruction in medical ethics and human values?

### **Standard 4.7: Communication Skills**

**There must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.**

### Submission

4.7.A. What are your country's standards and criteria for assessing the extent and nature of the educational experience provided within the M.D. (or equivalent) programs to provide instruction in communications skills?

4.7.B. What are your country's standards for evaluating a medical education program's system to monitor and evaluate the success of its instruction in communication skills?

### **Standard 4.8: Design, Implementation, and Evaluation**

**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.**

**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 must 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.**

#### Submission

4.8.A. What is your country's expectation of the role of faculty in curriculum evaluation?

4.8.B. What are your country's standards, criteria, and mechanism for assessing the role of the medical school faculty in the curriculum evaluation process?

4.8.C. Does your country require each medical school to have its own system for evaluating the effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation? If "Yes", provide specific information about those requirements.

4.8.D. If the answer to question 4.8.C. is "No," does your country mandate the evaluation of the curriculum all medical schools are required to have to be provided by some centralized authority or body? If "Yes" what is the name and authority of that body? Please describe the curriculum evaluation process.

4.8.E. What are your country's requirements related to the design, implementation, and evaluation of a medical school's curriculum?

4.8.F. How is your country assessing the extent to which medical schools in your country use data as part of the school's internal program effectiveness and continuous improvement process?

## **PART 5: MEDICAL STUDENTS**

### **Standard 5.1: Selection and Admissions**

**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 for them to become effective physicians.**

**The faculty of each school must develop criteria and procedures for the selection of students that are readily available to potential applicants and to their advisors.**

**The final responsibility for selecting students to be admitted for medical study must reside with a duly constituted faculty committee.**

**Each medical school must have a pool of applicants sufficiently large and possessing national level qualifications to fill its entering class.**

**The size of the entering class and of the medical student body as a whole should be determined not only by the number of qualified applicants, but also the adequacy of teaching resources.**

#### **Submission**

5.1.A. How are medical schools using students' scores on the MCAT including the number of times the student took the exam, for all students (must separately account for at least all U.S. citizens, nationals, and eligible permanent residents) admitted during the previous calendar year?

5.1.B. How does your country apply this data in your country's evaluation of the quality of the school's admission practices?

5.1.C. What are the requirements for admission to medical school?

5.1.D. Are requirements for admission national standards or are they established by the individual medical schools?

5.1.E. What are your country's requirements regarding the selection and admission of students for medical study?

5.1.F. What are your country's requirements regarding the size of the applicant pool and entering class?

5.1.G. What are your country's requirements regarding the size of the entering class?

**Standard 5.2: Recruiting and Publications**

**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.**

**The catalogue (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. (or equivalent) degree.**

**The medical school must publish the primary language of instruction, and any alternative language of instruction.**

**The medical school must publish and make available to medical students its annual costs for attendance, including tuition, fees, and, if applicable, required health insurance.**

**The medical school must publicize to all faculty and students its standards and procedures for the evaluation, advancement, and graduation of its students.**

**The medical school must publicize its standards for student conduct and procedures for disciplinary action.**

**Submission**

5.2.A. What are your country's requirements or standards for catalogues, publications, and other marketing materials used by the medical school to promote its educational program?

5.2.B How do medical schools publish and make available to students the primary language of instruction, and any alternative language of instruction, and the school's annual costs for attendance, including tuition, fees, and, if applicable, required health insurance?

5.2.C. How do medical schools publicize to all faculty and students the school's standards and procedures for the evaluation, advancement, and graduation of its students?

5.2.D. How do medical schools publicize the school's standards for student conduct and procedures for disciplinary action?

### **Standard 5.3: Student Achievement**

**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.**

**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 clinical clerkships.**

**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.**

#### **Submission**

5.3.A. Does your country set national requirements by which medical schools are to evaluate student achievement? If yes, what are requirements for evaluating student achievement?

5.3.A. In the alternative, are medical schools free to establish their own methods of evaluating student achievement? If yes, how does your country determine if the requirements are adequate?

### **Standard 5.4: Outcomes Data and Student Course Evaluations**

**A medical school must collect and use a variety of outcomes data, including national norms of accomplishment, to demonstrate the extent to which its educational program objectives are being met. Schools should collect outcomes data on student performance during and after medical school as appropriate to document and report on the achievement of the school's educational program objectives. Outcomes data should track all students who enter the program, including students who do not graduate or do not take the United States Medical Licensing Examination (USMLE) exams.**

**It is expected that schools will 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.**

Submission

- 5.4.A. Does your country establish student performance outcomes measures, benchmarks, or requirements for schools, such as acceptable numbers of graduates from the school passing a licensing examination, to determine whether to grant accreditation or approval to that school? If so, what are they? Please describe your collection and use of the data.
- 5.4.B. Do the outcome measures identified in question 5.4.A. encompass all students who enter a medical program, including students who do not graduate or do not take the USMLE exams?
- 5.4.C. What process do medical schools use to collect and use information from students on the quality of courses and clerkships? Does the process include measures such as questionnaires, focus groups, or other structured data collection tools?

**Standard 5.5: 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. A medical school must provide students with effective financial aid and debt management counseling. There should be 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.**

Submission

- 5.5.A. What are your country's requirements for the provision of student services by medical schools? (Examples of other types of student services might include academic advising, counseling and psychological services, disability services, housing and residential services, international student services, student health and health insurance, tutoring, financial aid and debt management counseling, career preparation, etc.)
- 5.5.B. What are the standard immunizations required of students?

**Standard 5.6: Student Records**

**Institutions must have procedures in places to protect the confidentiality of student records, as permitted by law. Students must be permitted to review their records and challenge the accuracy, unless otherwise prohibited by law.**

Submission

5.6.A. Do students have access to their academic records?

5.6.B. What laws (if any) govern student access to records and the confidentiality of student records?

5.6.C. How are students allowed to challenge the accuracy of records?

**Standard 5.7: Student Complaints**

**The medical school must have written policies for addressing student complaints related to the areas covered by the accrediting body's accreditation standards and processes. The 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 may submit complaints not resolved at the institutional level.**

Submission

5.7.A. Does the accrediting body have a written procedure for investigating student complaints pertaining to medical schools? If yes, what is the procedure?

5.7.B. What are the accrediting body's standards or procedures regarding how medical schools must address student complaints?

5.7.C. Does the accrediting body investigate complaints from students against medical schools? If yes, how are students made aware of this?

5.7.D. What types of complaints has the accrediting body received during the past three years, and what were the results of the investigation of those complaints?

**PART 6: RESOURCES FOR THE EDUCATIONAL PROGRAM**

**Standard 6.1: Finances**

**The medical school must have adequate financial resources for the size and scope of its educational program. The school should conduct financial statement audits and share such audits with the appropriate accrediting body.**

Submission

6.1.A. How are medical schools in your country financed?

6.1.B. If your country permits privately owned, and/or for-profit medical schools, what standards does your country have regarding their finances?

6.1.C. What type of access to and review of medical schools' financial records does your country have?

6.1.D. What authority or entity decides on the size and scope of the educational program?

6.1.E. Do medical schools share audited financial statements with the school's accrediting body?

**Standard 6.2: Facilities**

**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.**

The medical school facilities should include—

- **offices for faculty, administrators, and support staff;**
- **laboratories and other space appropriate to conduct research;**
- **student classrooms and laboratories;**
- **lecture halls that are sufficiently large to accommodate all students taking such courses;**
- **space for student use, including space for student study; and**
- **equipment for library and information access.**

**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.**

Submission

- 6.2.A. What are your country's requirements related to the types and quality of facilities a medical school must have? Please describe how these determinations are made.
- 6.2.B. Describe the offices for faculty, administrators, and support staff at medical schools.
- 6.2.C. Describe the laboratories and other research facilities available at medical schools.
- 6.2.D. Describe the facilities at medical schools for instruction and student use, such as classrooms, student laboratories, lecture halls, and space for student study.
- 6.2.E. How do medical students at various sites access current medical resources?
- 6.2.F. Describe the equipment for library and information access at medical schools.
- 6.2.G. If medical schools conduct biomedical research, describe the facilities for the humane care of animals when animals are used in teaching and research.

**Standard 6.3: Faculty**

**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.**

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

Submission

- 6.3.A. What are your country's requirements related to the size of the faculty a medical school is required to have?
- 6.3.B. What are your country's requirements regarding the qualifications for appointment to the faculty?

6.3.C. What are your country's requirements regarding the relationship between the instructional staff at remote sites and clinical locations and the medical school? For example, do you require that clinical site instructors or supervising teachers are members of the medical school faculty?

6.3.D. How is conflict of interest by the faculty between personal and professional interests prevented?

#### **Standard 6.4: Library**

**The medical school must have access to well-maintained brick and mortar or online library and information facilities, sufficient in size, breadth, and depth to support its educational mission and the educational program.**

**The library and other learning resource centers must be equipped to allow students to access information electronically, including self-instructional materials.**

**A professional staff should supervise the library and information data services and provide training in information management skills.**

#### **Submission**

6.4.A. Does your country establish national standards related to the quality of a medical school's library? If yes, what are they?

#### **Standard 6.5: 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.**

#### **Submission**

6.5.A. Does the accrediting body require and receive copies of affiliation agreements between medical schools and clinical teaching sites?

6.5.B. What is required in the affiliation agreement, and who approves the agreement?

6.5.C. Is the accrediting body notified of changes and updates in the overseeing bodies identified in your country's institutions affiliation agreements with hospitals and clinics?

## **PART 7: ACCREDITATION/APPROVAL PROCESSES AND PROCEDURES**

### **Standard 7.1: Onsite Review of School**

The accreditation/approval process includes 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 and 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.

#### **Submission**

7..A. Does the accrediting body conduct an on-site review at a medical school prior to granting it accreditation/ approval? If yes, does the on-site review include a review of the required areas?

7..B. Provide documentation of the application of the on-site review process such as examples of self-study reports and handbooks or guides provided to site evaluators, as well as an example of a site visit report prepared by site evaluators.

7..C. Do the on-site reviews encompass the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the medical school? Please provide documentation for how the accrediting body conducts the evaluation.

### **Standard 7.2: Onsite Review of Clinical Clerkship Sites**

**The accreditation/approval process must include on-site evaluation of a representative sample of core (required) clinical clerkship sites, and such process must ensure timely visits to sites that:**

- **Have experienced a substantial increase or decrease in students;**
- **Have had complaints levied to the accreditor or medical school by students regarding the quality of the clinical experience;**
- **Have affiliation agreements that raise questions or concerns by the accreditor;**  
**or**
- **Does not provide a minimum threshold of experience, as measured through COMLEX, NBME, and SHELF exams, and student evaluations.**

***NOTE:** If an accrediting body is accrediting multiple schools that use a common core (required) 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 accreditation period.*

**Clinical clerkships must be located in institutions that have committed to providing quality supervised instruction, stability of the program, and the necessary resources for the clinical component of the curriculum through formal affiliation agreements, which must be reviewed by the accreditor of the comparable country.**

**If the clinical program is located in the United States or in a comparable third country, the required medical accreditor must have conducted an on-site visit and approved the clinical training program. Such educational programs must be offered in conjunction with the educational programs offered to students enrolled in medical schools in the approved foreign country or in the United States.**

### Submission

7.2.A What are the standards of your country's accrediting bodies for determining when to conduct site visits to clinical clerkship sites?

7.2.B. Describe how formal affiliation agreements in your country provide for quality, supervised instruction; stability of the program; and the necessary resources for the clinical component of the curriculum.

7.2.C. Please describe how your country ensures equivalency of the clinical experience at clinical programs located in the United States or a comparable third country.

### **Standard 7.3: Qualifications of Evaluators, Decision-Makers, Policymakers**

**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, policymaking, and decision-making.**

#### **Submission**

7.3.A. What are the accrediting body's requirements regarding the qualification and training of the individuals who participate in on-site evaluations of medical schools, the individuals who establish the accreditation/approval standards for medical schools, and the individuals who decide whether a specific medical school should be accredited/approved? Please provide samples of training materials.

### **Standard 7.4: 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 also must 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 body 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 accrediting body must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.**

#### **Submission**

7.4.A. How frequently do accredited/approved medical schools undergo periodic reevaluation to determine if they are still in compliance with the standards for accreditation/approval?

7.4.B. What is the accrediting body's process for monitoring accredited medical schools during the accreditation/recognition period to verify their continued compliance with the standards? If the accrediting body requires a report from the medical schools, what information is requested? Please provide a sample of any report the accrediting body requires.

7.4.C. Describe how the record of student complaints received by the accrediting body is used in the agency's re-evaluation or ongoing monitoring of medical schools.

### **Standard 7.5: Substantive Change**

**The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program including the clinical training program, the size of the student body (for example, a 10% change in enrollment in one year or a 20% change in enrollment in three years), change in ownership or control, or resources. The process must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.**

#### **Submission**

7.5.A. If a medical school wants to make a substantive change to its educational programs, including its clinical training programs, or some other aspect of the medical school, what are the accrediting body's requirements and procedures requiring notification of the change to the appropriate entity and review by the entity?

### **Standard 7.6: 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. The accreditation/approval process must include controls against the inconsistent application of the accreditation/approval standards.**

#### **Submission**

7.6.A. What are the accrediting body's policies regarding bias or conflict of interest by persons involved in the accreditation evaluation and decision-making process?

7.6.B. How does your country ensure that those involved in the accreditation/approval decision for a specific medical school do not have a conflict of interest that might prevent them from making an objective decision?

7.6.C. How does your country ensure that your accrediting body's standards for the accreditation/approval of medical schools are applied consistently to all schools that seek that accreditation/approval?

### **Standard 7.7: Accrediting/Approval Decisions**

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

#### **Submission**

7.7.A. What procedures does the accrediting body use to ensure that accreditation/approval decisions are based on the accrediting body's accreditation/approval standards?

7.7.B. What information on the performance of a medical school's graduates does the accrediting body use in reaching decisions on whether or not to grant that school accreditation/approval?

7.7.C. How does your country collect and use data such as performance in post graduate residency programs, licensure exams, specialty exams/certifications, licensure, or other forms of evaluation on all medical school graduates to determine whether to grant accreditation or approval to the school?

7.7.D. Does your country establish student performance outcome standards or benchmarks for schools, such as acceptable numbers of graduates from the school passing a licensing examination, and an acceptable percentage of all students (accounting separately for U.S. students (U.S. citizens, national and eligible permanent residents) graduated during the preceding year that obtained placement in an accredited U.S. post graduate medical training program (Residency) to determine whether to grant accreditation or approval to that school? If so, what are they?

7.7.E. Describe your country's collection and use of the data.