

U.S. Department of Education

Czech Republic: Redetermination of Comparability

Prepared October 2011

**Background**

At its March 1998 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Czech Republic Accreditation Commission (CRAC) to evaluate medical schools were comparable to those used to evaluate programs leading to the M.D. degree in the United States. (The NCFMEA had initially examined the Czech Republic's application during its October 1997 meeting, however, a decision was deferred until more detailed information was received.) In addition, the NCFMEA requested the country to submit periodic reports describing its accrediting activities involving medical schools. Those periodic reports were subsequently submitted and reviewed.

The country appeared before the NCFMEA during its March 2004 meeting for a redetermination of comparability review. However, a decision was deferred pending receipt of additional documentation. During its September 2004 meeting, the NCFMEA determined that the Czech Republic's accreditation process remained comparable to that used in the United States. In addition, a periodic report covering medical school accrediting activities was requested.

Due to the hiatus in NCFMEA meetings, that periodic report was not scheduled to be reviewed until the Committee's spring 2008 meeting. At the request of the Czech Republic, however, the submission and review of that report was delayed until the NCFMEA's fall 2008 meeting.

During the fall 2008 meeting the Czech Republic reported that all seven of its medical schools received continued accreditation until the year 2013. Those currently accredited schools are Palacky University Medical School at Olomouc, Charles University Medical School at Pilsen, Charles University 3rd Medical School at Prague, Charles University 2nd Medical School at Prague, Charles University 1st Medical School at Prague, Masaryk University Medical School at Brno, and Charles University Medical School at Hradec Kralove.

Also during the fall 2008 meeting, the Czech Republic reported that a standardized questionnaire for evaluating the quality of education had been recently developed, thus making it possible to compare medical schools. Furthermore, the country reported that it would start using the new standardized questionnaire as part of its evaluation process during the 2008-09 academic year. As a result, the NCFMEA expressed its desire that the Czech Republic

would discuss that new accreditation instrument in its next redetermination application.

The materials for consideration by the NCFMEA today are for the country's redetermination of comparability.

### **Summary of Findings**

Based on the information provided, it appears that the Czech Republic has an evaluation system that remains substantially comparable to that used to accredit medical schools in the United States.

However, while the Czech Republic has provided significant information regarding the country's quality assurance system standards for medical education, the country provided no documentation of its implementation of the quality assurance process. The NCFMEA may wish to request, as it has of other countries, that the Czech Republic provide the Committee with documents that reflect its application of its quality assessment process, such as program evaluation reports, letters, decision meeting notes, etc.

In addition, the NCFMEA may wish to seek additional information regarding the applicant pools available to medical schools, the comparison of medical schools, the evaluation of clinical facilities, the planned standardized questionnaire, the evaluation of annual reports, and plans to obtain and share information on the success of medical school graduates.

### **Staff Analysis**

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

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

###### **Country Narrative**

The Czech Republic Parliament amended its Higher Education Act (HEA) by resolution on April 22, 1998. Under Section 78(1) of HEA, the Ministry of Education, Youth and Sports (Ministry) is the entity designated to grant accreditation in the country. The HEA has delegated the responsibility for evaluating the quality of higher education to the Czech Republic Accreditation Commission (CRAC). The CRAC does not have the authority to grant accreditation, but functions as an advisory body which makes recommendations on institutional and medical program accreditation to the Ministry. In addition, the approval of the Ministry of Health on the accreditation of medical education programs is required before the Ministry of Education, Youth and Sports may

make a final accreditation decision.

### **Analyst Remarks to Narrative**

According to the “working translation” (Exhibit 1) of the country’s Higher Education Act (HEA), if a degree program is not accredited by the Ministry then it is not possible to admit applicants or to hold classes (cf. Sec 78 #1 & 2). The “Doctor of Medicine” program is specifically listed (cf. Sec 46 #4c). Furthermore, unless otherwise noted in the HEA, the Ministry/Minister refers to the Ministry/Minister of Education, Youth and Sports (cf. Sec 10 #2).

The relationship between the Ministry and the Czech Republic Accreditation Commission (CRAC) is presented in the HEA. The Minister nominates all the members of CRAC but their actual appointment is done by the government (cf. Sec 83 #1). Representative bodies of higher education institutions are expected to submit recommendations to the Minister for membership on CRAC (cf. Sec 92 #4). In addition, the HEA allows for CRAC to establish advisory working groups, composed of persons corresponding to the degree program under review, to prepare “high-quality background materials for its sessions” (cf. Sec 83 #7). The country’s application notes that the Permanent Working Group for Medicine and Health Sciences (PWG), which actually conducts the medical school on-site visits, is a standing work group created by CRAC. Authority to establish the PWG is found in the “Statute of the Accreditation Commission” (cf. Exhibit 2, Art 3 #3 & Art 6 #1a).

The section on private higher education institutions indicates that prior to making its final decision on an applicant institution’s request for state approval, the Ministry asks CRAC for its “standpoint” (cf. Sec 39 #7). That “standpoint,” however, must be “affirmative” or the Ministry will not grant approval (cf. Sec 39 #8a). CRAC may also ask the Ministry to revoke the accreditation of an institution when justified (cf. Sec 85 #4).

Elsewhere in the HEA, it is noted that the Ministry can ask CRAC to reconsider or “renew the procedure for issuing its standpoint” if the Ministry learns that any of the facts were incorrect that led to the initial negative standpoint (cf. Sec 79 #8). The HEA requirements on the accreditation of habilitation procedures (for initial appointment of associate professors), and of procedures for professor appointments, also specify that a negative standpoint from CRAC prevents the Ministry from granting that particular type of accreditation as well (cf. Sec 82 #6d).

The Ministry of Health also has a limited role in the accreditation of an institution. When discussing the accreditation of a degree program in the field of health services, the HEA specifies that the “standpoint of the Ministry of Health with respect to the possible employment of graduates in this field is also required (cf. Sec 79 #1e).

However, it is not clear whether the Ministry of Health’s “standpoint” must always

be “affirmative” in order for the Ministry of Education, Youth and Sports to accredit the degree program. In reference to this particular type of standpoint, the HEA notes that the Ministry of Education, Youth and Sports will “inform” the Ministry of Health regarding its decision to grant accreditation to the health services program (cf. Sec 87s).

The NCFMEA may wish to seek additional information on the following:

-- Must the Ministry of Health’s “standpoint” always be “affirmative” in order for the Ministry of Education, Youth and Sports to accredit the degree program?  
[Part 1, Section 1: Approval of Medical Schools, Q1]

### **Country Response**

The Ministry of Health "standpoint" must be "affirmative" in order for the Ministry of Education, Youth and Sports to accredit the degree programs in the field of health services.

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed the necessity of a positive recommendation from the Ministry of Health.

Staff Conclusion: Comprehensive response provided

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## **Section 1: Approval of Medical Schools, Question 2**

### **Country Narrative**

Yes, the entities sub 1) regulate the certification of the medical schools in the Czech Republic.

### **Analyst Remarks to Narrative**

According to the HEA, although the terms certification or licensure are not typically used, there is no entity ultimately responsible for medical schools other than the Ministry of Education, Youth and Sports (hereafter, Ministry). In addition, the Ministry relies on the recommendation of CRAC regarding a medical school before the Ministry’s decision is finalized.

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## **Section 1: Approval of Medical Schools, Question 3**

### **Country Narrative**

The Ministry of Education, Youth and Sports.

Documentation to Section 1:

Exhibit 1: The Higher Education Act Sections 78, 83-86

### **Analyst Remarks to Narrative**

As previously discussed, only the Ministry can close a medical school.

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## **Section 2: Accreditation of Medical Schools**

### **Country Narrative**

The CRAC has created a standing work group, the Permanent Working Group for Medicine and Health Sciences that conducts the medical school on-site visits. In addition to evaluating higher education institutions and the quality of the institution's accredited study programs, the CRAC also publishes the results of its evaluations, assesses other issues pertaining to the system of higher education presented to it by the Ministry and expresses its opinion over these issues.

Documentation to Section 2:

Exhibit 1: The Higher Education Act Sections 83-86

### **Analyst Remarks to Narrative**

CRAC conducts in-depth evaluations of each medical school through its Permanent Working Group for Medicine and Health Sciences. In turn, CRAC reports its recommendation on the medical school to the Ministry, which makes the final decision in conformity with the CRAC recommendation.

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

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

### **Country Narrative**

In the Czech Republic, the HEA authorizes higher education institutions and their subparts (faculties, schools, institutes, etc.) to establish, among other things, their objectives, their internal organizational structure, and self-government regulations. Therefore, all of the medical schools have internal regulations specific to their educational programs, an internal governing structure, and a mission congruent with that of the institution of higher education in which they are located. The Ministry of Education, Youth and Sports issued Decree 42 on February 10, 1999, requiring an application for study program accreditation to have, among other things, objectives that have a reasonable

connection to the scientific, research, developmental, artistic or other creative activity of the institution, a demonstrated social need, and articulated opinions of professional associations, legal entities, and persons interested in employing graduates. All professional program applications should include the economical, social, and demographical characteristics of the regional area, where the institution is located.

### **Analyst Remarks to Narrative**

The country's application points to a decree published by the Ministry that requires an accreditation applicant to show that its objectives have a reasonable connection to the scientific, research and developmental activities of the institution, a demonstrated social need, and articulated opinions of professional associations, legal entities, and persons interested in employing graduates (cf. Exhibit 3 - Ministry Decree 42). Elsewhere in the country's application it is apparent that the faculty is expected to develop all aspects of the educational experience, which would include the objectives. However, there is no stated expectation in the supplied materials that those objectives should be expressed in outcomes-based terms.

The NCFMEA may wish to seek additional information on the following:

-- Does the Ministry expect an accreditation applicant's objectives to be expressed in outcomes-based terms? [Part 2, Section 1: Mission and Objectives, Q1]

### **Country Response**

The Ministry expects the accreditation applicant's objectives to be expressed in outcomes-based terms.

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that the objectives are to be expressed in outcomes-based terms.

Staff Conclusion: Comprehensive response provided

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## **Section 1: Mission and Objectives, Question 2**

### **Country Narrative**

The CRAC requires that medical school graduates be prepared to enter a specialized postgraduate medical education program, to qualify for a license in various specializations, to provide competent medical care and to have an education background for continuous medical education. Upon graduation from a master's study program in medicine that includes a rigorous state

examination, the "Doktor medicíny (i.e. "Doctor of Medicine," abbreviated as MUDr.) is awarded in the field of medical studies. The Czech Parliament passed the Harmonization Law of March 3, 2004 (Act No. 95/2004 Coll.) which specifically sets forth requirements for the education, specialization, professional certification and continuing education of the members of the health professions in order to make them compatible with European Union Directives (the Czech Republic became a member of European Union on May 1, 2004). Article 4, Section 1 of Act. No. 95/2004 Coll. (Harmonization Law) specifies that a program leading to the practice of medicine must take place in an accredited program of master's medical studies of at least six years' duration.

Documentation to Section 1:

Exhibit 1: The Higher Education Act Section 6(1)(f)

Exhibit 2: The Statute of the Accreditation Commission Article 1

Exhibit 3: 42 Decree issued by Ministry of Education, Youth and Sports  
Sections 9 and 10

Exhibit 7: Act No. 95/2004 Coll. (Harmonization Law) Article 4(1)

Exhibit 9: Studies and Examination Regulations of Charles University in  
Prague

Exhibit 10: Rules for Organization of Studies of the First Faculty of  
Medicine

### **Analyst Remarks to Narrative**

The country's application points to generic passages in the HEA and CRAC Statutes, a parliamentary law intended for harmonizing Czech and European Union expectations, and the regulations that one school has adopted for its own operations. However, none of these documents refer to the country's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care.

The NCFMEA may wish to seek additional information on the following:

-- What document contains the Czech Republic's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care? [Part 2, Section 1: Mission and Objectives, Q2]

### **Country Response**

Standards of Accreditation of Medical Schools programs (Exhibit 5), Section 4.

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that the requirements related to licensure and quality care are found in Section 4 of the country's standards.

Staff Conclusion: Comprehensive response provided

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## **Section 2: Governance, Question 1**

### **Country Narrative**

All medical school study programs in the Czech Republic are accredited and authorized by the Ministry of Education, Youth, and Sports (Ministry). This Ministry will only authorize an institution to provide a medical education study program if recommended by the Czech Republic Accreditation Commission (CRAC), and approved by the Ministry of Health after determining the possibility of graduates obtaining employment in health sciences. Each of these Ministries represents external authorities with interest in the medical schools and the public.

### **Analyst Remarks to Narrative**

The Ministry, through its CRAC in concert with its working group for medical schools, requires and provides for the legal authorization needed to provide a program of medical education. In addition, those entities work together ensuring that the management of the medical school remains accountable to them. The Ministry is the sole entity that can grant the legal authorization for a medical school to operate.

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## **Section 2: Governance, Question 2**

### **Country Narrative**

All medical schools in the Czech Republic are parts of the university in which they are housed and not separate legal entities. Therefore, external accountability also lies within the framework of the university hierarchy. The Dean heads the medical school, and makes and acts on decisions in all matters pertaining to the medical school. However, the Dean reports to and accounts to the Rector or head of the university.

Documentation to Section 2:

Exhibit 1: The Higher Education Act Sections 6-9, 20, 23-28, 70

### **Analyst Remarks to Narrative**

The country's application notes that accountability for the administrators of medical schools is overseen by the university of which the medical school is a constituent part. The application states that there are no separate medical schools in the Czech Republic. Therefore, the medical school would be under the authority of the university, which is in turn responsible to the Ministry.

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## **Subsection 3.1: Administrative Personnel and Authority, Question 1**

### **Country Narrative**

The Higher Education Act (Section 33) requires institutions and the schools within them to develop self-governance internal regulations. An institution's academic community consists of the academic staff and the students. The academic community is responsible for managing admissions, student affairs, academic affairs, hospital and other health facility relations, business and planning and other administrative functions. The internal regulations that a medical school may develop to manage its affairs include study and examination rules, scholarship rules, electoral rules and rules of procedure of the Academic Senate of the medical school, rules of procedure of the Scientific Board of the medical school, and disciplinary rules for students. These independent academic bodies of the medical school include:

The Academic Senate of the medical school;  
The Dean;  
The Scientific Board of the medical school;  
The Disciplinary Commission of the medical school.

The Academic Senate of the medical school is the independent representative of the academic body. It consists of at least nine members elected by the academic staff of the school. At least one third and no more than half of this body includes students. The Academic Senate of the medical school performs the following tasks:

Approves the allocation of the school's financial resources and supervises their use;

Approves the annual report on activities and the annual report on economic management of the school presented to it by the Dean;

Approves conditions of admission to studies in the study programs provided by the school;

Approves proposals of the Dean for nominating or dismissing members of the Scientific Board and the Disciplinary Commission of the School;

Resolves proposals for nominating or dismissing the Dean;

Approves, in conjunction with the Scientific Board of the School, long-term plans in the areas of educational, scholarly, research, developmental, artistic or other creative activity of the school that complies with long-term plans of the higher education institution.

The Dean makes all decisions affecting the operation of the medical school. Regarding admissions, however, the teaching faculty may participate in developing the medical school's entrance examination questions. A member of the teaching faculty may have more input on the medical school administrative responsibilities by voting for particular members who serve on the Academic Senate of the School or by running for membership.

The members of the Scientific Board of the School (Scientific Board) are appointed and dismissed by the Dean. The members of the Scientific Board are

representatives of the medical fields that are the focus of educational, research, development, artistic or other creative activity of the school. At least one third of the Scientific Board members are not current members of the academic community within the school. The Scientific Board responsibilities include: Discussion of the long-term plans of the school in the area of educational, scholarly, research, developmental, artistic or other creative activity in compliance with the long-term plans of the public higher education institution; Approves the study programs that the school will provide; Develops the procedures for obtaining "venium docendi" (habilitation of associate professors) and procedures for the appointment of professors.

The Disciplinary Commission of the medical school includes members of academic community and medical students who represent no more than one half of the members of the Disciplinary Commission. The Dean appoints all members of the Disciplinary Commission. The Disciplinary Commission of the medical school reviews disciplinary actions of students enrolled in the medical school and presents the Dean with proposals for resolution.

### **Analyst Remarks to Narrative**

The Czech Republic's application indicates that a strong requirement for self-governance is central to the country's approach to these matters, and that all these administrative matters are handled internally by the school. However, the HEA passage cited by the application (cf. Sec 33) is solely concerned with the faculty, and would appear to indicate that the faculty is responsible for organizing all approaches and responses to administrative matters. The application narrative also supports that whatever approaches are used in a school are ultimately the responsibility of the faculty and those with designated positions of authority who are connected in some way to the faculty.

The NCFMEA may wish to seek additional information on the following:

-- What document covers the specific responsibilities of the various administrative positions? [Part 2, Subsection 3.1: Administrative Personnel and Authority, Q1]

### **Country Response**

The Higher Education Act (Exhibit 1) Section 32 (1) reads: The Faculty Bursar is responsible for the financial management and internal administration of the Faculty (i.e. medical school) to the extent determined by the Dean. The document Standards for Accreditation of Medical Schools Programs (Exhibit 5) specifies on page 2: Section 3. Administration the role of the Faculty Bursar and the Chief Economist of the Faculty (i.e. medical school).

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that Section 32 of the Higher Education Act identifies the Faculty Bursar as the one responsible for financial management and administration of the faculty as permitted by the Dean. In addition, Section 3 of the country's Standards provides additional information regarding the administrative role of the medical school's Faculty Bursar and Chief Economist.

Staff Conclusion: Comprehensive response provided

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### **Subsection 3.1: Administrative Personnel and Authority, Question 2**

#### **Country Narrative**

The Higher Education Act (Section 28) defines the authority of the Dean of the Faculty.

The Dean is the head of the Faculty. If not otherwise stipulated by the Act, the Dean acts and makes decisions in all matters pertaining the Faculty. The Dean is appointed and dismissed by the Rector upon a proposal of the Academic Senate of the Faculty.

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

As previously discussed, the application stresses the overall authority of the faculty in the administration of the school. The Dean is the head of the faculty, and except for grave instances, cannot be dismissed without the approval of the Academic Senate (cf. HEA Sec 28 #1, 2 & 3). In addition, the medical school Dean's responsibilities are still exercised within the overall purview of the entire university.

Elsewhere in the application, it is indicated that the Academic Senate "approves the allocation of the school's financial resources and supervises their use." However, the application did not discuss how the financial resources of the medical school may be affected by the resources and needs of the entire university.

The NCFMEA may wish to seek additional information on the following:

-- How may the financial resources of the medical school be affected by the resources and needs of the entire university? [Part 2, Subsection 3.1: Administrative Personnel and Authority, Q2]

#### **Country Response**

The Higher Education Act (Exhibit 1) specifies in Section 9 (1) (c) the role of The Academic Senate of a public higher education institution (University). It approves the budget of the higher education institution (University), which is submitted by the Rector, and monitors the financial management of the higher education institution (University). Standards for Accreditation of Medical Schools Programs (Exhibit 5) in Section 6, Finances describes that the Faculty (i.e. medical school) is financed by the State Budget through the Ministry of Education and through the University Rector's (President ) Office.

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that the Academic Senate approves and monitors the budget. And as noted in another response, the Academic Senate does include representatives of the medical faculty.

Staff Conclusion: Comprehensive response provided

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### **Subsection 3.1: Administrative Personnel and Authority, Question 3**

#### **Country Narrative**

Section 93 of the Higher Education Act states the following regarding teaching hospitals:

(1)

Clinical as well as practical instruction in the field of medicine ... and other branches of health services takes place particularly in teaching hospitals. These hospitals perform scholarly, research and developmental activities as well.

(2)

Details of the arrangement are provided in special regulations.

The Higher Education Act also defines the discretionary powers of the individual faculties of the schools regarding the right to make decisions involving:

Design and implementation of study program;

Objectives and organization of scholarly, research, developmental, artistic or other creative activity;

Relations between an employer and an employee;

Procedures for obtaining "venium docendi" (habilitation) and procedures for the appointment of professors;

International relations and activities;

Constitution of independent academic bodies of the faculty and internal organization of the faculty;

Utilization of allocated financial means.

Documentation to Subsection 3.1:

Exhibit 1: The Higher Education Act Sections 27(e), 33, 72(1), 93

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

As previously noted, the faculty (including department heads) exercises its authority through the Academic Senate, which “approves the allocation of the school's financial resources and supervises their use.” However, as also previously noted, the application did not discuss how the financial resources of the medical school may be affected by the resources and needs of the entire university.

The NCFMEA may wish to seek additional information on the following:

-- How are the financial needs of the medical school balanced within the resources and needs of the entire university? [Part 2, Subsection 3.1: Administrative Personnel and Authority, Q3]

### **Country Response**

The financial needs of the medical school (Faculty) are balanced within the resources and needs of the entire University by the decision of the Academic Senate of the University, where the medical school (Faculty) has its elected representatives.

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that the Academic Senate, which contains medical school faculty representatives, approves and monitors the use of university resources.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.2: Chief Academic Official, Question 1**

### **Country Narrative**

The chief academic official of a medical school is the Dean of the Faculty. The requirements for the position of the Dean are defined in the Statutes of the Medical Faculties. As a rule the Dean is elected by the Academic Senate of the Faculty from Professors and Associate Professors of the Faculty who possess sufficient (at least five years) experience in teaching at the Faculty.

### **Analyst Remarks to Narrative**

Each medical school sets out its own expectations and requirements for the Dean of the medical school, who is also its chief academic official. The country's application notes that the Dean is generally selected from among the faculty members who have taught at least five years.

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## **Subsection 3.2: Chief Academic Official, Question 2**

## **Country Narrative**

Under Section 28 of the Higher Education Act the Dean is appointed and dismissed by the Rector upon a proposal of the Academic Senate of the Faculty. The Act permits a Dean to serve a four-year term of office of not more than two consecutive terms.

Documentation to Subsection 3.2:

Exhibit 1: The Higher Education Act Section 7(1) and 7(2), Sections 17-21, Sections 23-33, Section 28

## **Analyst Remarks to Narrative**

The medical school's Academic Senate, which represents the faculty, makes a proposal to the university rector who then makes the actual appointment. The HEA permits a term of four years with a limit of two consecutive terms.

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## **Subsection 3.3: Faculty**

### **Country Narrative**

The Dean of a medical school makes all administrative decisions regarding admissions to a medical school. The decisions include establishing the admissions criteria regarding the number of applicants admitted for the academic year, the conditions of admission, the selection of applicants, the time limit to submit applications, the form and terms of entrance examinations, and the evaluation of the results of the admission procedure. According to the Higher Education Act, Section 27(1 )(e) the Academic Senate of the school approves the conditions of admission to study. The internal regulations of any school, including a medical school, fall within its self-governing competence established in the provisions of the Higher Education Act under Section 33(1). However, the procedures for each medical school may differ. For example, all medical schools adhere to the Deans admissions criteria. However, one medical school may use a scoring system for admissions as specified by the Dean. The institutional internal regulations may authorize the medical school to limit the number of applicants admitted based on the size of the medical school and the particular programs offered. Selection criteria may include the score received on the entrance examination that tests the applicant's knowledge, verification of the applicant's documents, and submission of a timely application and payment of fees. The medical school publishes the scores and gives the applicant access to the documents to review for errors. Any appeal an applicant takes regarding admission to studies is regulated by the Admission Regulations of the University. All decisions regarding hiring, retention, promotion, and discipline of the academic staff (teaching faculty) are done by the Dean of the medical school. However, the Dean will consider recommendations from established academic staff committees prior to making a decision.

Documentation to Subsection 3.3:

Exhibit 1: The Higher Education Act Sections 27(1)(e), 33(1) and 48-53

### **Analyst Remarks to Narrative**

The Dean makes all decisions that concern admissions, however, the Academic Senate of the school first approves the conditions of admission to study (cf. HEA Sec 27 #1e). Furthermore, the application notes that each school may differ in its approach to admissions based on its use of scoring systems, and limitations imposed by the size of the school. In addition, the application notes that the student selection criteria may include the score received on the entrance examination, verification of documents, and timely submission of the application and fees. The application also notes that the medical school publishes the scores and gives applicants opportunities to appeal.

Although all decisions regarding hiring, retention, promotion and discipline of faculty are made by the Dean, the Dean is expected to consider recommendations from established academic staff committees prior to making a decision. In addition, as noted elsewhere, the faculty is deeply involved in all the aspects of the educational program.

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### **Subsection 3.4: Remote Sites**

#### **Country Narrative**

Each medical school response denied that any one of them maintained a branch campus or location geographically separate from the main medical school. Specifically, one medical school indicated that any provision for a branch campus would have to be included in the "Statute of the Faculty," under the section describing the organizational parts of the faculty and no faculty statute contained this provision.

Higher Education Act Section 93, refers to teaching hospitals and states that "clinical as well as practical instruction in the field of medicine, pharmacy and other branches of health services takes place particularly in teaching hospitals." Decree No. 394/1991 of the Ministry of Health of the Czech Republic entitled the "Statute, Organization and Activities of Teaching Hospitals and other Hospitals, Selected Specialized Therapeutic Institutes and Regional Sanitation Clinics" indicates that the authorities over these facilities fall within the scope of the Ministry of Health. However, the heads of the clinical departments are selected by public competition and appointed for a defined period of time by the joint agreement of the Minister of Education and Minister of Health. The teaching staff of the clinical departments of teaching hospitals are members of the medical faculties. Medical schools have contracts with the respective teaching hospitals geographically linked to their main locations.

Documentation to Subsection 3.4:  
Exhibit 1: The Higher Education Act Section 93

**Analyst Remarks to Narrative**

None of the medical schools operate a geographically separate campus.

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**Subsection 4.1: Program Length, Question 1**

**Country Narrative**

The length of the training in all of the medical schools in the Czech Republic covers six years, or twelve semesters, offered during the winter and summer. The medical education program incorporates lectures, tutorials, and practicum training. Upon completion of the program the academic degree "doctor of medicine" (abbreviation MUDr. before name) is awarded to the University graduates of study in the master's study programs.

**Analyst Remarks to Narrative**

Medical training takes place over six years or twelve semesters.

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**Subsection 4.1: Program Length, Question 2**

**Country Narrative**

The Czech Republic became a member of the European Union on May 1, 2004. The Czech Parliament passed the Harmonization Law of March 3, 2004 (Act No. 95/2004 Coll.) which specifically sets forth requirements for the education, specialization, professional certification and continuing education of the members of the health professions in order to make them compatible with European Union directives. Article 4, Section 1 of the Harmonization Law specifies that a program of study leading to the practice of medicine must take place at an accredited program of master's medical studies of at least six years' duration.

Documentation to Subsection 4.1:  
Exhibit 4: Studies Curriculum - Charles University in Prague - First Faculty of Medicine  
Exhibit 7: Act No. 95/2004 Coll. (Harmonization Law) Article 4(1)

**Analyst Remarks to Narrative**

The country is a member of the European Union and requires that the program of medical studies must be at least six years in length.

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## **Subsection 4.2: Curriculum, Question 1**

### **Country Narrative**

The general medicine education program covering the basic theoretical disciplines is offered by all of the medical schools in the Czech Republic. The basic disciplines are taught during the first four terms of the first two years of the medical education program. The third and fourth years of study are devoted to pre-clinical disciplines and the introduction to clinical medicine that includes internal and surgical procedures. In the fifth and sixth years, the medical curriculum exclusively covers clinical disciplines. All of the medical schools have their own curricula, but the curricula of all the schools are similar, with only minor differences in specific areas.

### **Analyst Remarks to Narrative**

The country notes that the basic disciplines are covered by each of its medical schools in a similar manner over the six-year period of training.

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## **Subsection 4.2: Curriculum, Question 2**

### **Country Narrative**

The basic sciences curriculum content includes biophysics and biostatistics, biology and genetics, chemistry and biochemistry, anatomy, histology and embryology, physiology, medical computer science, patient care, first aid, medical ethics and philosophy, and preventative medicine, among others. Teaching focuses on a detailed knowledge of the structural and functional relationships of the human body from the molecular level to the level of organs and systems. The third and fourth years of study are devoted to pre-clinical disciplines such as pathological anatomy, pathophysiology, microbiology, immunology, and pharmacology.

### **Analyst Remarks to Narrative**

The country has provided the list of subjects covered in its narrative and has provided a sample school's outline as documentation.

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## **Subsection 4.2: Curriculum, Question 3**

### **Country Narrative**

All the basic sciences subjects have an obligatory component of practical exercises which covers approximately 50% of the time allocated to the subject. All these subjects are finished by an examination including the laboratory part.

Documentation to Subsection 4.2:

Exhibit 4 : Studies Curriculum - Charles University in Prague -  
First Faculty of Medicine

### **Analyst Remarks to Narrative**

The country reports that 50 percent of the time spent covering the basic sciences consists of practical exercises.

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### **Subsection 4.3: Clinical Experience, Question 1**

#### **Country Narrative**

Clinical Science subjects, which conclude with the final state examination of the master six years' study program, having both oral and practical parts, are: internal medicine, surgery, gynecology and obstetrics, pediatrics, preventive medicine and hygiene. Other clinical subjects included in the curricula of all schools are: propaedeutics of internal medicine and surgery, neurology, psychiatry, dermatovenereology, dentistry, ophthalmology, otorhinolaryngology, infectious diseases and epidemiology, oncology and radiotherapy, family medicine.

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

The country lists the following topics as basic to the final state examination: internal medicine, surgery, gynecology and obstetrics, pediatrics, preventive medicine and hygiene. Additional subjects taught at all schools include: propaedeutics of internal medicine and surgery, neurology, psychiatry, dermatovenereology, dentistry, ophthalmology, otorhinolaryngology, infectious diseases and epidemiology, oncology and radiotherapy, family medicine.

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### **Subsection 4.3: Clinical Experience, Question 2**

#### **Country Narrative**

The sixth year of master study program of general medicine is entirely devoted to a clinical and hospital practice and practice in outpatient departments in the University Hospital. The sixth year courses involve bedside practice in the following subjects: internal medicine, surgery, gynecology and obstetrics, pediatrics and in preventive medicine and hygiene. The sixth year instruction in the above subjects is completed by the final state exams.

Clerkships:

During the eleventh and twelfth semesters, medical students in the medical schools in the Czech Republic take courses geared toward clinical and hospital practice and practice in outpatient departments that may include: clinical practice in internal medicine, surgery, neurology, psychiatry, obstetrics and gynecology, pediatrics, epidemiology, orthopedics, hygiene and social medicine, exercise and sports medicine, among others. Upon completion of the required practical, the student takes a final examination.

All curricula for each of the medical schools in the Czech Republic require students to participate in a variety of clinical subjects. In the sixth year of training, the total teaching time is dedicated to the main clinical subjects without lectures, and following each rotation, the student takes a final state examination. The clinical subjects offered by the medical schools include a variety of clinical specializations. For example, one medical school requires the student to take the following clinical subjects:

Internal Medicine

Nephrology two weeks

Hematology two weeks

Rheumatology one week

Clerkship before the state exam nine weeks

Surgery

Clerkship before the state exam six weeks

Pediatrics

Clerkship before the state exam six weeks

Obstetrics and Gynecology

Clerkship before the state exam four weeks

Clinical Neurology and Psychiatry two weeks

Urology two weeks

Primary Care two weeks

Other medical schools require clinical and hospital practice courses offered in the sixth year that correspond with the course listed above.

Permanent Working Group for Medicine and Health Sciences (PWG) of CRAC has designed Standards for Accreditation of Medical School Programs approved by CRAC in 1998. On the basis of these standards all of the medical schools in the country were evaluated by CRAC and its PWG during the years 1998/1999 and again 2005/2006.

### **Analyst Remarks to Narrative**

The country's narrative provides more detail, but in summary, the sixth year of study is entirely devoted to clinical and hospital practice.

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### **Subsection 4.3: Clinical Experience, Question 3**

#### **Country Narrative**

Coverage of all organ systems is essential for all clinical subjects, especially for the subject Internal Medicine. Curriculum of one medical school prefers an integrated approach of theoretical and clinical instruction, where the organ oriented and problem based approach is dominant, whereas others prefer a more systematic way of instruction in individual clinical subjects and in the respective clerkships. One medical school applies following system of clerkships of Internal Medicine in the University Hospital during the fifth year of the general medicine program:

Cardiology four weeks

Gastroenterology three weeks

Endocrinology and Metabolism three weeks

Tuberculosis and Pulmonary Diseases one week

Nephrology two weeks

Rheumatology one week

Hematology two weeks

Infectious Diseases three weeks

The subject Internal Medicine starts already in the third year of the study program with the subject Propedeutics in Internal Medicine

In the fourth year there are following clerkships:

Primary Care one week

Geriatrics one week

Infectious Diseases three weeks

Occupational Diseases one week

In the sixth year there are following clerkships:

Primary Care two weeks

Emergency Medicine two weeks

Internal Medicine - clerkship before final state examination three weeks

During the state examination, which includes also the practical part, the integrated approach prevails, stressing also acute, chronic, preventive and rehabilitation care. Acute care is also treated in the subjects Primary Care and Emergency Medicine, chronic, continuing and rehabilitative care in the subjects Geriatrics and Rehabilitation and preventive care in the subjects Hygiene and Epidemiology.

### **Analyst Remarks to Narrative**

The country narrative and documentation covers the typical breakdown of weeks dedicated by the medical schools ensuring that the organ systems are adequately covered.

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### **Subsection 4.3: Clinical Experience, Question 4**

#### **Country Narrative**

Whereas knowledge and skills are described in the curricula of individual subjects of the study program, each medical school in the Czech Republic is aware of the ethical, behavioral and socioeconomic aspects pertinent to medicine. They are not only part of everyday program of teaching and education in the relationships of teacher/student and student/patient, but also parts of the subjects Medical Ethics and Philosophy, Medical Psychology and Psychotherapy, National Health Services and Medical Law.

### **Analyst Remarks to Narrative**

Those aspects are covered in the following subjects: Medical Ethics and Philosophy; Medical Psychology and Psychotherapy; and National Health Services and Medical Law.

---

### **Subsection 4.3: Clinical Experience, Question 5**

#### **Country Narrative**

The subject Patient Care is taught individually as a bedside training under the supervision of qualified nurses at the beginning of the study program, in the first or second year of studies in the University Hospital, but also as a three-week summer clerkship in a selected hospital out of the University campus.

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

Patient care is learned under nurse supervision during the first or second year of training, and also as a summer clerkship.

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### **Subsection 4.3: Clinical Experience, Question 6**

#### **Country Narrative**

Students of the study program General Medicine obtain the List of Practical Skills (Log book) on the day of enrolment to the second year. Students are obliged to fulfill all requirements from this list of practical skills during clerkships and have it signed. This will be checked and classified before the last part of state exam in the sixth year in the subject "Minimum of Practical Skills." Curricula of all subjects offer the possibility to the students to get acquainted with the major and common types of disease problems.

Documentation to Subsection 4.3:

Exhibit 4: Studies Curriculum - Charles University in Prague -  
First Faculty of Medicine

Exhibit 5: Standards for Accreditation of Medical Schools  
Programs

## **Analyst Remarks to Narrative**

Students are provided with a log book for documenting their experience with the various required practical skills.

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### **Subsection 4.4: Supporting Disciplines**

#### **Country Narrative**

Disciplines that support the clinical subjects are:

Radiology (imaging methods)

Clinical Biochemistry

Nuclear Medicine

Forensic Medicine

Sports Medicine

Primary Care

First Aid

In the preclinical part of studies during the third and fourth years:

Pathology

Pathophysiology

Pathobiochemistry

Microbiology

Immunology

Pharmacology

Medical Psychology

Each subject is closed by a final examination.

Documentation to Subsection 4.4:

Exhibit 4: Studies Curriculum - Charles University in Prague -

First Faculty of Medicine

Exhibit 5: Standards for Accreditation of Medical Schools

Programs

## **Analyst Remarks to Narrative**

The country narrative provided the extensive list of supporting disciplines covered by the medical degree program.

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### **Subsection 4.5: Ethics, Question 1**

#### **Country Narrative**

Medical schools in the Czech Republic have following subjects as parts of their curricula:

Medical Ethics

Medical Psychology and Psychotherapy

Medical Philosophy

Social Medicine

Medical Law

Each subject is closed by a final examination.

### **Analyst Remarks to Narrative**

Medical ethics and human values are covered in the curricula within the following subjects: Medical Ethics, Medical Psychology and Psychotherapy, Medical Philosophy, Social Medicine, and Medical Law.

---

### **Subsection 4.5: Ethics, Question 2**

#### **Country Narrative**

Medical schools in the Czech Republic have their Specialized Boards as parts of their Statutes and the Dean's Advisory Bodies:

Education Board

Evaluation Board

Disciplinary Board

These Boards regularly monitor and evaluate, among other issues, the success of the instruction in medical ethics and human values.

Documentation to Subsection 4.5:

Exhibit 4: Studies Curriculum - Charles University in Prague -  
First Faculty of Medicine

Exhibit 5: Standards for Accreditation of Medical Schools  
Programs

### **Analyst Remarks to Narrative**

The required monitoring is conducted by a number of specialized bodies as part of their official obligations.

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### **Subsection 4.6: Communication Skills, Question 1**

#### **Country Narrative**

Communication skills are taught as a part of the subjects Medical Psychology and Psychotherapy, Medical Ethics and Philosophy and Primary Care.

### **Analyst Remarks to Narrative**

The required skills are taught within Medical Psychology and Psychotherapy, Medical Ethics and Philosophy, and Primary Care.

---

### **Subsection 4.6: Communication Skills, Question 2**

#### **Country Narrative**

The fact that all examinations at the medical schools in the Czech Republic have an oral component strongly supports the importance of the teaching of communication skills in the overall curriculum and enables its monitoring and evaluation, which is also a part of the activity of the Specialized Boards: Education Board and Evaluation Board.

Documentation to Subsection 4.6:

Exhibit 4: Studies Curriculum - Charles University in Prague -  
First Faculty of Medicine

Exhibit 5: Standards for Accreditation of Medical Schools Programs

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

The aforementioned specialized bodies evaluate communication skills as part of their work. In addition, the country reports that all medical examinations have an oral component that serves to evaluate the acquisition of necessary communication skills.

---

### **Subsection 4.7: Design, Implementation, and Evaluation, Question 1**

#### **Country Narrative**

As stated previously, the Higher Education Act requires institutions of higher education to have a Scientific Board of the medical school whose duties include, among other things, the approval of the study programs provided by the various schools in the institution.

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

The Scientific Board of each medical school is charged with approving all the study programs. However, since the country's response did not address how the Board makes its determinations, the NCFMEA may wish to seek additional information on the following:

What are the expectations of the Scientific Board in its determination to approve the design and implementation of a study program? [Part 2, Subsection 4.7: Design, Implementation, and Evaluation, Q1]

## **Country Response**

The expectations of the Scientific Board in its determination to approve the design and implementation of a study program are to meet the criteria defined by Standards for Accreditation of Medical Schools Programs (Exhibit 5).

## **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that the Scientific Board bases its approval on the success of the medical school study program in meeting the country's Standards regarding medical school program accreditation.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 2**

### **Country Narrative**

Each medical school maintains its internal regulations that provide for the design, implementation, and evaluation of the medical curricula. Additionally, the Scientific Board of the medical school implements the internal regulations with the assistance of Education Boards (pedagogical committees) and Evaluation Boards.

### **Analyst Remarks to Narrative**

The aforementioned Scientific Board of each school is assisted by evaluation boards and pedagogical committees.

---

## **Subsection 4.7: Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

Although the procedures vary in each medical school, the processes may include Education Boards (pedagogical committees) and Evaluation Boards regularly evaluating student and graduate responses to questionnaires and making recommendations based on those evaluations to the Scientific Board of the medical school. The Academic Senate of the medical school provides the 'final approval before submission to the Dean.

### **Analyst Remarks to Narrative**

The faculty is involved in curriculum evaluation through participation on evaluation boards and pedagogical committees, and in particular, through the Academic Senate.

---

## **Subsection 4.7: Design, Implementation, and Evaluation, Question 4**

### **Country Narrative**

Changes approved through the evaluation process may allow the medical schools in the Czech Republic to establish curriculum compatibility that enables students to pursue parts of their study at various medical schools in other European countries within the European Credit Transfer System. At least one medical school refers the success of its graduates on the USMLE to the US Department of Education as a part of "tracking reports". Moreover Permanent Working Group for Medicine and Health Sciences (PWG) of CRAC has designed Guidelines for Evaluation of Medical School Programs approved by CRAC in 1998. On the basis of these standards all of the medical schools in the country were evaluated by CRAC and its PWG during the years 1998/1999 and again 2005/2006.

Documentation to Subsection 4.7:

Exhibit 1: The Higher Education Act Section 30

Exhibit 6: Guidelines for the On-site Evaluation

### **Analyst Remarks to Narrative**

The Permanent Working Group for Medicine and Health Sciences of CRAC periodically evaluates each medical school, including its curriculum, based on the Guidelines for the On-site Evaluation (Exhibit 6).

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 1**

### **Country Narrative**

The decisions regarding the admissions of students are governed by the Higher Education Act Sections 48-50. As stated previously, each medical school establishes its own admissions regulations and procedures. Generally, applicants must have completed a comprehensive secondary education. All medical schools require an applicant to take an entrance examination. The written test, usually in a multiple-choice format, examines the applicant's knowledge in biology, physics, and chemistry. Some medical faculties include a second round of entrance tests that may include a personal interview with a panel or a presentation to measure an applicant's ability to make logical decisions based on a written set of hypothetical facts. One medical school only accepts transfer students from Czech or Slovak medical schools, and only if the student completed the year in which he/she was last registered. Medical schools may also limit the number of students admitted (although they have met the admission requirements), establish admission conditions for foreign students to programs of study established through international contracts, or specify different conditions of admission for applicants with advanced standing.

Generally, the decision on admission to study is made by the medical school Dean.

### **Analyst Remarks to Narrative**

Since the country's response did not address certain aspects of the admissions process, the NCFMEA may wish to seek additional information on the following:

- Are the criteria and procedures for the selection of students readily available to potential applicants and to their advisors?
- Although the medical school Dean generally makes the decision on admission to study is there a significant role in the process for a duly constituted faculty committee?
- Does each medical school have an applicant pool that is sufficiently large and possessing national level qualifications to fill its entering class?
- How is the size of the entering class and of the medical student body as a whole related to the adequacy of the teaching resources? [Part 2, Subsection 5.1: Admissions, Recruiting, and Publications, Q1]

### **Country Response**

Standards for Accreditation of Medical Schools Programs (Exhibit 5) deals in Section 5 with Medical Students Admissions. It specifies that the admission criteria must be publicized, usually on the web-pages of the Faculty (medical school).

The Higher Education Act (Exhibit 1) in Section 27 (1) c) specifies that the Academic Senate of the Faculty approves the admission regulations for the degree programs offered by the Faculty (medical school). The Faculty has a special Education Board consisting of experienced teachers and representatives of students which make recommendations for the Academic Senate and the Dean.

The document Standards for Accreditation of Medical Schools Programs (Exhibit 5) specifies in Section 6 that the number of enrolled students must be in proportion with the approved budget in order to ensure a high quality of teaching. It also defines that the student / faculty ratio should be maximally 5:1.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that its Standards for medical schools (Section 5) specify that the admission criteria must be publicized, and that this information is typically made available by the school via a website.

In addition, the country noted that the Higher Education Act (Section 27 (1) c) specifies that the Academic Senate of the Faculty approves the admission regulations for the degree programs offered, and that the Faculty has a special Education Board consisting of experienced teachers and representatives of students which make recommendations for the Academic Senate and the Dean.

Furthermore, the country noted that its medical school Standards (Section 6) specifies that the number of enrolled students must be in proportion with the approved budget in order to ensure a high quality of teaching, and that a 5:1 ratio of students to faculty is the expected limit.

However, the country did not address whether each medical school has an applicant pool that is sufficiently large, and possessing national level qualifications, to fill its entering class.

Therefore the NCFMEA may wish to inquire further regarding this matter.

Staff Conclusion: Additional Information requested

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

Neither the Higher Education Act nor any of the responding medical schools referenced internal regulations addressing advertising, catalogs or other publications used in recruiting. However, some medical schools publish the admission tests from the previous years or advertise the admission requirements on their internet web-pages.

### **Analyst Remarks to Narrative**

There are no internal regulations addressing medical school catalogs and recruiting materials. Therefore, the NCFMEA may wish may wish to seek additional information on the following:

- Is anyone responsible for the accuracy of materials used to promote the medical school program?
- Does each medical school publish the primary language of instruction, and any alternative language of instruction?
- Does each medical school publish and make available to medical students its annual costs for attendance, including tuition, fees, and required health insurance? [Part 2, Subsection 5.1: Admissions, Recruiting, and Publications, Q2]

### **Country Response**

The responsibility for the accuracy of materials used to promote the medical school program is committed to the Dean and the Vice-Dean for Education. Each medical school publishes the primary language of instruction and the alternative language of instruction on its web-pages.

Each medical school publishes and makes available to medical students its annual cost of attendance, including tuition, fees and adequate health insurance on its web-pages.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that the Dean and the Vice-Dean for Education at each medical school is responsible for the accuracy of the promotional materials.

In addition, the country noted that the primary language of instruction and the alternative language of instruction for each medical school is published on the each school's website.

Furthermore, the country noted that these matters are published on each school's website

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

Each of the medical school indicated that access to student records is guaranteed by university internal regulations that authorize a student to access to his or her records. To ensure the confidentiality of those records, some medical schools have designed access limitation measures that only the student may access.

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

The country reports that student access to their own records is guaranteed by regulation.

---

### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

The Czech Republic Higher Education Act requires every higher education institution to maintain a register of students as specified in Section 88. It states that the higher education institution will provide the relevant records contained in the register of students to those who can demonstrate legal interest. The individual medical faculties have internal regulations allowing a student to access student records that ensures the integrity and confidentiality of the student records.

Documentation to Subsection 5.1:

Exhibit 1: The Higher Education Act Sections 48-50, 88.

### **Analyst Remarks to Narrative**

The country's HEA ensures that student records are only available to those with a demonstrated legal interest in viewing them.

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### **Subsection 5.2: Student Achievement, Question 1**

#### **Country Narrative**

At the national level the HEA defines in Section 53 conditions of State Examinations. In Section 46(3) it specifies that studies in the field of medicine are completed in due form passing a Rigorous (Advanced Master) State Examination. In Section 57 it defines among Documents of Studies: Student Identity Card, Student Record Book (also called Index), Higher Education Diploma and Diploma Supplement. The Diploma Supplement is issued to graduates of degree programs. In the Standards of the PWG of CRAC the subjects of final Rigorous State Examination are specified (internal medicine, surgery, gynecology and obstetrics, pediatrics, hygiene and social medicine). A student graduate in the Master degree program in Medicine is awarded the academic degree "Doctor of Medicine", abbreviated as MUDr., before name. (HEA Section 46(4)(c).)

### **Analyst Remarks to Narrative**

The country reports that overall student achievement is primarily measured by the state-sponsored examinations, which include targeted examinations for the specialty areas. Interim measures of student achievement are covered under in the next section.

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### **Subsection 5.2: Student Achievement, Question 2**

#### **Country Narrative**

Medical schools may develop their own study and examination rules, including scoring, when evaluating student academic progress pursuant to internal regulations of the medical school. Each institution may determine the form of cumulative assessment it uses based on its educational purpose and may use various evaluation tools to assess student progress. Generally, the curriculum specifies the program of study for each year of study in terms of the sequence of subjects, their duration, whether they are compulsory, elective, or optional courses, and may specify the names of the teachers responsible for teaching the courses. Each study subject is a basic unit of the study program and ends by a credit, credit with marks or credit and examination. Some medical schools have determined that credit represents whether a student completed the conditions of the subject. Confirmation of completion by credit is classified as credit received or credit not received by some medical faculties. Examinations also test a

student's knowledge and skills and can be performed orally, in writing, or as a practical or in any combination thereof. The results of examinations may be classified as follows:

Excellent -1

Very well -2

Good -3

Failed-4

Another medical school uses the following forms of review to review a student's progress:

Current assessment

Subject colloquy

Credit

Credit with marks

Written test

Examination

In all medical schools, the final year of the medical study program concludes with a rigorous state examination in the fields of medicine covering internal medicine, surgery, gynecology and obstetrics, pediatrics, hygiene and social medicine.

One medical school also includes two other state examinations covering neurosciences and preventive medicine.

The internal regulations of each medical school contain provisions for a student to repeat an examination, but in the event of three unsuccessful attempts, the student must repeat the year.

### **Analyst Remarks to Narrative**

Each medical school is free to devise its own methods of evaluating student achievement throughout the study period. Whether the medical school's evaluation methods were adequate is indicated by student success on the final state examinations.

---

## **Subsection 5.2: Student Achievement, Question 3**

### **Country Narrative**

The Czech medical schools have not established student performance outcome measures, such as acceptable number of graduates from the school passing a licensing examination, whether to grant accreditation to the medical school. At least one medical school reports the results of its graduates on the USMLE to the US Department of Education in the form of annual tracking reports.

Documentation to Subsection 5.2:

Exhibit 1: The Higher Education Act Sections 33, 46(3), 46(4)(c), 53.

Exhibit 5: Standards for Accreditation of Medical Schools Programs

Exhibit 9: Studies and Examination Regulations of Charles University in Prague

Exhibit 10: Rules for Organization of Studies of the First Faculty of

## Medicine

### **Analyst Remarks to Narrative**

The country reports that its medical schools have not established any student performance outcomes measures, although one school does report the results of its graduates on the USMLE to the US Department of Education annually.

It has been reported elsewhere in the country's narrative that the final year of the medical study program at each school concludes with a rigorous state examination. The state-sponsored testing covers internal medicine, surgery, gynecology and obstetrics, pediatrics, hygiene and social medicine. However, it does not appear that student success on the established state examination is used in the evaluation of individual medical school programs.

Therefore, the NCFMEA may wish to seek additional information on the following:

-- Is consideration being given to using student success on the final state examination as a way to compare the individual medical school programs during the accreditation process? [Part 2, Subsection 5.2: Student Achievement, Q3]

### **Country Response**

At present there are no objective criteria available within the Czech Republic to compare the individual medical school programs on the basis of student success on the final state examination.

### **Analyst Remarks to Response**

In response to the draft staff report, the country stated that there presently are no objective criteria available to compare individual medical school programs on the basis of student success on the nationally-administered tests.

However, the country did not address whether it was possible to make objective criteria available, or if any consideration was being given to the matter. Therefore, the NCFMEA may wish to seek additional information on the following:

-- Is it possible to obtain objective criteria to compare individual medical school programs on the basis of student success on the nationally-administered tests? And if so, is any consideration being given to the matter?

Staff Conclusion: Additional Information requested

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### **Subsection 5.3: Student Services**

## **Country Narrative**

The Czech Republic Higher Education Act, Section 62(2) provides that students performing practical training are subject to general regulations on work safety and health protection and working condition of women, pursuant to Articles 101 through 108 of the Czech Republic Labor Code. In addition, the Decree of the Ministry of Health of the Czech Republic No. 56/1997 requires preventive entrance medical check-ups for all enrolled students. Additionally, the students have access to confidential mental health consulting at the Charles University Student Health Center in Prague and at the Department of Psychiatry at the First Faculty of Medicine. All Czech Republic medical schools report that students receive an entrance medical examination at the beginning of the first year of study and a preventive examination during and before the end of the study program that include vaccinations against hepatitis B, tests for tuberculosis, and in women, vaccinations against German measles. One medical school has a student health service and a therapeutical psychologist available to students. Another medical school employs a general practitioner to provide medical care to the students and pays to run the doctor's office.

Documentation to Subsection 5.3:

Exhibit 1: The Higher Education Act Section 62(2)

Exhibit 8: Act No. 262/2006 Coll.(Labor Code) Articles 101-108

## **Analyst Remarks to Narrative**

Since there does not appear to be uniformity among the medical schools regarding the extent of student services that should be provided, the NCFMEA may wish to seek additional information on the following:

- How does the country assure that each medical school provides its students with access to preventive, diagnostic and therapeutic health services, including confidential mental health counseling?
- How does the country assure that each medical school provides its students with effective financial aid and debt management counseling?
- How does the country assure that each medical school has a system to assist students in their career choice; their application to graduate, residency or fellowship programs; and to guide students in choosing elective courses and rotations?
- How does the country assure that each medical school allows students to review and challenge their records? [Part 2, Subsection 5.3: Student Services, Q1]

## **Country Response**

As already mentioned, the Decree of the Ministry of Health of the Czech Republic No. 56/1997 requires preventive entrance medical check-ups for all enrolled students. During the entrance examinations the enrolled students are instructed about the access to preventive, diagnostic and therapeutic health services, including confidential mental health counseling.

The students may address the respective Vice-Dean for Social Affairs and the Financial Departments of the Dean's Offices to be provided with effective financial aid and debt management counseling.

The students may address the respective Vice-Deans for Education and the respective tutors who would assist them in their career choice, their application to graduate, residency or fellowships programs and to guide them in choosing elective courses and rotations.

Study and Examination Regulations are obligatory parts of the Internal regulations of each University (Exhibit 9), which state that examinations are public and that the student has the right to apply for being examined before a board of examiners during the reexamination.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that the enrolled students are instructed about their access to the student services specified above during the entrance examinations.

In addition, the country noted that the students may request these services from their school's Vice-Dean for Social Affairs and the Financial Department of the Dean's Office.

Furthermore, the country noted that to obtain this assistance the students would need to address their tutors and their Vice-Dean for Education.

As well, the country indicated that published regulations ensure the results of the examination are available, and that the student can request a board of examiners for a re-examination.

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.4: Student Complaints, Question 1**

#### **Country Narrative**

HEA defines in Sections 62 and 63 Student's Rights and Duties, in Sections 64-67 Disciplinary Misdemeanours and in Section 68 Decision Making on Students' Rights and Duties. Section 62(h) gives the student the right to elect members and be elected as a member of the Academic Senate of the Faculty and the University. Section 8(1) and Section 26(1) specify that at least one third and at most one half of these bodies constitute students. Other Academic Bodies of the University and/or Faculty are Disciplinary Commissions (Section 7(1)(d) and Section 25(1)(d)). Section 13(1) and Section 31(1) state that students represent one half of the members of the Disciplinary Commissions of the University and/or Faculty. Disciplinary Rules for students are parts of the Internal Regulations of the University (Section 17(1)(h)) and/or Faculty (Section 33(2)(f)). Parts of the Internal Regulations of the University (Section 17(1)(i)) and/or Section

33(2)(g))are also Evaluation Procedures supervised by the Education Commission (Board) and Evaluation Commission (Board) of the University and/or Faculty with the proportional representation of students. Most of the students' complaints are solved at the level of the Faculty and/or University.

### **Analyst Remarks to Narrative**

Although the country requires the presence of students on significant bodies, including disciplinary commissions, there appears to be no uniform standards or procedures regarding how medical schools should address student complaints. Therefore, the NCFMEA may wish to seek additional information on the following:

- Does the country expect each medical school to have written policies for addressing student complaints?
- Does the country expect each medical school to publicize to all faculty and students its standards and procedures for the evaluation, advancement and graduation of its students?
- Does the country expect each medical school to publicize its standards for student conduct and procedures for disciplinary action? [Part 2, Subsection 5.4: Student Complaints, Q1]

### **Country Response**

The Ministry of Education expects each medical school:

- to have written policies for addressing student complaints
- to publicize to all faculty and students its standards and procedures for the evaluation, advancement and graduation of students
- to publicize its standards for student conduct and procedures for disciplinary action

HEA (Exhibit 1) Section 33 (2) d) requires the Student Disciplinary Code of the Faculty (medical school) as a constituent part of the internal regulations of the Faculty (medical school).

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that the Ministry of Education expects each medical school to have written policies for addressing student complaints.

In addition, the country noted that the Ministry of Education expects each medical school to thoroughly publicize the identified standards and procedures.

Furthermore, the country noted that the Ministry of Education expects each medical school to publicize its standards for student conduct and procedures for disciplinary action. As well, the country's Higher Education Act requires that each school's Student Disciplinary Code be included within the internal regulations of the school's faculty.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.4: Student Complaints, Question 2**

### **Country Narrative**

Complaints from the students against medical schools would be investigated primarily at the level of the respective Faculty and/or University. If they were of a more serious nature, they would be submitted to the PWG for medicine and health sciences of the CRAC and then eventually to the plenary session of the CRAC.

### **Analyst Remarks to Narrative**

Serious complaints may rise to the level of the Czech Republic Accreditation Commission (CRAC), but it is unclear if the students are aware of that possibility. (It also appears that CRAC has not investigated a student complaint within the past year.)

Therefore, the NCFMEA may wish to seek additional information on the following matter. Are students made aware that CRAC could investigate one of their complaints if it reached a certain level of seriousness? [Part 2, Subsection 5.4: Student Complaints, Q2]

### **Country Response**

The students are made aware that CRAC could investigate their complaints if they reached certain level of seriousness.

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that the students are made aware of the potential investigation by CRAC.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.4: Student Complaints, Question 3**

### **Country Narrative**

There is no mechanism for students to address a complaint to CRAC. As medical schools are not independent legal subjects but only a part of the University, the complaints against medical schools can be realized only to the Rector.

### **Analyst Remarks to Narrative**

The country reports that it has no mechanism for students to address a complaint to CRAC. Therefore, the NCFMEA may wish to seek additional information on the following matter. Since CRAC would consider serious complaints against a medical school, would it also consider requiring medical schools to provide students with the contact information for CRAC, where they may submit complaints not resolved at the institutional level? [Part 2, Subsection 5.4: Student Complaints, Q3]

### **Country Response**

If the complaints against the medical school cannot be resolved at the Rector's level, the medical school is required to provide students with the contact information for CRAC.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that the medical school is required to provide a student with the contact information for CRAC, if the complaint cannot be resolved at the Rector's level.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.4: Student Complaints, Question 4**

### **Country Narrative**

N/A  
See above.

### **Analyst Remarks to Narrative**

It appears that CRAC has not investigated a student complaint within the past year.

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## **Subsection 5.4: Student Complaints, Question 5**

### **Country Narrative**

N/A  
See above.

### **Analyst Remarks to Narrative**

Although it appears that CRAC has not investigated a student complaint within the past year, there also does not appear to be any provision for including a medical school's record of complaints during reevaluation or monitoring. Therefore, the NCFMEA may wish to seek additional information on the following matter. Would CRAC consider a medical school's record of complaints during the school's reevaluation process? [Part 2, Subsection 5.4: Student Complaints, Q5]

### **Country Response**

CRAC would consider a medical school's record of complaints during the school's reevaluation process.

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that CRAC would consider a medical school's record of complaints, implying that CRAC would be aware of that record and would include that information in its review if the situation warranted it.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.1: Finances, Question 1**

### **Country Narrative**

The Higher Education Act identifies the financial resources available to public Higher Education Institutions that house all Czech Republic medical schools. Section 18 of the Act requires all public higher education institutions to prepare a budget for each calendar year and manage its institutions in conformity with the budget. Regarding budget preparation and financial accountability, the Dean of the medical school proposes the budget and submits it to the medical school's Academic Senate for approval, before it is forwarded to the university administration. In addition, each institutional budget proposal must be presented to the Ministry for clearance. In addition, each medical school must submit an annual report on its financial management to the university administration. The medical school Academic Senate also approves the report before the university administration receives it. It is then forwarded to the Ministry.

The Ministry issued a Decree mandating that any study program must include in the application for accreditation evidence of its finances. It should include the presumed expenses for the length of the program, investments, wages, and other non-investment expenses required per student, and for scientific, research, developmental, artistic or other creative activity related to the study program.

### **Analyst Remarks to Narrative**

Although the country requires “evidence” of a study program’s finances, it is unclear if that evidence includes an officially audited financial statement. Therefore, the NCFMEA may wish to seek additional information on the following matter. Does the country expect an officially audited financial statement to be included among the evidence of a medical school’s finances? [Part 2, Subsection 6.1: Finances, Q1]

### **Country Response**

Medical Faculties (Medical Schools) are integral parts of their respective Universities, which are public Higher Education Institutions primarily responsible for the administration of finances allotted by the Ministry of Education. Administration of the medical school’s budget cannot report its financial situation directly to the Ministry of Education, as the medical schools are not separate legal entities. Therefore the Ministry of Education does not expect an officially audited financial statement to be included among the evidence of a medical school’s finances. Medical schools prepare audited financial statements only for the purpose of their participation in the U.S. federal loan programs.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that the Ministry of Education allots financial resources to the university of which the medical school is one of many parts. Therefore, each medical school audit is not expected to prepare a separate audit, although it may need to undergo a separate audit by virtue of its involvement with the student loan programs funded by the United States.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.1: Finances, Question 2**

### **Country Narrative**

Ministry of Education, Youth and Sports decides on the size and scope of the educational program, on the recommendation of CRAC.

Documentation to Subsection 6.1:

Exhibit 1: The Higher Education Act Section 18

Exhibit 3: 42 Decree issued by Ministry of Education, Youth and Sports Section 7

### **Analyst Remarks to Narrative**

The country narrative indicates that based on the recommendation of CRAC, the Ministry of Education, Youth and Sports decides on the size and scope of the educational program.

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## **Subsection 6.2: Facilities, Question 1**

### **Country Narrative**

The Higher Education Act does not detail the facilities resources a medical school must have. However, in the 42 Decree issued by the Ministry, Section 8 the contents of the application for accreditation requires the study program to provide evidence of material and technical provisions that includes the following: Information on building or buildings utilized by the study program, including their location, information on the number and capacity of lecture rooms, laboratories, workshops, including other instruction rooms;

Listing of specialized laboratories for instruction and a description of their technical level;

An opinion of a competent public health authority on appropriateness of rooms destined for study program provision as to building where no teaching activity has yet occurred; and

Copies of ownership titles or lease or loan contracts or other documents certifying the study program's right to use building or rooms where teaching is to take place and the standard length of study.

### **Analyst Remarks to Narrative**

Although the country's regulations do not mandate detailed requirements regarding facilities for medical schools, there is a requirement that detailed information on the school's facilities be included in the application for accreditation. However, there does not appear to be any requirements regarding facilities for the humane care of animals, as appropriate, if animals are used in teaching and research.

Therefore, the NCFMEA may wish to seek additional information on the following matter. Are there any requirements regarding facilities for the humane care of animals, as appropriate, if animals are used in teaching and research?  
[Part 2, Subsection 6.2: Facilities, Q1]

### **Country Response**

Standards for Accreditation of Medical School Programs (Exhibit 5) Section 6 General Facilities reads as follows:

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

At the Dean's Office level there are a special Animal Experiment Board and Ethical Committee which give approval for the use of animals in teaching and

research and are responsible for the humane care of animals.

### **Analyst Remarks to Response**

In response to the draft staff report, the country affirmed that its Standards (Section 6) clearly expect that when animals are used in teaching and research the facility be equipped to provide for the humane care of animals. In addition, the country noted a special Animal Experiment Board and Ethical Committee at the Dean's Office level approves the use of animals in teaching and research, and maintains responsibility for the humane care of animals.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.2: Facilities, Question 2**

#### **Country Narrative**

These determinations are made as a part of the accreditation of a study program by the Ministry of Education, Youth and Sports.

Documentation to Subsection 6.2:

Exhibit 3: 42 Decree issued by Ministry of Education, Youth and Sports  
Section 8

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

As the country narrative indicates, the Ministry of Education, Youth and Sports makes the determinations regarding the adequacy of the available facilities during the accreditation process. However, since the country's response did not address how the Ministry makes its determinations, the NCFMEA may wish to seek additional information on the following:

-- What are the expectations of the Ministry of Education, Youth and Sports in determining the adequacy of the facilities of a study program? [Part 2, Subsection 6.2: Facilities, Q2]

#### **Country Response**

The expectations of the Ministry of Education in determining the adequacy of the facilities of a study program are defined in the Standards for Accreditation of Medical School Programs (Exhibit 5) Section 6 General Facilities.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that the Ministry of Education's expectations regarding adequate facilities are discussed in its Standards for medical schools (Section 6). Department staff found those expectations to be basic, general in nature, and concisely stated.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.3: Faculty, Question 1**

#### **Country Narrative**

The number of students and the teaching staff determines the size of the school. The ratio of students to the academic staff should be maximally 5:1.

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

The country requires that a maximum ration of 5:1 be maintained between the students and the corresponding medical faculty.

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### **Subsection 6.3: Faculty, Question 2**

#### **Country Narrative**

The Higher Education Act defines the academic staff as employees of the higher education institution. The academic staff consists of professors, associate professors, senior assistants, assistants, lecturers as well as scientific, research and development workers taking part in pedagogical activities who perform pedagogical, scholarly, research, developmental, and other creative activity. The Rector of the higher education institution appoints Associate Professors on the basis of a habilitation procedure. The habilitation procedure establishes the scientific qualifications of an applicant based on the habilitation thesis and its defense, other scholarly work, as well the applicant's competence based on an evaluation of the habilitation paper and previous lecturing experience. The applicant submits a proposal with a curriculum vitae, papers documenting acquired higher education and pertinent academic degrees awarded, documents proving lecturing experience, a list of scholarly work, and other documents demonstrating scholarly qualifications to the Dean of the medical school. The Dean submits the proposal to the Scientific Board of the respective school to assess the qualifications of the applicant. If the Board approves the nomination of the application, the Dean forwards the nomination to the Rector for the appointment of an associate professor.

A professor in a specific field is appointed by the president of the Czech Republic upon a request of the Scientific Board of a higher education institution that the Minister mediates. The review procedure is similar to the habilitation procedure, except the applicant must have two nominations from professors in the same or similar field, or a recommendation from the Dean or the Rector

before the nomination is presented to the Scientific Board of the medical school. The teachers of clinical subjects must have Board specialization and all teachers must provide research.

The Higher Education Act allows members of the teaching staff and researchers in higher education institutions to receive a paid sabbatical period once every seven years.

### **Analyst Remarks to Narrative**

The country has described its thorough and well-delineated process for ensuring the sufficiency of the qualifications of those appointed to serve on the medical faculty.

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### **Subsection 6.3: Faculty, Question 3**

#### **Country Narrative**

Conflict of interest by the teaching staff between personal and professional interests are prevented by internal and external audits and by the internal regulations of the medical school.

A specific statutory provision exists to prevent conflict of interest and maintain fairness in accreditation procedures. Pursuant to the Article 9(5) of the Statute of the CRAC the chief workers of the schools and universities (Deans and Rectors) may not serve as members of CRAC working groups.

Documentation to Subsection 6.3:

Exhibit 1: The Higher Education Act Sections 70-75, 76(1)and(2)

Exhibit 2: The Statute of Accreditation Commission Article 9(5)

Exhibit 5: Standards for Accreditation of Medical Schools Programs page 9

### **Analyst Remarks to Narrative**

The country reports that audits are conducted to discourage conflicts between the personal and professional interests of the faculty. In addition, deans and rectors are specifically prohibited from serving as members of work groups within CRAC.

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### **Subsection 6.4: Library**

#### **Country Narrative**

The Standards for Accreditation of Medical Education Programs approved by CRAC in 1998 state that the Faculty must have a well maintained and catalogued library , sufficient in size to support the educational program of the Faculty. The library should receive the leading biochemical and clinical periodicals, the current numbers of which should be readily accessible. In

addition each student must have free access to the Medline database, the World Wide Web and the Internet.

Several medical faculties itemized library resources as follows:

The modernization of the medical library allows Internet connections in the reading room, and also internet connections in seminar rooms and classrooms enables free access to databases and electronic teaching programs.

The library is sufficiently supplied to ensure access to all library resources.

The library must have all the books used in teaching, current international medical journals and Internet connections with free access for the students.

Documentation to Subsection 6.4:

Exhibit 5: Standards for Accreditation of Medical Schools Programs page 10

### **Analyst Remarks to Narrative**

The country publishes its standards regarding the basic requirements for the library of a medical school in order to provide for some uniformity of among the various schools.

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### **Subsection 6.5: Clinical Teaching Facilities, Question 1**

#### **Country Narrative**

HEA defines the role of Teaching Hospitals in Section 93 and their Statute, Organization and Activities are enumerated in the Ministry of Health of the Czech Republic Decree No. 394/1991. The affiliation agreements are required and approved by the Dean of the Faculty and the Director of the Teaching Hospital.

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

The country does publish its expectations regarding the role of teaching hospitals, and also requires that approved affiliation agreements are maintained.

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### **Subsection 6.5: Clinical Teaching Facilities, Question 2**

#### **Country Narrative**

The Head of the Faculty Hospital and the Heads of the Clinical Departments are appointed by the Minister of Health in agreement with the Minister of Education as a result of a public competition. The Heads of the Clinical Departments are proposed for appointment by the Dean of the Faculty. The quality of clinical teaching sites is evaluated by standards elaborated by the Education and Evaluation Commissions of the Faculty.

Documentation to Subsection 6.5:

Exhibit 1: The Higher Education Act Section 93

### **Analyst Remarks to Narrative**

According to Section 93 of the country's Higher Education Act, the Ministry of Health is responsible for ensuring the quality of teaching sites and provides the standards used to maintain that quality. Therefore, the NCFMEA may wish to seek additional information on the following matter. What are the standards used by the Ministry of Health to evaluate and ensure the quality of the clinical teaching sites? [Part 2, Subsection 6.5: Clinical Teaching Facilities, Q2]

### **Country Response**

The standards used by the Ministry of Health to evaluate the quality of clinical teaching in University (Faculty) Hospitals are set out in close cooperation with the Dean's Office and the Education and Evaluation Boards of the Faculty (Medical School), which use the criteria of Standards for Accreditation of Medical School Programs (Exhibit 5) Section 6 General Facilities.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that the Ministry of Health's standards regarding the quality of clinical teaching in university hospitals are "set out in close cooperation with the Dean's Office and the Education and Evaluation Boards of the [Medical School] Faculty" using the medical school Standards on general facilities (cf. Exhibit 5, Section 6).

However, the only reference to clinical teaching sites in the medical school Standards on general facilities is that "the Ministry of Health requires that practical teaching facilities of Medical Faculties are Faculty Hospitals."

Therefore, the NCFMEA may wish to inquire further regarding the following matter:

-- What is the meaning and extent of the cooperation of the Ministry of Health with both the Dean's office, and the medical school faculty's Education and Evaluation Board, regarding the evaluation of clinical teaching facilities?

Staff Conclusion: Additional Information requested

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

### **Section 1: Site Visit, Question 1**

#### **Country Narrative**

The members of the Permanent Working Group for Medicine and Health Sciences of the Czech Republic Accreditation Commission conduct site visits to medical faculties as an integral part of the accreditation process. Each medical school selected for the evaluation and accreditation process prepares a written application for study program accreditation (self-study) and submits it to the Ministry of Education, Youth, and Sports. The Working Group reviews the application for accreditation eligibility prior to the site visit.

The institution's application must include among other things:

The study program title;

The titles and characteristics of the study branches, if applicable;

The objectives of studies in relation to the entire study program with the specific objectives of each study branch;

A profile of program graduate describing the general, professional and particular knowledge and abilities;

Characteristics of the professions which graduates should be prepared to perform, the possibilities of their employment and characteristics of graduates that employers expect;

The curriculum in conjunction with the study and examination rules;

The method, content and depth of the state final exams;

The curricula vitae of all academic staff, including full-time and distance employees;

Information of financial resources;

Information on technical provisions regarding the buildings, laboratories for instruction, and an opinion of competent health public health authority on the appropriateness of rooms;

Information on library, its accessibility, technical facility and capacity; and

Overview of existing computer technology equipment, use of local computer networking capabilities and the internet.

Prior to making conclusions and recommending an accrediting decision, the Working Group performs the following functions during a site visit:

Reviews admission procedures, admission examinations, and the results of the procedures and examination;

Reviews the research achievements of the school, with attention to the number and quality of publications and the degree of success in grant competition;

Reviews the curriculum;

Elicit the opinion of students as to the quality of teaching; and

Reviews the achievements of students by reviewing the number of the schools graduates who enter PhD studies.

Ministry of Health must approve the medical studies program before the CRAC submits its conclusions and accreditation recommendation to the Ministry of Education, Youth and Sports.

Site visits are performed by at least 3 members of the Permanent Working Group. The procedure complies with the Statute of CRAC approved by the Czech Government. When a school is selected for on-site visit, a letter is sent to the University Rector with a request that the school co-operates in the evaluation process. The Dean of the school receives a similar notification. A self study questionnaire amended to reflect the specific circumstances related to requirements of Ministry of Education decree 42/1999 Coll. and medical

education is mailed to the Dean. The filled out questionnaire is returned to CRAC together with the required enclosures and any other material the school wishes to provide. The evaluation group analyzes the school's questionnaire and visits the school. The discussion with the academic staff and students of the school are an inseparable part of the visit. At the end of the visit the evaluating group provides the representatives of the school with the preliminary conclusions about it and any recommendations it might have.

The Permanent Working Group in consultation with members of the evaluating groups prepares some draft conclusion about the medical schools and presents them for discussion in the plenary session of CRAC. Representatives of the medical schools are invited to participate in this discussion. After the discussion final conclusions are adopted by vote to CRAC.

The last report of CRAC on the evaluation of seven medical schools in the Czech Republic was submitted to NCFMEA on June 25, 2008.

### **Analyst Remarks to Narrative**

Every five to seven years members of the Permanent Work Group (PWG) of CRAC conduct site visits to medical faculties as an integral part of the accreditation process. Each medical school selected for the evaluation and accreditation process prepares a written application for study program accreditation (self-study) and submits it to the Ministry of Education, Youth, and Sports. The PWG reviews the application for accreditation eligibility prior to the site visit.

The country's narrative, and corresponding documentation (Exhibits 3 and 5), provided a summary of the various elements that are considered during the on-site visit. (As noted in the background section, the next series of on-site visits will not take place until 2013.)

However, the Ministry of Health is responsible for the evaluation of clinical sites. Therefore, the NCFMEA may wish to seek additional information on the following matter. Are there any clinical evaluation site reports produced by the Ministry of Health that can be provided to the NCFMEA? [Part 3, Section 1: On-Site Review, Q1]

(Note: The suggestion was made under Part 2, Subsection 6.5: Clinical Teaching Facilities, Q2 that the NCFMEA obtain a copy of the official standards used by the Ministry of Health to evaluate and ensure the quality of the clinical teaching sites.)

### **Country Response**

At present CRAC does not possess any separate clinical evaluation site reports produced by the Ministry of Health, which could be provided to the NCFMEA. The evaluation of clinical teaching is a part of the on-site visits of PWG of CRAC and its evaluation reports.

## **Analyst Remarks to Response**

In response to the draft staff report, the country noted that it did not possess any separate clinical evaluation site reports produced by the Ministry of Health. However, the country also noted that the evaluation of clinical teaching is a part of the on-site visits of CRAC. Therefore, it appears that although the site reports from the Ministry of Health may be helpful, they are not necessary to obtain.

Staff Conclusion: Comprehensive response provided

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## **Section 1: Site Visit, Question 2**

### **Country Narrative**

Seven medical schools in the Czech Republic indicated that they had no branch campuses.

Documentation to Section 1:

Exhibit 1: The Higher Education Act Section 84

Exhibit 2: The Statute of Accreditation Commission Article 3

Exhibit 3: 42 Decree issued by Ministry of Education, Youth and Sports

Exhibit 6: Guidelines for the On-site Evaluation

### **Analyst Remarks to Narrative**

Although the country reported that its accredited medical schools have no branch campuses, it did not discuss whether the accreditation process must include an on-site review of all core (required) clinical clerkship sites. Therefore, the NCFMEA may wish to seek additional information on the following matter. Does the accreditation process in the Czech Republic require that an on-site review must be conducted to every core (required) clinical clerkship site? [Part 3, Section 1: On-Site Review, Q2]

### **Country Response**

All core (required) clinical clerkship sites are Clinical Departments of the Faculty (University) Hospitals. Part of the on-site review of the Faculty (medical school) is also the visit of the Faculty (University) Clinical Departments.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that all core (required) clinical clerkship sites are actually in the University Hospitals. Therefore, the on-site review to each school does include a visit to the component sites.

Staff Conclusion: Comprehensive response provided

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## **Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

The Czech Republic Accreditation Commission members appoint the persons who conduct on-site evaluations and serve on the Permanent Work Group. The Permanent Work Group members are members of staff at medical schools and the Czech Academy of Sciences.

The members of the Permanent Working Group for the Medicine and Health Sciences, from whom evaluation groups are selected, must be experienced in various areas of medical and other sciences and in economics. They are proposed by the chairman of the group and approved by the CRAC on the basis of their professional achievements, clinical and research experience, and professional reputation.

Documentation to Section 2:  
Exhibit 6: Guidelines for the On-site Evaluation

### **Analyst Remarks to Narrative**

Although the country response noted the general qualifications expected of those appointed to serve throughout the accreditation process, there was no indication that they receive any specialized training in order to fulfill their designated duties in an optimal manner. Therefore, the NCFMEA may wish to seek additional information on the following matter. What type of training is provided to the individuals selected to participate in the accreditation process as on-site evaluators, and as policy and decision-makers? [Part 3, Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers, Q1]

### **Country Response**

The individuals selected to participate in the accreditation process as on-site evaluators and as policy and decision-makers are not provided any special training. Section 83 of HEA (Exhibit 1) (3) states that members of Accreditation Commission must be persons widely regarded as authorities in their fields. Section 83 (7) of HEA states that composition of advisory working groups must correspond to the type of the degree program under consideration, its mode and its study objectives. The Statute of Accreditation Commission (Exhibit 2) is available on internet pages of CRAC. On-site evaluators receive the Guidelines for the On-site evaluation (Exhibit 6).

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that no special training is provided. However, all participants have access to the statutes online, and the on-site evaluators are specially provided with the necessary guidelines to conduct their evaluations.

Staff Conclusion: Comprehensive response provided

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### **Section 3: Re-evaluation and Monitoring, Question 1**

#### **Country Narrative**

According to Section 80 of the Higher Education Act the accreditation of a study program is awarded for ten years at most, beginning from the day on which the decision takes legal effect. Validity of accreditation can be extended repeatedly. In the Guidelines for the "on-site" evaluation approved in 1998 CRAC has decided to perform the evaluation of the medical schools in regular periods of a minimum of five and maximum of seven years. HEA Section 27 Section 27(1)(d) requires the Deans of medical schools to submit annual reports on activities including compliance with the standards, and annual financial report to the Academic Senate for approval.

Documentation to Section 3:

Exhibit 1: The Higher Education Act Section 27(1)(d), 80

Exhibit 6: Guidelines for the On-site Evaluation of Medical Schools

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

The re-evaluation process for medical schools is conducted on a cycle of between five and seven years. During its last periodic report to the NCFMEA in 2008, the country indicated that it was going to begin the next cycle of official reevaluations in 2013.

However, the country did not take the opportunity provided to elaborate on its incorporation of student complaints into the medical school evaluation process. Therefore, the NCFMEA may wish to seek additional information on the following matters. How does the accreditation process demonstrate that CRAC reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action? How does the complaint review process ensure the timely, fair, and equitable handling of all complaints related to the accreditation standards, and that follow-up action, including enforcement action, is appropriate based on the results of the investigation? And finally, does CRAC consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation? [Part 3, Section 3: Re-evaluation and Monitoring, Q1]

## **Country Response**

As already mentioned most of the students' complaints are resolved at the level of the Faculty (medical school) and University (Subsection 5.4).

More serious complaints reaching the level of ACCR would be dealt with by the PWG of ACCR as given by Article 11 of the Statute of the Accreditation Commission (Exhibit 2) and finally by the plenary session of ACCR and its Rules of Procedure (Article 12).

CRAC would consider the complaints it has received regarding a medical school when re-evaluating the medical school accreditation.

## **Analyst Remarks to Response**

In response to the draft staff report, the country noted that most of the student complaints are resolved at the medical school or university level, and that there is a process for more serious complaints to be heard by the Accreditation Commission. In addition, the country affirmed that CRAC would consider any complaints it had received as part of its reevaluation of a medical school.

Staff Conclusion: Comprehensive response provided

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## **Section 3: Re-evaluation and Monitoring, Question 2**

### **Country Narrative**

Members of the Permanent Working Group monitor any changes related to the standards for accreditation. If the Working Group suspects a decrease in expected quality at a medical school, the Working Group may propose to reevaluate the medical school or conduct an immediate site visit.

Documentation to Section 3:

Exhibit 1: The Higher Education Act Section 27(1)(d), 80

Exhibit 6: Guidelines for the On-site Evaluation

### **Analyst Remarks to Narrative**

The country's narrative indicated that monitoring is conducted to determine if changes related to the accreditation standards have occurred, and that an immediate site visit could be proposed, if appropriate. However, there was no indication of how this monitoring is accomplished, or with what frequency it is conducted.

In addition, the country indicated (during its last periodic report) that during the 2008-2009 academic year it was going to begin using "a standardized questionnaire for evaluating the quality of education, thus making it possible to compare medical schools." As a result, the Czech Republic was asked o

elaborate on that new instrument in its current application to the NCFMEA.

However, Department staff was unable to identify that particular standardized questionnaire among the provided documents. Furthermore, it is unclear if the questionnaire was used as planned, whether it is still being used, whether the potential comparison of medical schools was undertaken, and if the questionnaire was intended to be an annual monitoring tool.

Therefore, the NCFMEA may wish to seek additional information on the following matters. What is the status of the standardized questionnaire that would allow a comparison of medical schools? Was a comparison of medical schools based on their responses to the standardized questionnaire conducted? And most importantly, how does CRAC monitor its medical schools throughout the accreditation period to verify their continued compliance with the standards? [Part 3, Section 3: Re-evaluation and Monitoring, Q2]

### **Country Response**

CRAC plans the next cycle of official reevaluations in 2013. Due to personal changes in the membership of PWG the standardized questionnaire for evaluating the quality of education, thus making it possible to compare medical schools, planned for the academic year 2008/2009, could not be finalized. Attached is the version of Evaluation Questionnaire 1998 (Exhibit 11). CRAC monitors the medical schools throughout the accreditation period on the basis of their compliance with the Standards for Accreditation of Medical School Programs (Exhibit 5) and on the basis of their Annual Reports. Attached is a draft of Annual Report 2010 of the First Faculty of Medicine (Exhibit 12).

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that it monitors its schools by means of an annual report. In addition, the country provided a copy of a standardized questionnaire that has questions about the years 1993 through 1996. However, it is unclear if the provided sample is the same as the planned questionnaire that was never finalized or was never administered due to personnel changes.

The planned questionnaire to compare medical schools figured very prominently in a previous report by the country, and was a matter of special interest to the NCFMEA. Therefore, the NCFMEA may wish to inquire further regarding the following matters:

-- Has the standardized questionnaire that would allow a comparison of medical schools been finalized? When do you estimate that the comparison of medical schools based on their responses to the standardized questionnaire will be conducted, and the results become available?

Staff Conclusion: Additional Information requested

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## **Section 4: Substantive Change**

### **Country Narrative**

It is assumed that re-evaluation and the re-accreditation will come into force when proposed changes in the curriculum exceed 20% of the whole range of the study plan. It is expected that in such cases, the medical school itself will submit a new proposed curriculum to the Ministry of Health and then, with the Ministry positive recommendation, to the CRAC.

### **Analyst Remarks to Narrative**

As the country narrative indicated, “It is assumed that re-evaluation and the re-accreditation will come into force when proposed changes in the curriculum exceed 20% of the whole range of the study plan. It is expected that in such cases, the medical school itself will submit a new proposed curriculum to the Ministry of Health and then, with the Ministry positive recommendation, to the CRAC.”

However, without a written policy, law or regulation governing substantive changes at a medical school, how would the school know when it was expected to submit a new proposed curriculum to the Ministry of Health for a recommendation?

Therefore, the NCFMEA may wish to seek additional information on the following matter. In the absence of written policies and procedures, how is a medical school made aware of the point at which a change is considered substantial, and requires submission of a request for approval? [Part 3, Section 4: Substantial Changes, Q1]

### **Country Response**

In this respect it is a matter of the Faculty’s (medical school’s) self-evaluation to estimate the percentage of changes of the whole curriculum teaching hours or credits. ACCR may monitor the changes in the published List of Lectures of the Faculties (medical schools) and in their Annual Reports.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that it was up to the school to decide. The response also noted that the country might monitor changes in the annual report and in the published list of lectures at each school.

Since the monitoring and approval of substantive changes is an important concern, the NCFMEA may wish to inquire further regarding the following matter:

-- How often are the published lists of lectures examined by the ACCR, and how

closely are the annual reports examined?

Staff Conclusion: Additional Information requested

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 1**

### **Country Narrative**

Because all of the medical schools are parts of a public institution, and not private, a financial conflict is less likely to occur. Additionally, the final votes of a Working Group in which one member involved in evaluating a medical school is also a member of the academic faculty of the medical school would not create a conflict of interest because the decisions are based on a majority vote. The collegiate composition of the Working Group and the Accreditation Commission, and the competence and character of their members assist each entity in achieving a fair and consistent accreditation process. The members of the Accreditation Commission are appointed by the Prime Minister and approved for appointment by the Parliament of the Czech Republic. Before the nomination the Prime Minister requests references from representatives of higher education institutions, the Governmental Board of the Czech Republic for Research and Development, and from the Academy of Sciences of the Czech Republic.

### **Analyst Remarks to Narrative**

The country narrative indicated that financial conflicts of interest are not likely because every medical school is in a public institution. As well, it is believed that potential conflicts would not cause a problem if someone was on a work group because the final decisions are based on a majority vote. Furthermore, it is held that the collegiate composition of the committees responsible for accreditation have the competence and character of their members, who are approved and appointed at the highest levels of government, to achieve a fair and consistent accreditation process. Nonetheless, the country does have a regulation preventing deans and rectors from serving as members of CRAC or its Working Groups.

Notwithstanding all of the above, it is unclear if there is a common understanding of the term “conflicts of interest,” or if there are any official reminders regarding the need to minimize potential conflicts throughout the accreditation process.

Therefore, the NCFMEA may wish to seek additional information on the following matter. In the absence of comprehensive written policies and procedures, how does the country remind participants involved in every aspect of the accreditation process to carefully avoid potential conflicts of interest? [Part 3, Section 5: Conflicts of Interest, Inconsistent Application of Standards, Q1]

## **Country Response**

Potential conflicts of interest are monitored by the elected Academic Senates of the Faculties (medical schools) and Universities and by the Education, Evaluation and Disciplinary Boards of the Dean's Office.

## **Analyst Remarks to Response**

In response to the draft staff report, the country noted that the academic senate of each medical school monitors potential conflicts of interest. In addition, the country reported that the Education, Evaluation and Disciplinary Boards in each school will monitor these issues as well.

Staff Conclusion: Comprehensive response provided

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2**

### **Country Narrative**

A specific statutory provision exists to prevent conflict of interest and maintain fairness in accreditation procedures. Pursuant Article 9(5) of the Statute of the CRAC, the chief workers of the schools and universities (Deans and Rectors) may not serve as members of CRAC Working Groups. In general, the possibility of conflict of interest is minimized due to the diversity maintained among members of the CRAC, who are selected by the Czech government upon recommendation of the Minister of Education, Youth and Sport and representation of higher education institutions (see Section 92 of the Act), which at present consists of Council of Higher Education Institutions and Czech Conference of Rectors.

Documentation to Section 5:

Exhibit 1: The Higher Education Act Section 92

Exhibit 2: The Statute of Accreditation Commission Article 9(5)

### **Analyst Remarks to Narrative**

Other than the previously noted regulation preventing deans and rectors from serving as members of CRAC or its Working Groups, it is unclear if the country takes any special precautions to ensure that its medical school accreditation standards are applied consistently.

Therefore, the NCFMEA may wish to seek additional information on the following matter. In the absence of comprehensive written policies and procedures, how does the country ensure that its standards for the accreditation of medical schools are applied consistently to all schools? [Part 3, Section 5:

Conflicts of Interest, Inconsistent Application of Standards, Q2]

### **Country Response**

PWG of ACCR is responsible for continuous monitoring whether the Standards for Accreditation of Medical School Programs (Exhibit 5) are applied consistently to all schools.

### **Analyst Remarks to Response**

In response to the draft staff report, the country noted that it was one of the responsibilities of the ACCR to continuously monitor whether the country standards were being consistently applied to the medical schools.

Staff Conclusion: Comprehensive response provided

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## **Section 6: Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

The Ministry of Health may provide information on the performance of medical school graduates. If it is determined that the graduates from a particular medical school do not meet the required levels of theoretical knowledge or clinical skills, the Ministry of Health will immediately initiate a reevaluation procedure which could lead to an accreditation withdrawal. CRAC does not have any outcomes data reflecting graduate performance that would assist in making accrediting decisions regarding medical faculties.

After the Work Group prepares its draft conclusions based on the self-study and its own evaluation, it prepares its conclusions for the adoption of the conclusions and recommendations by the Accreditation Commission. The Accreditation Commission meets three times a year to discuss the applications for accreditation. During the meetings, the Accreditation Committee finalizes its conclusions and recommendations regarding accreditation with the approval of at least two thirds of the members of the Accreditation Commission. The contents of these actions are forwarded to the Ministry of Education, Youth, and Sports to render and publish the accreditation decision.

### **Analyst Remarks to Narrative**

The narrative notes that after the Work Group prepares its draft conclusions based on the self-study and its own evaluation, it prepares its conclusions for consideration by CRAC. CRAC then finalizes its conclusions and makes its recommendations regarding each medical school's accreditation. The recommendations of CRAC need the approval of at least two thirds of its members before the deliberations are forwarded to the Ministry of Education, Youth and Sports for a final decision. The published accreditation standards are used throughout the process to help ensure that the final decisions are based on

those published standards.

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## **Section 6: Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

In the Czech Republic, there is no systematic, formalized procedure for evaluating the performance of medical school graduates, on a country-wide basis. In fact and in practice, any physician whose performance fell below recognized standards would lose his or her right to continue practicing medicine. But even in the rare instances when this occurs, there exists nothing to relate the person's performance to the medical school he or she graduated from.

### **Analyst Remarks to Narrative**

It is clear that the Czech Republic does not use any information on the performance of a medical school's graduates in reaching its decision on granting accreditation to the school. That being the case, the NCFMEA may wish to seek additional information on the following matter. Are there any official discussions underway to promote consideration of the performance of the graduates when evaluating a medical school for accreditation? [Part 3, Section 6: Accrediting/Approval Decisions, Q2]

### **Country Response**

There are unofficial discussions underway to promote consideration of the performance of the graduates when evaluating a medical school for accreditation. Most Faculties (medical schools) lack the feedback response of the performance of their graduates.

### **Analyst Remarks to Response**

In response to the draft staff report, the country indicated that there are no official discussions underway, although there are some unofficial ones. The country also noted that most medical school faculties have no access to the performance of their graduates.

Since the evaluation of student performance after graduation is an important concern, the NCFMEA may wish to inquire further regarding the following matter:

-- Is it possible for a mechanism to be developed that would allow medical schools faculties, and the ACCR, obtain feedback on the success of graduates?

Staff Conclusion: Additional Information requested

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## **Section 6: Accrediting/Approval Decisions, Question 3**

## **Country Narrative**

The Czech Republic currently does not establish student performance outcome measure benchmarks or requirements, or information regarding numbers of graduates passing a licensing examination, in determining whether to grant accreditation to that school.

Documentation to Section 6:

Exhibit 2: The Statute of Accreditation Commission Article 12

## **Analyst Remarks to Narrative**

As noted under the previous section, the Czech Republic does not have a systematic, formalized procedure for evaluating the performance of medical school graduates. Therefore, the country has not established any student performance outcomes measures, benchmarks, or other related requirements for medical schools that would impact their accreditation.

(Note: The question was raised under the previous section whether any official discussions were underway to promote consideration of the performance of the graduates when evaluating a medical school for accreditation.)

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## U.S. Department of Education

### Mexico: Redetermination of Comparability

Prepared October 2011

#### **Background**

At its September 1997 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the standards used by the Asociación Mexicana de Facultades y Escuelas de Medicina (AMFEM), a non-governmental accrediting entity and association that represents and provides services to Mexico's medical schools and colleges, were comparable to those used to evaluate medical schools in the United States.

At its March 2002 meeting, the NCFMEA formally accepted the report submitted by AMFEM in which it provided information on the role of the Council for the Accreditation in Superior Education (COPAES) and the effect that any relationship between AMFEM and COPAES would have on the ongoing accreditation of medical schools in Mexico. COPAES is a "civil association" established by the Public Education Secretary (SEP) in October 2000. SEP authorized COPAES to "confer formal recognition" on foreign and domestic organizations which promote quality and improvement through an accreditation process in academic programs offered by public and private schools of higher education in Mexico. COPAES regulates accreditation for higher education in Mexico by recognizing organizations that will conduct evaluations and make accreditation decisions

In July 2002, AMFEM reported on the progress of the transition of accreditation activities from AMFEM to the Mexican Board for the Accreditation of Medical Education (Board or COMAEM). COMAEM, a civil association, totally independent from AMFEM, was established (by AMFEM) to develop accreditation standards, policies and procedures to meet COPAES's requirements. COMAEM is charged with developing and implementing all the standards, policies and procedures for the accreditation of medical schools in Mexico, replacing AMFEM in these activities.

At its Spring 2004 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA or the Committee) determined that Mexico's medical accreditation entity the Consejo Mexicano para la Acreditación de la Educación Médica, A.C. (the Mexican Board for the Accreditation of Medical Education), hereafter referred to as COMAEM or "the Board", used accreditation standards and evaluation procedures for medical schools comparable to those used in the United States.

In March 2007, the NCFMEA accepted COMAEM's report regarding the current status of medical schools, an overview and summary of key accreditation activities, including site reviews and accreditation decisions, changes in its laws and regulations, standards and procedures, and information about various meetings and training sessions and site visits to medical schools and clinical clerkship sites planned for 2006.

In September 2009, Drs Valasquez-Castillo and Durante-Montiel (COMAEM) attended the NCFMEA meeting and provided additional information in a lengthy discussion with the Committee. The NCFMEA accepted COMAEM's update on its accrediting activities and invited the country to submit an application for a redetermination of comparability for review at the spring 2010 meeting. The meeting was postponed and it is COMAEM's application for a redetermination of comparability that is the subject of this report.

### **Summary of Findings**

Based on a review of the responses to the questionnaire and information that the country provided to the Department, it is not clear to staff whether Mexico has a system for the evaluation and accreditation of its medical schools that is comparable to the system used in the United States.

While the accreditation system described in the narrative and documents that were provided by the country, appears to have substantially the same components as the U.S. accreditation system, there was insufficient description and documentation of the agency's application of its policies, processes, and practices on which to support comparability between the countries.

The Committee may want to request that the COMAEM submit more comprehensive descriptions and supporting documentation of its accreditation/approval standards necessary for the NCFMEA to make an informed determination of comparability in the areas of administrative personnel and authority; remote sites; curriculum; clinical experience; supporting disciplines; ethics; communication skills; design, implementation and evaluation; admissions, recruiting and publications; student achievement; student services; student complaints; finances; facilities; faculty; library; and clinical teaching facilities as well as COMAEM's review processes and procedures.

### **Staff Analysis**

The Country is required to provide a narrative response and supporting documentation for each individual subsection of the application. The narrative and documentation is used to verify each response and demonstrate application of the process or procedures as appropriate. The narrative and all documentation submitted with the application are required to be in English translation and submitted through the electronic application system.

The Country did not respond to the draft staff analysis, instead, COMAEM mailed two disks to the Department. Disk One was in English and contained a completed self study, documentation describing the evaluation process, a number of charts, draft documents, and templates of instruments used by the agency in its evaluation process. However, the country did not provide completed evaluation instruments, and the charts and draft documents were not clearly identified. Therefore, the Department was unable to verify that the agency had applied their required processes in the evaluation of medical schools within the country. Disk Two, which may have contained the agency's laws and relevant documentation was provided in Spanish, not in English as required.

The country did not submit a response through the electronic application system as required.

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

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

#### **Country Narrative**

ALL UNIVERSITIES PUBLIC AND PRIVATE REVISED AND APPROVED BY THE MINISTRY OF EDUCATION BOTH FEDERAL AND STATE  
THE FEDERAL MINISTRY OF HEALTH AUTORIZED AND CONTROL ALL THE CLINICAL FIELDS

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

The country's narrative and its accreditation handbook indicate that the Ministry of Education's Secretary of Public Education (SEP) issues a document of approval for the medical education programs offered in all universities whether public or private. The Country's Secretary of Health (SSA) is responsible for the approval of the schools curriculum.

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### **Section 1: Approval of Medical Schools, Question 2**

#### **Country Narrative**

1. HIGH EDUCATION INSTITUTIONS: UNIVERSITIES PUBLIC AND PRIVATE
2. PUBLIC EDUCATION SECRETARY

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

The country's Accreditation Handbook, describes the process in which the Public Education Secretary, (SEP) through the Council for the Accreditation in Superior Education (COPAES) is the regulatory authority for the approval and licensure of medical schools in Mexico.

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### **Section 1: Approval of Medical Schools, Question 3**

#### **Country Narrative**

1. HIGH EDUCATION INSTITUTIONS: UNIVERSITIES PUBLIC AND PRIVATE

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

The country's Policies, Standards and Guidelines for Medical Education identify the Secretary of Public Education (SEP) as well as with input from the Secretary of Health (SSA) as the sole authorities for closing medical schools in Mexico

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### **Section 2: Accreditation of Medical Schools**

#### **Country Narrative**

1. CONSEJO MEXICANO PARA LA ACREDITACION DE LA EDUCACION MEDICA (COMAEM) = MEXICAN COUNCIL FOR THE ACCREDITATION OF MEDICAL EDUCATION
2. COMITES INTERINSTITUCIONALES PARA LA EVALUACION DE LA EDUCACION SUPERIOR EN MEXICO (CIEES)= AGENCY COMMITTEES FOR THE EVALUATION OF HIGHER EDUCATION IN MEXICO
3. COPAES
4. CIIES
5. CENEVAL

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

The agency' Accreditation Handbook describes how The Mexican government formally installed the Consejo Mexicano para la Acreditacion de la Educacion Medica, A.C. (the Mexican Board for the Accreditation of Medical Education or COMAEM), to be the entity responsible for the accreditation of all medical schools in Mexico in a ceremony in Mexico City in January 2002.

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

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

#### **Country Narrative**

## 2. MISSION, VISION AND EDUCATIONAL AIMS

THE MISSION, VISION, AND GENERAL EDUCATIONAL AIMS OF THE SCHOOL OR FACULTY ARE CLEARLY ESTABLISHED, ARE CONSISTENT, AND ARE KNOWN BY THE AUTHORITIES, TEACHERS, PUPILS AND ADMINISTRATIVE STAFF.

2.1. THE MISSION IS KNOWN BY THE COMMUNITY.

2.2. THE VISION IS KNOWN FOR COMMUNITY.

2.3. THE MISSION AND VISION ARE CONSISTENT WITH THE EDUCATIONAL AIMS.

NOTE: EACH MEDICAL COLLEGE SETS HIS OWN MISSION, VISION AND OBJECTIVES. COMAEM DOES NOT DETERMINE THE CONTENTS OF THESE ITEMS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 10-11.

### **Analyst Remarks to Narrative**

The agency provided narrative and its Accreditation Handbook that contain the agency's standards. Several COMAEM standards involve the mission and objectives of medical schools and medical education in Mexico. COMAEM's first standard requires that medical schools must clearly state their educational objectives and how these will be attained during the educational process. The process should then result in a quality education graduating general medical practitioners who will contribute to the country's health system through "competent and scientifically based practices," keeping themselves continuously up to date on current medical practices and partaking in postgraduate training or education and research.

The country also provided a completed self study report that addresses how the medical school's stated purposes and objectives and its educational program are appropriate to the mission of producing physicians needed in the country.

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### **Section 1: Mission and Objectives, Question 2**

#### **Country Narrative**

POLITICAL CONSTITUTION OF THE UNITED MEXICAN STATES, THIRD EDITION

VII. UNIVIRSITIES AND ALL OTHER HIGHER EDUCATION INSTITUTIONS UPON WHICH THE LAW HAS CONFERRED AUTONOMY, SHALL HAVE THE POWERS AND RESPONSABILITY TO GOVERN THEMSELVES; THEU SHALL CARRY OUT THEIR PURPOSES OF EDUCATING, DOINGRESEARCH AND PROMOTING CULTURE IN ACCORDANCE WITH THE PRINCIPLES

ESTABLISHED IN THIS ARTICLE, RESPECTING FREEDOM TO TEACH AND TO DO RESEARCH AND FREEDOM TO ANALYZE AND DISCUSS IDEAS; THEY SHALL DETERMINE THEIR ACADEMIC CURRICULUM; THEY SHALL ESTABLISH THE TERMS FOR THE ENGAGEMENT PROMOTION AND TENURE OF THEIR ACADEMIC PERSONNEL; AND THEY SHALL MANAGE THEIR ESTATE. LABOR RELATIONSHIPS BOTH WITH ACADEMIC PERSONNEL AND WITH MANAGEMENT PERSONNEL, SHALL BE GOVERNED BY SECTION A OF A OF ARTICLE 123 OF THIS CONSTITUTION, UNDER THE TERMS AND IN ACCORDANCE TO THE PRESCRIPTIONS ESTABLISHED BY THE FEDERAL LABOR LAW, SUBJECT TO THE NATURE PERTAINING TO A SPECIALLY REGULATED WORK, IN A MANNER CONSISTENT WITH THE AUTONOMY, FREEDOM OF TEACHING AND RESEARCH AND THE GOALS OF THE INSTITUTIONS REFERRED HEREIN, AND ...

### **Analyst Remarks to Narrative**

The agency's narrative refers to the Mexican Constitution, article 7. The English translation does not effectively address how accredited medical schools prepare graduates to enter and complete graduate medical education, and qualify for licensure. The country's accreditation handbook and its quality standards seem to indicate that in Mexico there is no licensing requirement for students to practice medicine; however, a student must have an M.D. degree earned by graduating from a program with approved courses and the "approval of the Professional Exam" (after the required period of social service). Medical schools must have a "Professional Exam" or its equivalent that confirms a graduate's knowledge in the different aspects of the basic sciences, clinical expertise, and in the general abilities and attitudes needed by a general practitioner.

New physicians must register their degrees with the Secretary of Public Education (SEP), and with the Secretary of Health.

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## **Section 2: Governance, Question 1**

### **Country Narrative**

1. BELONGS TO UNIVERSITY OR IES  
THE SCHOOL OR MEDICAL FACULTY THAT DEVELOPS AN EDUCATIONAL PROGRAM, OUGHT TO SPECIFY IN THEIR LEGISLATION AND / OR CONSTITUTIVE ACT THAT IT BELONGS EITHER TO A UNIVERSITY OR AN INSTITUTION OF HIGHER EDUCATION (IES) THAT IS LEGALLY RECOGNIZED FOR ACADEMIC PURPOSES THAT GUARANTEE THE PRIORITY OF AN ACADEMIC ENVIRONMENT APPROPRIATE FOR EDUCATION, RESEARCH AND COMPREHENSIVE DEVELOPMENT OF THE FUTURE PHYSICIAN.

1.1. BELONGS TO A UNIVERSITY OR LEGALLY RECOGNIZED IES.

1.2. PRIORITY OF ACADEMIC PURPOSES.

### 1.3. THE ACADEMIC ENVIRONMENT ENSURES EDUCATION, RESEARCH AND FUTURE DEVELOPMENT OF THE PHYSICIAN

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 12-13.

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

The agency's response briefly summarizes the requirements for legal authorization or licensure to provide a program of medical education within the country.

The agency's accreditation handbook and its quality standards require that a medical school must be part of a university or institution of higher learning legally authorized to operate within the country. This seems to infer that in Mexico, medical schools are accountable to their parent universities or an institution of studies of higher education, which must be approved by the SEP.

COMAEM provided a self study that verifies that it requires that medical schools and teaching hospitals be governed by a board of trustees/governors and have prior operating approval from SEP and the SAA of the school's medical education programs and its curriculum.

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#### **Section 2: Governance, Question 2**

##### **Country Narrative**

SI

ALL UNIVERSITIES PUBLIC AND PRIVATE REVISED AND APPROVED BY THE MINISTRY OF EDUCATION BOTH FEDERAL AND STATE THE FEDERAL MINISTRY OF HEALTH AUTORIZHED AND CONTROL ALL THE CLINICAL FIELDS

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

The narrative identifies the Ministry of Education and the Ministry of Health as the external authorities to which schools are held accountable. In addition, COMAEM policies and its standards outlined in its accreditation handbook require that the medical schools board of trustees/governors oversee the schools administration, finances and operation and be accountable to the Ministry of Education, SEP for setting policies for the medical school and the teaching hospital; to approve the budget for the school and teaching hospital upon recommendation from the dean of the school; to confirm appointments or separations of administrators, faculty; and to ensure the viability of the medical school. The agency's policies require that the members of the board of trustees/governors have the appropriate academic credentials and experience and that they meet on a regular basis to involve itself in the policy making and

governance of the medical school. The agency provided a self study verifying its evaluation of this requirement

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### **Subsection 3.1: Administrative Personnel and Authority, Question 1**

#### **Country Narrative**

##### **3. GOVERNMENT STRUCTURE**

THE SCHOOL OR FACULTY HAS A REPRESENTATIVE GOVERNMENT STRUCTURE, WHICH IS REGULATED AND STABLE AND WHICH REGULARLY MEETS AND AIMS TO SUPPORT THE EDUCATIONAL, RESEARCH AND EXTENSION FUNCTIONS.

3.1. IT HAS A STRUCTURED GOVERNMENT.

3.2. THE GOVERNMENTAL STRUCTURE IS REPRESENTATIVE.

3.3. THE REGULAR FUNCTIONING OF THE GOVERNMENTAL STRUCTURE GOVERNMENT

##### **4. LEGISLATION AND REGULATIONS**

THE CURRENT LEGISLATION AND REGULATIONS SPECIFY THE RIGHTS AND OBLIGATIONS OF AUTHORITIES, ELECTED BODIES, STUDENTS, TEACHERS, RESEARCHERS AND TECHNICAL-ADMINISTRATIVE PERSONNEL.

4.1. CURRENT LEGISLATION AND REGULATIONS SPECIFY THE RIGHTS AND OBLIGATIONS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 12-13.

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

The narrative states that current legislation and regulation specify the administrative structure and authorities of the medical school structure. In addition, the agency's standards requires that the country's medical schools be under the immediate supervision of a Dean, who is the chief academic officer of the medical programs and is appointed by the board of trustees/governors and by training and experience demonstrates an understanding of prevailing medical standards and the authority to implement them.

Two standards have requirements for the chief academic official of a medical school in Mexico. One standard requires that the dean or his or her equivalent be a physician "with outstanding academic activity with degrees and studies recognized by an approved university, and have leadership and experience in medical education, research and management." Also, the appointment of the chief academic official must be for a minimum of three years so he or she will be at the school long enough to understand it and establish policies and projects to improve the medical education at the school. The agency provided a completed self study demonstrating its evaluation of this requirement.

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## **Subsection 3.1: Administrative Personnel and Authority, Question 2**

### **Country Narrative**

#### **5. ELECTED BODIES**

THE SCHOOL OR FACULTY HAS ACADEMIC AUTHORITIES IN THE FORM OF REPRESENTATIVE ELECTED COLLECTIVE BODIES.

5.1. THE ACADEMIC AUTHORITIES ARE FORMED OF ELECTED BODIES.

5.2. THE ELECTED BODIES ARE REPRESENTATIVE.

5.3. THE OPERATION OF ELECTED BODIES IS REGULAR.

#### **6. DIRECTOR (DEAN)**

THE DIRECTOR OF THE MEDICAL SCHOOL OR FACULTY IS A PHYSICIAN WITH RECOGNIZED STUDIES AND PROFESSIONAL AND ADMINISTRATIVE EXPERIENCE IN MEDICAL EDUCATION. THE APPOINTMENT OF THE DIRECTOR OUGHT TO BE FOR A MINIMUM OF THREE YEARS SO THAT IT ALLOWS THE UNDERSTANDING OF THE INSTITUTION AND THE ESTABLISHMENT OF POLICIES AND PROJECTS FOR THE IMPROVEMENT OF THE MEDICAL EDUCATION.

6.1. THE DIRECTOR IS A PHYSICIAN WITH RECOGNIZED STUDIES.

6.2. HE HAS PROFESSIONAL AND ADMINISTRATIVE EXPERIENCE IN MEDICAL EDUCATION.

6.3. APPOINTMENT OF THE DIRECTOR IS FOR A MINIMUM OF THREE YEARS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 14-15.

### **Analyst Remarks to Narrative**

The Country narrative and the guidelines in its Accreditation Handbook identify the requirements to have elected bodies in the medical schools that are representative of the institution, board, administrators, faculty and staff , and students that are involved in the policy/decision-making and operation of the school for its effective administration. Per the narrative, the Dean has the authority and responsibility to establish policy but the narrative and documentation did not elaborate on this, nor on the extent to which the accreditor reviews the relationship between the Dean and other university officials

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis

Staff Conclusion: Additional Information requested

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**Subsection 3.1: Administrative Personnel and Authority, Question 3**

**Country Narrative**

INSTITUTIONAL STRUCTURE OF EACH UNIVERSITY AND HIGHER EDUCATION INSTITUTIONS (IES) AND ITS DIRECTIVE BOARD AUTHORIZE THE MEDICAL SCHOOL DEPARTMENT HEADS

**Analyst Remarks to Narrative**

COMAEM's standards and the guidelines state that elected committees and the various communities that makeup the medical school are operating in accordance with their responsibilities and functions as outlined in legislation and regulation. The elected committees are expected to be active in carrying out their responsibilities and to meet regularly and to communicate their findings and reports with the institutional leadership.

The agency provided a completed self study but provided no evidence that the COMAEM evaluates this requirement.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 3.2: Chief Academic Official, Question 1**

**Country Narrative**

6. DIRECTOR (DEAN)

THE DIRECTOR OF THE MEDICAL SCHOOL OR FACULTY IS A PHYSICIAN WITH RECOGNIZED STUDIES AND PROFESSIONAL AND ADMINISTRATIVE EXPERIENCE IN MEDICAL EDUCATION. THE APPOINTMENT OF THE DIRECTOR OUGHT TO BE FOR A MINIMUM OF THREE YEARS SO THAT IT ALLOWS THE UNDERSTANDING OF THE INSTITUTION AND THE ESTABLISHMENT OF POLICIES AND PROJECTS FOR THE IMPROVEMENT OF THE MEDICAL EDUCATION.

- 6.1. THE DIRECTOR IS A PHYSICIAN WITH RECOGNIZED STUDIES.  
6.2. HE HAS PROFESSIONAL AND ADMINISTRATIVE EXPERIENCE IN MEDICAL EDUCATION.  
6.3. APPOINTMENT OF THE DIRECTOR IS FOR A MINIMUM OF THREE YEARS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, P 15.

### **Analyst Remarks to Narrative**

Standard 6 in the Accreditation Handbook and the country's narrative describes the qualifications a medical school chief academic official/director must have. The Country also provided a completed self study documenting that it is a part of the accreditation review process.

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### **Subsection 3.2: Chief Academic Official, Question 2**

#### **Country Narrative**

BY ELECTION AND/OR APPOINTMENT BY THE RECTOR OF THE INSTITUTION AND THE BOARD OF DIRECTORS

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

The country's accreditation and its standards outline the selection process for its accredited medical schools, for example; two of the standards have requirements for the chief academic official of a medical school in Mexico. One standard requires that the dean or his or her equivalent be a physician "with outstanding academic activity with degrees and studies recognized by an approved university, and have leadership and experience in medical education, research and management." Also, the appointment of the chief academic official must be for a minimum of three years so he or she will be at the school long enough to understand it and establish policies and projects to improve the medical education at the school.

COMAEM requires that its medical schools governing bodies select the chief academic official of a medical school. Therefore each school's governing body is responsible for its own selection process.

The agency provided a completed self study demonstrating its evaluation of this requirement.

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### **Subsection 3.3: Faculty**

#### **Country Narrative**

#### 34. STAFF HIRING

THE HIRING OF THE SCHOOL FACULTY COVERS THE ACADEMIC NEEDS FOR COMPLIANCE WITH THE OPERATIONAL PLAN AND THE APPLICABLE LEGAL FRAMEWORK.

34.1. THE SCHOOL HAS THE TEACHING STAFF APPROPRIATE FOR ITS ACADEMIC NEEDS.

#### 35. STAFF ENTRY, PERMANENCE AND PROMOTION

THE SCHOOL OR COLLEGE HAS A SYSTEM FOR HIRING, MAINTAINING AND PROMOTION OF ALL TEACHERS WHICH IS FORMALIZED ACCORDING TO THE INSTITUTIONAL REGULATIONS AND GOVERNED SOLELY BY ACADEMIC CRITERIA.

35.1. THERE IS AN INSTITUTIONAL SYSTEM FOR HIRING, MAINTANENCE AND PROMOTION OF TEACHERS ACCORDING TO THE INSTITUTIONAL REGULATIONS.

35.2. THE SYSTEM IS IN CHARGE OF THE ELECTED BODIES.

35.3. HIRING, MAINTANENCE AND PROMOTION ARE PERFORMED BASED SOLELY ON ACADEMIC CRITERIA.

#### 36. TRAINING AND TEACHING EXPERIENCE

ALL SCHOOL TEACHERS OR FACULTY REQUIRE TRAINING AND PROFESSIONAL EXPERIENCE, DISCIPLINARY AND EDUCATIONAL ORIENTED TO THE SUBJECT THEY TEACH, CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

36.1. TEACHERS ARE TRAINED AND HAVE DISCIPLINARY AND TEACHING EXPERIENCE.

36.2. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS IS DISCIPLINE-ORIENTED TAUGHT.

36.3. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

#### 37. TRAINING AND TEACHING UPDATE

THE SCHOOL OR FACULTY IS DEVELOPING A TRAINING PROGRAM AND UPDATING IT FAVORS THE TEACHING PRACTICE

37.1. IT HAS DEVELOPED A TRAINING PROGRAM FOR UPDATING OF TEACHERS.

37.2. THE TRAINING PROGRAM AND UPDATING FAVORS TEACHING PRACTICE.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 48-51.

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

The agency's accreditation handbook and its narrative outline COMAEM's standards and expectations for its medical school faculties in accordance with standards 34 through 38. All medical schools must have an elected committee of academics and procedures it follows for the hiring based on academic credentials, promotion and discipline of full-time faculty. However, this criterion deals with faculty involvement in admissions and all phases of curriculum, which seem not to be addressed in this response

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### **Subsection 3.4: Remote Sites**

#### **Country Narrative**

THE NATIONAL MEDICAL EDUCATION ACCREDITATION SYSTEM 2008 (COMAEM) DOES NOT EXPLICITLY INCLUDE REMOTE SITES THAT ARE ACADEMIC AND ADMINISTRATIVES AUTONOMOUS. HE SITES REFERRED AS "INCORPORATED" AL ALSO REMOTE SITES BUT BASICALLY ARE REGULATE BY THE INSTITUTION BASE.

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

The agency seems to suggest that any remote sites that are part of the educational program are regulated by the main campus authority, however, it is unclear that these are evaluated by the COMAEM as part of the accreditation review. , The agency did not provide sufficient information to demonstrate how it assesses remote sites against its criteria to ensure the educational experiences at all sites are of comparable quality; that faculty in each discipline and at all sites are functionally integrated; and that there is consistency across student evaluations.

#### **Country Response**

No Response Submitted

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

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.1: Program Length, Question 1**

#### **Country Narrative**

## 10. DURATION OF THE CURRICULUM

THE CURRICULUM HAS A MINIMUM DURATION OF FIVE YEARS AND 5,000 HOURS, INCLUDING UNDERGRADUATE INTERNSHIP. NOT INCLUDED ON DUTY PERIODS OR ADDITIONAL CLINICAL PRACTICE.

10.1. THE CURRICULUM HAS THE DURATION AND THE MINIMUM NUMBER OF HOURS INDICATED.

IN GENERAL SCHOOLS OF MEDICINE HAVE 5 TO 6 ACADEMIC YEARS INCLUDING INTERNSHIP. SOME MEDICAL SCHOOLS HAVE ADDED THE YEAR OF SOCIAL SERVICE AS PART OF ACADEMIC PROGRAM.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 20.

### **Analyst Remarks to Narrative**

COMAEM accreditation handbook and its narrative specify the duration of the MD program. The minimum length of a medical education program in Mexico is five to six years/5000 plus hrs. The agency provided a completed self study verifying that it evaluates its accredited medical schools for compliance with this requirement.

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### **Subsection 4.1: Program Length, Question 2**

#### **Country Narrative**

N/A

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

The agency does not need to respond to this section.

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### **Subsection 4.2: Curriculum, Question 1**

#### **Country Narrative**

ALL THE MEDICAL SCHOOLS HAVE BASIC SCIENCES COMPONENT AS YOU MENTION ABOVE (A); ALSO, THEY HAVE THE LABORATORY PORTION OF THE BASIC SCIENCES.

## 20. BASIC FORMATION

BASIC FORMATION INCLUDES SUBJECTS IN ESSENTIAL AREAS FOR THE PRACTICE OF GENERAL MEDICINE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING WHICH WILL ALLOW THE STUDENT TO EXPLAIN THE INTERACTION BETWEEN THE DIFFERENT LEVELS OF

ORGANIZATION THAT DETERMINE THE HEALTH-DISEASE PROCESS, FROM THE MOLECULAR TO THE BIO-PSYCHOLOGICA-SOCIAL. THIS TRAINING IS DIRECTED, SUPERVISED, EVALUATED, AND FEEDBACK IS PROVIDED BY THE TEACHER.

20.1. BASIC FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

20.2. BASIC FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

20.3. THE BASIC FORMATION OF THE STUDENT IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARS 7, P 32.

### **Analyst Remarks to Narrative**

Curriculum requirements are established by the Ministry of Health. The self-study document reflects that basic sciences, socio- and bio-medical and clinical sciences courses are offered in the medical education program and include morphology (anatomy, histology, and embryology), biochemistry, physiology, physio-pathology, genetics, molecular biology, immunology, neurosciences, microbiology, pathology, pharmacology, therapeutics, statistics, epidemiology, public health, medical ethics and medical anthropology.

The COMAEM provided a completed self study demonstrating that curriculum is included in the accreditation process. However, it did not provide any documents of COMAEM's assessment of the self study as a part of the accreditation process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.2: Curriculum, Question 2**

### **Country Narrative**

## 21. CLINICAL FORMATION

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

TABLE 2. CONDITIONS FOR THE DEVELOPMENT OF EACH ACADEMIC PROGRAM IN THE CLINICAL FIELDS (EXCLUDING THE UNDERGRADUATE INTERNSHIP).

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

THE SCIENCES BASIC, INCLUDING: DISCIPLINES THAT HAVE TRADITIONALLY BEEN TITLED ANATOMY, BIOCHEMISTRY, PHYSIOLOGY, MICROBIOLOGY AND IMMUNOLOGY, PATHOLOGY, PHARMACOLOGY AND THERAPEUTICS, AND MEDICINE PREVENTIVE. LABORATORY AND PRACTICAL EXERCISES THAT FACILITATE THE ABILITY TO MAKE ACCURATE QUANTITATIVE OBSERVATIONS OF BIOMEDICAL PHENOMENA AND CRITICAL ANALYSES OF DATA.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

The agency's narrative and its standards have identified specific curricular content it expects to be included in all medical education programs that include the courses of the NCFMEA guidelines. The COMAEM provided a completed self study demonstrating that the basic sciences curriculum is included in the accreditation process. However, COMAEM did not provide any documents that verify its assessment of whether the medical education program includes all of the required subject areas.

### **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.2: Curriculum, Question 3**

### **Country Narrative**

#### **20. BASIC FORMATION**

BASIC FORMATION INCLUDES SUBJECTS IN ESSENTIAL AREAS FOR THE PRACTICE OF GENERAL MEDICINE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING WHICH WILL ALLOW THE STUDENT TO EXPLAIN THE INTERACTION BETWEEN THE DIFFERENT LEVELS OF ORGANIZATION THAT DETERMINE THE HEALTH-DISEASE PROCESS, FROM THE MOLECULAR TO THE BIO-PSYCHOLOGICA-SOCIAL. THIS TRAINING IS DIRECTED, SUPERVISED, EVALUATED, AND FEEDBACK IS PROVIDED BY THE TEACHER.

20.1. BASIC FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

20.2. BASIC FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

20.3. THE BASIC FORMATION OF THE STUDENT IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARS 7, P 32.

### **Analyst Remarks to Narrative**

It is not clear to the Department that COMAEM's standards provide any guidance to its institutions about the agency expectations for establishing curriculum requirements regarding the laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data. While the country provided a completed self study in which the institution documented its self evaluation of its laboratory portion of the medical schools basic science curriculum, the agency it did not provide any documentation that verifies that the courses listed are required by COMAEM. The country needs to provide documentation verifying that these courses are a required component of a medical schools basic science curriculum and evidence of the nature of the agency's assessment of the laboratory component as part of the accreditation process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 1**

#### **Country Narrative**

##### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

##### **22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS**

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

### 23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

### 24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

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

In the completed self-study provided with the application, the medical school lists its core clinical subjects such as; internal medicine, obstetrics and gynecology, pediatrics, medical psychology, surgery and family medicine which are required by this section of the criteria. This seems to indicate that the agency assesses the extent to which a medical school program of clinical instruction includes these competencies as requirements.

However COMAEM does not lists these subjects in its standards as required core clinical subjects at it medical schools,or provided any documentation demonstrating its assessment of this requirement.

#### **Country Response**

No Response Submitted

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

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 2**

#### **Country Narrative**

## 21. CLINICAL FORMATION

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

## 22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

## 23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

## 24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND

INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.  
24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.  
24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

As noted in COMAEM's narrative, the accreditation handbook and in the completed self study, the 3rd, 4th and 5th years of the medical education program are full clinical clerkships. The self study reveals that the agency's standards require that clinical instruction be primarily case-based utilizing the problem solving approach and emphasizing direct patient care under the guidance of a preceptor. The self study seems to indicate that clinical training program be housed in, at least, a secondary care hospital and have at least, four major clinical departments functioning- internal medicine, pediatrics, obstetrics and gynecology and surgery.

However, no documentation was provided to verify and illustrate, COMAEM's requirements regarding clinical experiences or review of the clinical portion of the curriculum.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.3: Clinical Experience, Question 3**

### **Country Narrative**

#### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY

THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

**Analyst Remarks to Narrative**

While the country identified the approach to clinical instruction , it did not provide any documentation demonstrating its review of the quality of the medical education clinical instruction with respect to organ systems and aspects of acute, chronic, continuing, preventive, and rehabilitative care.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 4**

#### **Country Narrative**

##### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

##### **22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS**

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

### 23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

### 24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

The COMAEM has standards and criteria for evaluating the quality of the clinical experience. The completed self study includes an assessment of the clinical portion of the educational program, however it is a self study conducted by the institution. Therefore, there was not sufficient evidence of COMAEM's application of its clinical standards and criteria in its assessment in the clinical education component of the medical education.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 5**

## **Country Narrative**

### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

### **22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS**

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

### **23. ROTATIONS IN CLINICAL FIELDS**

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

### **24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS**

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

The COMAEM has standards and criteria for evaluating the quality of the clinical experience. The completed self study provides an assessment of the clinical experience, but it is a self study conducted by the institution, not a agency assessment. Therefore, there was insufficient evidence provided of COMAEM's application of its clinical standards and criteria in its assessment in the clinical education component of the medical education program.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.3: Clinical Experience, Question 6**

### **Country Narrative**

#### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

While the agency has criteria for assessing that medical programs provide students with opportunities to conduct a thorough study of a broad scope of medical conditions and services and different patients; it did not provide documentation of its assessment.

### **Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 4.4: Supporting Disciplines**

**Country Narrative**

ARE INCLUDED IN THE CURRICULUM CLINICAL PATHOLOGY AND DIAGNOSTIC IMAGING

**Analyst Remarks to Narrative**

The response was not sufficient to ascertain the extent and nature of education provided to students in disciplines that support the clinical subjects. The Department could not assess or verify the information provided.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 4.5: Ethics, Question 1**

**Country Narrative**

52. COMMITTEES AND RESEARCH BIOETHICS  
BIOETHICS AND RESEARCH COMMITTEES HAVE A PROGRAM AND ARE MADE UP OF STUDENTS, TEACHERS AND ACADEMICS WHICH ARE EXTERNALLY RECOGNIZED, ADHERE TO THE SET PRINCIPLES AND METHODOLOGY, AND THEIR ACTIONS PROMOTE QUALITY MEDICAL EDUCATION.

52.1. THE BIOETHICS COMMITTEE HAS A PROGRAM AND MEETS REGULARLY.

52.2. THE BIOETHICS COMMITTEE ADHERES TO THE SET PRINCIPLES AND PROMOTE QUALITY.

52.3. THE RESEARCH COMMITTEE HAS A PROGRAM AND MEETS ON A REGULAR BASIS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 67-68.

**Analyst Remarks to Narrative**

The agency includes medical ethics in the curriculum requirements; it is unclear how the country or COMAEM assess that the educational offering in this area (medical ethics) is of sufficient quality. More information is needed.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 4.5: Ethics, Question 2**

**Country Narrative**

EACH SCHOOL IS RESPONSIBLE FOR MONITORING AND EVALUATING THE SUCCESS OF THE TRAINING OF MEDICAL ETHICS.

**Analyst Remarks to Narrative**

While COMAEM does have a standard on medical ethics , it is unclear to the Department that the agency evaluates that its accredited medical schools monitor and evaluate the success of instruction in medical ethics and human values. More information is needed.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.6: Communication Skills, Question 1**

### **Country Narrative**

PRE-CLINICAL TRAINING WILL TEACH THE STUDENT THE PHYSICAL REVIEW AND WRITING OF MEDICAL HISTORY, WHICH ALLOWED THE STUDENT LEARNING SKILLS OF COMMUNICATION WITH THE PATIENT AND HIS FAMILY.

THE TEACHERS HAVE RESPONSIBILITY TO EVALUATE THE DOCUMENT PREPARED BY THE STUDENT AND REVIEW THE PATIENT TO VERIFY THE ACCURACY OF THE MEDICAL HISTORY AND REAL HEALTH CONDITIONS OF THE PATIENT.

### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

TABLE 2. CONDITIONS FOR THE DEVELOPMENT OF EACH ACADEMIC PROGRAM IN THE CLINICAL FIELDS (EXCLUDING THE UNDERGRADUATE INTERNSHIP).

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 33-34.

### **Analyst Remarks to Narrative**

Apart from the competency that students will be able to write medical histories, the Department could not verify that the agency requires and evaluates whether its accredited medical schools teach communication skills related to a physicians relationship with his or her patients.

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.6: Communication Skills, Question 2**

### **Country Narrative**

PRE-CLINICAL TRAINING WILL TEACH THE STUDENT THE PHYSICAL REVIEW AND WRITING OF MEDICAL HISTORY, WHICH ALLOWED THE STUDENT LEARNING SKILLS OF COMMUNICATION WITH THE PATIENT AND HIS FAMILY.

THE TEACHERS HAVE RESPONSIBILITY TO EVALUATE THE DOCUMENT PREPARED BY THE STUDENT AND REVIEW THE PATIENT TO VERIFY THE ACCURACY OF THE MEDICAL HISTORY AND REAL HEALTH CONDITIONS OF THE PATIENT.

15. ABILITY TO COMMUNICATE, PROFESSIONAL DEVELOPMENT AND PRACTICE

THE SCHOOL OR FACULTY STUDENT PROVIDES THE OPPORTUNITY TO DEVELOP COMMUNICATION SKILLS, CONTINUING PROFESSIONAL DEVELOPMENT, AND FUTURE PROFESSIONAL PRACTICE.

15.1. THE ABILITY TO DEVELOP COMMUNICATION SKILLS IS PROVIDED.

15.2. THE OPORTUNITIES FOR CONTINUING PROFESSIONAL DEVELOPMENT ARE PROVIDED.

15.3. THE SKILLS FOR FUTURE PROFESSIONAL PRACTICE ARE PROVIDED.

21. CLINICAL FORMATION

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

TABLE 2. CONDITIONS FOR THE DEVELOPMENT OF EACH ACADEMIC PROGRAM IN THE CLINICAL FIELDS (EXCLUDING THE UNDERGRADUATE INTERNSHIP).

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 15, 33-34.

### **Analyst Remarks to Narrative**

The completed self study addresses instructing medical students in communication skills. However the Department could not verify that COMAEM evaluates whether the schools have processes for evaluating the success of its instruction in communication skills. No evidentiary documents of the COMEAM's assessment of a medical school was provided.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 1**

### **Country Narrative**

8. EDUCATIONAL OBJECTIVES AND / OR SKILLS  
THE EDUCATIONAL PROGRAM OBJECTIVES AND / OR TERMINAL SKILLS ARE CLEARLY DEFINED AND ALLOW THE FORMATION OF GENERAL PHYSICIANS WHO ARE ABLE TO: A) CONTRIBUTE TO THE PRESERVATION OF AND / OR RESTORATION OF AS IS THE CASE THE INDIVIDUAL AND COLLECTIVE HEALTH WITH A COMPETENT, HUMANISTIC, AND SCIENTIFICALLY SOUND PROFESSIONAL PRACTICE, B) CONTINUOUSLY ACTUALIZING ITSELF WITH ADVANCES IN MEDICAL KNOWLEDGE AND C) CONTINUING EDUCATION AS APPROPRIATE AT A

POSTGRADUATE LEVEL AND RESEARCH. WHICH SHOULD BE WIDELY KNOWN BY THE COMMUNITY.

8.1. THE OBJECTIVES AND / OR SKILLS GUARANTEE THE PRESERVATION AND / OR RESTORATION OF HEALTH.

8.2. THE OBJECTIVES AND / OR SKILLS ENSURE CONTINUOUS ACTUALIZATION OF THE PHYSICIAN.

8.3. THE OBJECTIVES AND / OR SKILLS CONSIDER FURTHER GRADUATE AND RESEARCH FORMATION.

8.4. ALLOW THE FORMATION OF GENERAL MEDICAL PRACTITIONERS.

8.5. THE OBJECTIVES AND / OR SKILLS ARE KNOWN BY THE COMMUNITY.

12. RESPONSIBILITIES OF THE ELECTED BODIES

THE DESIGN, ACTUALIZATION, AND APPROVAL OF THE CURRICULUM AND ACADEMIC PROGRAMS ARE THE RESPONSIBILITY OF THE ELECTED BODIES OR THEIR EQUIVALENT.

TABLE 1. CURRICULUM

12.1. THE ELECTED BODIES ARE RESPONSIBLE FOR THE DESIGN, APPROVAL, AND ACTUALIZATION OF THE CURRICULUM.

12.2. ELECTED BODIES ARE RESPONSIBLE FOR THE DESIGN, APPROVAL, AND ACTUALIZATION OF THE CURRICULUM.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 17-18, 23.

### **Analyst Remarks to Narrative**

The agency standards and accreditation handbook indicate that the institution faculty assist in the development of the curriculum and its elected governing body approves and periodically review the curriculum and make the necessary recommendations for its improvement. However, there was insufficient documentation provided to assess COMAEM's application of its requirement in this area.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 2**

## **Country Narrative**

THERE ARE TWO PROGRAMS IN MEXICO INDEPENDENT EVALUATION OF THE GRADUATE SCHOOL OF MEDICINE:

1. NATIONAL CENTER FOR HIGHER EDUCATION ASSESSMENT AC (CENEVAL). EGEL. COVER IS A TEST TO EVALUATE THE NATIONAL LEVEL ACADEMIC SKILLS AND ABILITIES OF THE NEWLY GRADUATE DEGREE IN GENERAL MEDICINE.

THE EGEL CAN DETECT IF DEGREE GRADUATES HAVE THE KNOWLEDGE AND SKILLS REQUIRED FOR EFFECTIVE BEGIN IN PRACTICE.

2. NATIONAL EXAMINATION FOR MEDICAL RESIDENCE (ENARM). AGENCY COMMISSION IS THE TRAINING OF HUMAN RESOURCES FOR HEALTH IS AN ORGAN OF CONSULTATION, CONSULTING AND TECHNICAL SUPPORT FOR THE DEPARTMENTS OF HEALTH AND EDUCATION AND OTHER PUBLIC AGENCIES AND INSTITUTIONS OF THE PUBLIC SECTOR, AS WELL AS AN AREA OF CONSENSUS AMONG VARIOUS INSTANCES OF THE PUBLIC, SOCIAL AND PRIVATE INTEREST IN COMMON ISSUES FOR TRAINING OF HUMAN RESOURCES FOR HEALTH.

## **Analyst Remarks to Narrative**

The agency's narrative identifies two tests . However, it is not clear that it is required that these would be used by the institution faculty to evaluate the effectiveness of the schools curriculum. While COMAEM requires that Department Heads have a responsibility to review periodically or upgrade the curriculum, it is not clear that either the agency or the institution have requirements for the conduct of a systematic evaluation of the effectiveness of the curriculum based on student performance outcome data or other internal/external measurements. There was no documentation provided that illustrated or verified any assessment by medical schools or curriculum committees for program effectiveness.

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

39. EVALUATION IS A TEACHING STAFF RESPONSIBILITY  
STUDENT EVALUATION IS THE RESPONSIBILITY OF THE TEACHER AND  
IS DONE IN STRICT COMPLIANCE WITH THE REGULATIONS INCLUDING  
SERIATION OF ACADEMIC UNITS AND STUDENTS' PROMOTION  
REQUIREMENTS.

39.1. THE RULES OF EVALUATION.

39.2. THE REQUIREMENTS OF PROMOTION ARE APPLIED.

39.3. SERIATION IS RESPECTED.

40. OBJECTIVES AND EVALUATION CRITERIA

THE OBJECTIVES AND EVALUATION CRITERIA FOR EACH ACADEMIC  
PROGRAM ARE CONSISTENT WITH THE CURRICULUM AND ARE KNOWN  
BY THE ACADEMIC COMMUNITY.

40.1. EACH ACADEMIC PROGRAM HAS OBJECTIVES AND CRITERIA  
CONSISTENT WITH THE EDUCATIONAL PLAN.

40.2. THE ACADEMIC COMMUNITY KNOWS THE OBJECTIVES AND  
EVALUATION CRITERIA.

41. EVALUATION OF LEARNING

THE ASSESSMENT OF STUDENT LEARNING REQUIRES TOOLS TO  
MEASURE KNOWLEDGE, THINKING SKILLS, PSYCHOMOTOR SKILLS,  
ATTITUDES, AND SKILLS IN LINE CONSISTENT WITH THE ACADEMIC  
PROGRAMS.

TABLE 8. EVALUATION OF LEARNING

41.1. ASSESSMENT OF KNOWLEDGE CONSISTENT WITH THE ACADEMIC  
PROGRAMS.

41.2. ASSESSMENT OF THINKING SKILLS CONSISTENT WITH THE  
ACADEMIC PROGRAMS.

41.3. EVALUATION OF PSYCHOMOTOR SKILLS CONSISTENT WITH THE  
ACADEMIC PROGRAMS.

41.4. ASSESSMENT OF ATTITUDES

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION  
SYSTEM 2008. PP. 53-55.

### **Analyst Remarks to Narrative**

The agency's standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. However, there was insufficient documentation provided to assess COMAEM's application of its requirement of faculty involvement in the accreditation review of the curriculum evaluation process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 4.7: Design, Implementation, and Evaluation, Question 4****Country Narrative**

N/A

**Analyst Remarks to Narrative**

In addition to COMAEM establishing that the Dean and Department Head conduct a review of the curriculum periodically, it suggests that two government agencies and the Secretary of Health evaluate and approve medical school curriculum. However, the agency provided conflicting information and insufficient documentation to assess the agency's application of its standards and criteria regarding the regular evaluation of curriculum in the review of the school, and its consideration of external reviews, as appropriate.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.1: Admissions, Recruiting, and Publications, Question 1****Country Narrative**

29. STUDENT SELECTION AND ADMISSION  
THE SCHOOL OR FACULTY HAS A STUDENT SELECTION AND ADMISSION SYSTEM WHICH IS CARRIED OUT BY A SELECTION COMMITTEE OR ITS COUNTERPART AND FORMALIZED ACCORDING TO ITS REGULATIONS. THE COMMITTEE DETERMINES THE CRITERIA AND SELECTION

PROCEDURES AND GIVES THE RESULTS IN A TIMELY FASHION.  
29.1. THE SCHOOL OR FACULTY HAS A STUDENT SELECTION AND ADMISSION SYSTEM.  
29.2. AN ADMISSION SELECTION COMMITTEE OR ITS COUNTERPART IS IN CHARGE OF THE OPERATION OF THE SYSTEM WHICH IS FORMALIZED ACCORDING TO THE REGULATIONS.  
29.3. THE SCHOOL OR FACULTY APPLIES THE CRITERIA AND PROCEDURES FOR THE SELECTION AND ADMISSION OF STUDENTS.  
29.4. THE SCHOOL OR FACULTY TIMELY DISSEMINATES THE RESULTS OF THE SELECTION AND ADMISSION OF STUDENTS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 52-43.

### **Analyst Remarks to Narrative**

According to the agency's narrative and its standards outlined in its accreditation manual, the authority for selecting entrants, within the parameters established by COMAEM is delegated to each medical school's selection committee. The documentation does not provide sufficient evidence of its application of its standards/criteria in this area as part of the accreditation process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

29. STUDENT SELECTION AND ADMISSION  
THE SCHOOL OR FACULTY HAS A STUDENT SELECTION AND ADMISSION SYSTEM WHICH IS CARRIED OUT BY A SELECTION COMMITTEE OR ITS COUNTERPART AND FORMALIZED ACCORDING TO ITS REGULATIONS. THE COMMITTEE DETERMINES THE CRITERIA AND SELECTION PROCEDURES AND GIVES THE RESULTS IN A TIMELY FASHION.  
29.1. THE SCHOOL OR FACULTY HAS A STUDENT SELECTION AND ADMISSION SYSTEM.  
29.2. AN ADMISSION SELECTION COMMITTEE OR ITS COUNTERPART IS IN CHARGE OF THE OPERATION OF THE SYSTEM WHICH IS FORMALIZED ACCORDING TO THE REGULATIONS.

29.3. THE SCHOOL OR FACULTY APPLIES THE CRITERIA AND PROCEDURES FOR THE SELECTION AND ADMISSION OF STUDENTS.  
29.4. THE SCHOOL OR FACULTY TIMELY DISSEMINATES THE RESULTS OF THE SELECTION AND ADMISSION OF STUDENTS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 52-43.

### **Analyst Remarks to Narrative**

The Department was not able to verify that COMAEM has any guidelines for assessing medical school catalogs, publications, or advertising material

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

### **Country Narrative**

#### **42. GRADES**

THE DELIVERY AND DISSEMINATION OF STUDENT GRADES AS WELL AS THE REVIEW AND APPEAL MECHANISMS ARE REGULATED AND ARE APPLIED CONSISTENTLY AND TIMELY.

42.1. THE DELIVERY, DISSEMINATION, REVIEW, AND APPEAL OF GRADES ARE REGULATED.

42.2. THE DELIVERY, DISSEMINATION, REVIEW, AND APPEAL OF GRADES ARE SYSTEMATIC AND TIMELY.

#### **43. SCHOOL REGISTER**

THE SCHOOL OR FACULTY HAS A SCHOOL REGISTER PROPERLY SYSTEMATIZED THAT PERMITS VERIFICATION AND ACTUALIZATION OF THE STUDENT'S ACADEMIC PERFORMANCE.

43.1. THE SCHOOL REGISTER IS SYSTEMATIZED.

43.2. THE SCHOOL REGISTER VERIFIES THE STUDENT'S ACADEMIC PERFORMANCE.

43.3. THE SCHOOL REGISTER PERFORMANCE MIRRORS THE STUDENT'S ACADEMIC PERFORMANCE.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 57-58.

**Analyst Remarks to Narrative**

The agency's policies and its standards allow for students to access their grades and appeal those grades. However, there was no documentation provided that illustrated or verified any assessment by COMAEM of institutions adherence to this requirement.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

**Country Narrative**

N/A

**Analyst Remarks to Narrative**

The country did not provide an answer to this section.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.2: Student Achievement, Question 1**

**Country Narrative**

39. EVALUATION IS A TEACHING STAFF RESPONSIBILITY  
STUDENT EVALUATION IS THE RESPONSIBILITY OF THE TEACHER AND  
IS DONE IN STRICT COMPLIANCE WITH THE REGULATIONS INCLUDING  
SERIATION OF ACADEMIC UNITS AND STUDENTS' PROMOTION  
REQUIREMENTS.

39.1. THE RULES OF EVALUATION.

39.2. THE REQUIREMENTS OF PROMOTION ARE APPLIED.

39.3. SERIATION IS RESPECTED.

40. OBJECTIVES AND EVALUATION CRITERIA

THE OBJECTIVES AND EVALUATION CRITERIA FOR EACH ACADEMIC  
PROGRAM ARE CONSISTENT WITH THE CURRICULUM AND ARE KNOWN  
BY THE ACADEMIC COMMUNITY.

40.1. EACH ACADEMIC PROGRAM HAS OBJECTIVES AND CRITERIA  
CONSISTENT WITH THE EDUCATIONAL PLAN.

40.2. THE ACADEMIC COMMUNITY KNOWS THE OBJECTIVES AND  
EVALUATION CRITERIA.

41. EVALUATION OF LEARNING

THE ASSESSMENT OF STUDENT LEARNING REQUIRES TOOLS TO  
MEASURE KNOWLEDGE, THINKING SKILLS, PSYCHOMOTOR SKILLS,  
ATTITUDES, AND SKILLS IN LINE CONSISTENT WITH THE ACADEMIC  
PROGRAMS.

TABLE 8. EVALUATION OF LEARNING

41.1. ASSESSMENT OF KNOWLEDGE CONSISTENT WITH THE ACADEMIC  
PROGRAMS.

41.2. ASSESSMENT OF THINKING SKILLS CONSISTENT WITH THE  
ACADEMIC PROGRAMS.

41.3. EVALUATION OF PSYCHOMOTOR SKILLS CONSISTENT WITH THE  
ACADEMIC PROGRAMS.

41.4. ASSESSMENT OF ATTITUDES

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION  
SYSTEM 2008. PP. 53-55.

### **Analyst Remarks to Narrative**

Review of COMAEM's narrative and supporting documentation suggest that neither COMAEM nor Mexico has a law or regulation requiring the country's medical schools to use a specific methodology to evaluate their students' academic performances. However, all medical schools have their own methods of evaluating and testing their students. COMAEM has provisions in its quality standards that require that all elements in an educational program have evaluation instruments, and that the faculty of all schools at the beginning of a course advise students on the evaluation instruments that will be used in the course. Schools must have regulations for their evaluations and for the requirements for promotions and graduation. The evaluations must explore the knowledge and skills gained by the students and their competence and ability to

solve problems. They must also demonstrate their abilities in clinical criteria and situations.

Almost all medical schools require students to pass a "Professional Exam" to get their degrees at the end of their undergraduate studies and after they have completed at least six months of their year of a required social service program. These exams have an oral "theory" part that tests students in both the basic and clinical sciences and in the socio-medical aspects and community medicine areas, and a "practical" part, where a student must perform an examination of a hospital patient, usually completing a diagnosis, treatment plan, and applicable rehabilitation and preventative recommendations. However the agency did not provide any documentation demonstrating the evaluation of this requirement in the accreditation process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.2: Student Achievement, Question 2**

### **Country Narrative**

39. EVALUATION IS A TEACHING STAFF RESPONSIBILITY  
STUDENT EVALUATION IS THE RESPONSIBILITY OF THE TEACHER AND IS DONE IN STRICT COMPLIANCE WITH THE REGULATIONS INCLUDING SERIATION OF ACADEMIC UNITS AND STUDENTS' PROMOTION REQUIREMENTS.

39.1. THE RULES OF EVALUATION.

39.2. THE REQUIREMENTS OF PROMOTION ARE APPLIED.

39.3. SERIATION IS RESPECTED.

40. OBJECTIVES AND EVALUATION CRITERIA

THE OBJECTIVES AND EVALUATION CRITERIA FOR EACH ACADEMIC PROGRAM ARE CONSISTENT WITH THE CURRICULUM AND ARE KNOWN BY THE ACADEMIC COMMUNITY.

40.1. EACH ACADEMIC PROGRAM HAS OBJECTIVES AND CRITERIA CONSISTENT WITH THE EDUCATIONAL PLAN.

40.2. THE ACADEMIC COMMUNITY KNOWS THE OBJECTIVES AND EVALUATION CRITERIA.

41. EVALUATION OF LEARNING

THE ASSESSMENT OF STUDENT LEARNING REQUIRES TOOLS TO MEASURE KNOWLEDGE, THINKING SKILLS, PSYCHOMOTOR SKILLS, ATTITUDES, AND SKILLS IN LINE CONSISTENT WITH THE ACADEMIC PROGRAMS.

TABLE 8. EVALUATION OF LEARNING

41.1. ASSESSMENT OF KNOWLEDGE CONSISTENT WITH THE ACADEMIC PROGRAMS.

41.2. ASSESSMENT OF THINKING SKILLS CONSISTENT WITH THE ACADEMIC PROGRAMS.

41.3. EVALUATION OF PSYCHOMOTOR SKILLS CONSISTENT WITH THE ACADEMIC PROGRAMS.

41.4. ASSESSMENT OF ATTITUDES

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 53-55.

### **Analyst Remarks to Narrative**

The agency's policies COMAEM's standards outlined in its accreditation handbook demonstrate that the country allows its institutions to establish their own systems for evaluating student achievement. However, there is no evidence that/how the agency is assessing the institutions' application of student evaluation in its accreditation review.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.2: Student Achievement, Question 3**

### **Country Narrative**

N/A

### **Analyst Remarks to Narrative**

Review of the documents suggests that COMAEM does not establish minimum student performance outcome standards. Also the agency failed to provide any response nor any documentation of the agency's application of its requirement in the accreditation review and decision-making process.

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.3: Student Services**

### **Country Narrative**

#### 32. COUNSELING

THE SCHOOL OR FACULTY PROVIDES ITS STUDENTS WITH ACADEMIC AND PEDAGOGIC ADVICE BY QUALIFIED PERSONNEL.

32.1. THE SCHOOL OR FACULTY PROVIDES COUNSELING BY QUALIFIED ACADEMIC PERSONNEL.

32.2. THE SCHOOL OR FACULTY PROVIDES COUNSELLING BY QUALIFIED PERSONNEL.

#### 33. MEDICAL SERVICES AND SAFETY AND HEALTH COMMITTEE

THE SCHOOL OR FACULTY PROVIDES STUDENTS WITH ACCESS TO MEDICAL SERVICES AND HAS A HEALTH AND SAFETY COMMITTEE DULY CONSTITUTED FOR THE PURPOSE OF PREVENTING RISK FACTORS IN THE INSTITUTIONAL ACTIVITIES OF THE COMMUNITY.

33.1. THE SCHOOL OR FACULTY PROVIDES ITS STUDENTS WITH ACCESS TO MEDICAL SERVICES.

33.2. THE SCHOOL OR COLLEGE HAS A HEALTH AND SAFETY COMMITTEE.

#### 60. ADMINISTRATIVE INFRASTRUCTURE, CULTURAL, SPORTS, AND RECREATION

THE SCHOOL OR COLLEGE HAS SPACES FOR ADMINISTRATIVE SERVICES, INFRASTRUCTURE AND CULTURAL AND SPORTS ACTIVITIES, AND RECREATIONAL ACTIVITIES.

#### TABLE 12. ADMINISTRATIVE INFRASTRUCTURE

#### TABLE 13. CULTURAL INFRASTRUCTURE, SPORTS, AND RECREATION

60.1. ADMINISTRATIVE SERVICES HAVE ADEQUATE SPACE.

60.2. IT HAS INFRASTRUCTURE AND CULTURAL, SPORTS, AND RECREATIONAL ACTIVITIES.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION

SYSTEM 2008. PP. 46-47, 82.

### **Analyst Remarks to Narrative**

COMAEM accreditation handbook outlines its standards and criteria regarding student support services. Each school is expected to have a functional academic advising system, as well as; a competent referral system to deal with the necessary services for all kinds of issues and problems; and available services such as guidance, dental, medical and others.. The agency provided a completed self study demonstrating an institution's self evaluation of this requirement However, no evidence of how the agency defines its expectation for those student services is provided nor is there any evidence of the assessment of student services in the accreditation review and decision-making process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.4: Student Complaints, Question 1**

### **Country Narrative**

SELF-ASSESSMENT DOCUMENT DOES NOT INCLUDE A SECTION FOR STUDENT COMPLAINTS. HOWEVER, THE DIRECTOR AND TECHNICAL COUNCIL AND ATTEND SCHOOL EACH SUCH RESOLVE COMPLAINTS.

### **Analyst Remarks to Narrative**

It is not clear that the agency has standard/criterion requiring institutions to have grievance mechanisms in place. It is also not clear how this criterion is applied to institutions nor is there evidence of its inclusion in the accreditation review process. More information is needed.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.4: Student Complaints, Question 2**

**Country Narrative**

SELF-ASSESSMENT DOCUMENT DOES NOT INCLUDE A SECTION FOR STUDENT COMPLAINTS. HOWEVER, THE DIRECTOR AND TECHNICAL COUNCIL AND ATTEND SCHOOL EACH SUCH RESOLVE COMPLAINTS.

**Analyst Remarks to Narrative**

There is no evidence that COMAEM has a policy or procedures in place to accept complaints from students regarding an institution or that any other mechanism is provided to students that may enable students to refer complaints to a higher government entity for review and adjudication as is common practice in US accreditation.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.4: Student Complaints, Question 3**

**Country Narrative**

SELF-ASSESSMENT DOCUMENT DOES NOT INCLUDE A SECTION FOR STUDENT COMPLAINTS. HOWEVER, THE DIRECTOR AND TECHNICAL COUNCIL AND ATTEND SCHOOL EACH SUCH RESOLVE COMPLAINTS.

**Analyst Remarks to Narrative**

The Department staff could not verify the agency's role in adjudicating student complaints against medical schools located in the country. No additional COMAEM procedures or other documentation are provided.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.4: Student Complaints, Question 4**

**Country Narrative**

N/A

**Analyst Remarks to Narrative**

COMAEM did not provide any documentation verifying the application and documentation of this process or any evidence that it assesses an institution on its record of student complaints in the accreditation review process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.4: Student Complaints, Question 5**

**Country Narrative**

SELF-ASSESSMENT DOCUMENT DOES NOT INCLUDE A SECTION FOR STUDENT COMPLAINTS. HOWEVER, THE DIRECTOR AND TECHNICAL COUNCIL AND ATTEND SCHOOL EACH SUCH RESOLVE COMPLAINTS.

**Analyst Remarks to Narrative**

COMAEM did not provide any documentation of the agency's monitoring of the process or evidence of its consideration of an institution's record of student complaints in the reaccreditation process

## Country Response

No Response Submitted

## Analyst Remarks to Response

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## Subsection 6.1: Finances, Question 1

### Country Narrative

PUBLIC SCHOOLS RECEIVE FEDERAL GRANT MAINLY ABOUT 80%. ARE OTHER SOURCES OF STATE GOVERNMENTS AND EQUITY. PRIVATE SCHOOL TUITION CHARGE AND RECEIVE INSTITUTIONAL SUPPORT.

#### 53. SOURCES OF FUNDING

THE SCHOOL OR FACULTY HAS FUNDING SOURCES TO ENSURE COMPLIANCE OF THEIR PROGRAMS AND THEIR AVAILABILITY COINCIDES WITH THE CYCLE OF OPERATION OF THE SCHOOL.

53.1. FUNDING SOURCES ARE IDENTIFIED AND ENSURE COMPLIANCE WITH PROGRAMS.

53.2. THEIR AVAILABILITY COINCIDES WITH THE INSTITUTIONAL OPERATING CYCLE.

#### 55. RESOURCES TO SUPPORT TEACHING AND LEARNING

THE SCHOOL OR FACULTY HAS RESOURCES TO SUPPORT TEACHING AND LEARNING CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

##### GENERAL INSTITUTION DATA

##### TABLE 9. RESOURCES TO SUPPORT TEACHING AND LEARNING

55.1. THE CHARACTERISTICS OF AUDIOVISUAL RESOURCES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55.2. THE CHARACTERISTICS OF THE ANATOMICAL MODELS ARE MORPHOLOGICALLY AND FUNCTIONALLY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

55.3. THE CHARACTERISTICS OF THE ANIMAL FACILITY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55.4. THE CHARACTERISTICS OF THE SPECIMENS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP. 69, 72-73.

### **Analyst Remarks to Narrative**

COMAEM standards require that "the school or faculty has funding sources to ensure compliance of their programs and their availability coincides with the cycle of operations of the school" and the narrative provides a brief statement on financing. COMAEM documents do not address institutional financing.

The agency does have standards and quality criteria regarding financial management, that include the clear delineation of business functions, the qualifications of the financial managers, preparation of the budget, and the expectation of effective financial management in carrying out the educational objectives. It is not clear how these expectations are defined in qualitative terms and applied to institutions nor is there documented evidence of their inclusion in the accreditation review process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.1: Finances, Question 2**

### **Country Narrative**

REVIEWS AND APPROVES EACH UNIVERSITY EDUCATIONAL PROGRAMS

### **Analyst Remarks to Narrative**

The agency provided no evidence of the process of how an institution determines the size and scope of a program or of a review of these requirements when included in the accreditation review process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.2: Facilities, Question 1**

### **Country Narrative**

#### **54. ACADEMIC INFRASTRUCTURE**

THE QUANTITY AND QUALITY OF THE ACADEMIC INFRASTRUCTURE OF THE SCHOOL OR FACULTY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

GENERAL INSTITUTIONAL DATA

TABLE 1. ACADEMIC PROGRAMS

TABLE 6. ACADEMIC INFRASTRUCTURE

54.1. THE CHARACTERISTICS OF THE CLASSROOMS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

54.2. THE CHARACTERISTICS OF LABORATORIES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

54.3. THE CHARACTERISTICS OF THE AMPHITHEATER ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

54.4. THE CHARACTERISTICS OF THE TEACHING OPERATING ROOM ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

54.5. THE CHARACTERISTICS OF THE STUDY ROOMS ARE CONGRUENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

54.6. THE CHARACTERISTICS OF MULTIPURPOSE ROOMS AND / OR AUDITORIUMS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

54.7. THE CHARACTERISTICS OF THE COMPUTER INFRASTRUCTURE ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

#### **55. RESOURCES TO SUPPORT TEACHING AND LEARNING**

THE SCHOOL OR FACULTY HAS RESOURCES TO SUPPORT TEACHING AND LEARNING CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

GENERAL INSTITUTION DATA

TABLE 9. RESOURCES TO SUPPORT TEACHING AND LEARNING

55.1. THE CHARACTERISTICS OF AUDIOVISUAL RESOURCES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55.2. THE CHARACTERISTICS OF THE ANATOMICAL MODELS ARE MORPHOLOGICALLY AND FUNCTIONALLY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

55.3. THE CHARACTERISTICS OF THE ANIMAL FACILITY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55.4. THE CHARACTERISTICS OF THE SPECIMENS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

#### **56. TEACHING STAFF INFRASTRUCTURE**

THE TEACHING STAFF OF THE SCHOOL OR FACULTY HAS CUBICLES, WORK AREAS AND / OR RESEARCH LABORATORIES, CONFERENCE

ROOMS AND COMPUTER RESOURCES ACCORDING TO THEIR ROLE.  
TABLE 7. TEACHING STAFF  
TABLE 10. TEACHING STAFF INFRASTRUCTURE  
56.1. TIME PROFESSORS HAVE FULL CUBICLES.  
56.2. PART TIME PROFESSORS HAVE WORK AREAS.  
56.3. TEACHERS HAVE MEETING ROOMS.  
56.4. TEACHERS HAVE RESEARCH LABORATORIES THAT ARE  
CONSISTENT WITH THE FUNCTION THEY PLAY.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION  
SYSTEM 2008, PP 70-75.

### **Analyst Remarks to Narrative**

The agency's narrative and accreditation handbook outline the standards which identified the facilities and equipment requirements it expects of an authorized medical school. COMAEM also has standards/criteria for library and clinical facilities, administrative support staff, laboratories and the humane care of animals. The agency also provided a completed self study that demonstrates the institution's self evaluation of this requirement. However, there is no evidence provided that demonstrates the evaluation of COMAEM's facility standards in the accreditation review process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.2: Facilities, Question 2**

### **Country Narrative**

54. ACADEMIC INFRASTRUCTURE  
THE QUANTITY AND QUALITY OF THE ACADEMIC INFRASTRUCTURE OF  
THE SCHOOL OR FACULTY ARE CONSISTENT WITH THE EDUCATIONAL  
MODEL AND ENROLLMENT.  
GENERAL INSTITUTIONAL DATA  
TABLE 1. ACADEMIC PROGRAMS  
TABLE 6. ACADEMIC INFRASTRUCTURE

54.1. THE CHARACTERISTICS OF THE CLASSROOMS ARE CONSISTENT  
WITH THE EDUCATIONAL MODEL AND REGISTRATION.

- 54.2. THE CHARACTERISTICS OF LABORATORIES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.
- 54.3. THE CHARACTERISTICS OF THE AMPHITHEATER ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 54.4. THE CHARACTERISTICS OF THE TEACHING OPERATING ROOM ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 54.5. THE CHARACTERISTICS OF THE STUDY ROOMS ARE CONGRUENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.
- 54.6. THE CHARACTERISTICS OF MULTIPURPOSE ROOMS AND / OR AUDITORIUMS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 54.7. THE CHARACTERISTICS OF THE COMPUTER INFRASTRUCTURE ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55. RESOURCES TO SUPPORT TEACHING AND LEARNING  
THE SCHOOL OR FACULTY HAS RESOURCES TO SUPPORT TEACHING AND LEARNING CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

GENERAL INSTITUTION DATA

TABLE 9. RESOURCES TO SUPPORT TEACHING AND LEARNING

- 55.1. THE CHARACTERISTICS OF AUDIOVISUAL RESOURCES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 55.2. THE CHARACTERISTICS OF THE ANATOMICAL MODELS ARE MORPHOLOGICALLY AND FUNCTIONALLY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.
- 55.3. THE CHARACTERISTICS OF THE ANIMAL FACILITY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 55.4. THE CHARACTERISTICS OF THE SPECIMENS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

56. TEACHING STAFF INFRASTRUCTURE

THE TEACHING STAFF OF THE SCHOOL OR FACULTY HAS CUBICLES, WORK AREAS AND / OR RESEARCH LABORATORIES, CONFERENCE ROOMS AND COMPUTER RESOURCES ACCORDING TO THEIR ROLE.

TABLE 7. TEACHING STAFF

TABLE 10. TEACHING STAFF INFRASTRUCTURE

- 56.1. TIME PROFESSORS HAVE FULL CUBICLES.
- 56.2. PART TIME PROFESSORS HAVE WORK AREAS.
- 56.3. TEACHERS HAVE MEETING ROOMS.
- 56.4. TEACHERS HAVE RESEARCH LABORATORIES THAT ARE CONSISTENT WITH THE FUNCTION THEY PLAY.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 70-75.

**Analyst Remarks to Narrative**

The agency has identified facilities and equipment requirements it expects of an authorized medical school. COMAEM also has standards/criteria for library and clinical facilities. However, it is not clear that these criteria are applied to institutions nor is there evidence of their application in the accreditation review process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 6.3: Faculty, Question 1**

#### **Country Narrative**

##### **36. TRAINING AND TEACHING EXPERIENCE**

ALL SCHOOL TEACHERS OR FACULTY REQUIRE TRAINING AND PROFESSIONAL EXPERIENCE, DISCIPLINARY AND EDUCATIONAL ORIENTED TO THE SUBJECT THEY TEACH, CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

##### **TABLE 7. TEACHING STAFF**

36.1. TEACHERS ARE TRAINED AND HAVE DISCIPLINARY AND TEACHING EXPERIENCE.

36.2. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS IS DISCIPLINE-ORIENTED TAUGHT.

36.3. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

##### **37. TRAINING AND TEACHING UPDATE**

THE SCHOOL OR FACULTY IS DEVELOPING A TRAINING PROGRAM AND UPDATING IT FAVORS THE TEACHING PRACTICE.

37.1. IT HAS DEVELOPED A TRAINING PROGRAM FOR UPDATING OF TEACHERS.

37.2. THE TRAINING PROGRAM AND UPDATING FAVORS TEACHING PRACTICE.

##### **38. STIMULUS PROGRAMS**

THE SCHOOL OR FACULTY HAS A REGULATED PROGRAM OF INCENTIVES TO TEACHERS WHICH ARE ASSIGNED BY THE ELECTED BODIES OR THEIR EQUIVALENT.

38.1. IT DEVELOPS A REGULATED INCENTIVE PROGRAM FOR PROFESSORS.

38.2. INCENTIVES FOR TEACHERS ARE ASSIGNED BY THE ELECTED BODIES.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 50-52.

### **Analyst Remarks to Narrative**

The agency provided its standards addressing faculty qualifications, training and development and evaluation of performance. The Department could not find any documentation that demonstrates that COMAEM establishes any student to faculty ratio of its medical schools in proportion to its mission. Also, there is no evidence of any review for adherence with the requirement during the accreditation review and decision process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.3: Faculty, Question 2**

### **Country Narrative**

36. TRAINING AND TEACHING EXPERIENCE  
ALL SCHOOL TEACHERS OR FACULTY REQUIRE TRAINING AND PROFESSIONAL EXPERIENCE, DISCIPLINARY AND EDUCATIONAL ORIENTED TO THE SUBJECT THEY TEACH, CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

TABLE 7. TEACHING STAFF

36.1. TEACHERS ARE TRAINED AND HAVE DISCIPLINARY AND TEACHING EXPERIENCE.

36.2. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS IS DISCIPLINE-ORIENTED TAUGHT.

36.3. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

37. TRAINING AND TEACHING UPDATE

THE SCHOOL OR FACULTY IS DEVELOPING A TRAINING PROGRAM AND UPDATING IT FAVORS THE TEACHING PRACTICE.

37.1. IT HAS DEVELOPED A TRAINING PROGRAM FOR UPDATING OF TEACHERS.

37.2. THE TRAINING PROGRAM AND UPDATING FAVORS TEACHING PRACTICE.

38. STIMULUS PROGRAMS

THE SCHOOL OR FACULTY HAS A REGULATED PROGRAM OF INCENTIVES TO TEACHERS WHICH ARE ASSIGNED BY THE ELECTED BODIES OR THEIR EQUIVALENT.

38.1. IT DEVELOPS A REGLAMENTED INCENTIVE PROGRAM FOR PROFESSORS.

38.2. INCENTIVES FOR TEACHERS ARE ASSIGNED BY THE ELECTED BODIES.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 50-52.

**Analyst Remarks to Narrative**

COMAEM's standards and criteria regarding faculty qualifications are outlined in its accreditation handbook. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 6.3: Faculty, Question 3**

**Country Narrative**

IN GENERAL THERE IS NOT CONFLICT OF INTERES WITH THE CLINICAL FIELD FACULTY, BECAUSE AT THE END OF THEIR DAY ENGAGED BY THE INSTITUTION ARE FREE FOR THEIR PRIVATE PRACTICE.

**Analyst Remarks to Narrative**

COMAEM did not provide any documentation demonstrating that it has written requirements guarding against conflict of interest among its medical school faculty.

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.4: Library**

### **Country Narrative**

57. BIBLIOHEMEROTECA

THE SCHOOL OR FACULTY HAS A BIBLIOHEMEROTECA WITH AN EFFICIENT ORGANIZATION, A PROFESSIONAL STAFF THAT OPERATES AND OVERSEES THE OPERATION, PROVIDES GUIDANCE, ADVICE AND TRAINING TO USERS, A COLLECTION OF UPDATED, CATALOGED AND SUFFICIENT; MECHANISMS FOR THE ACQUISITION AND SUBSCRIPTION TO MATERIALS CONSISTENT WITH THE ACADEMIC, INSTITUTIONAL, AND COMPUTER TECHNOLOGY TO LOCATE AND RETRIEVE INFORMATION. IF THE LIBRARY IS SHARED WITH ANOTHER INSTITUTION OR THERE IS A GEOGRAPHIC DISPERSION FACTOR THEN IT OUGHT TO HAVE A SUBSIDIARY LIBRARY AND / OR INSTITUTIONAL AGREEMENTS.

TABLE 11. BIBLIOHEMEROTECA

57.1. IT HAS AN EFFICIENT ORGANIZATION.

57.2. DOES IT HAVE A PROFESSIONAL STAFF TO OPERATE AND SUPERVISE THE OPERATION.

57.3. THE STAFF OFFERS GUIDANCE, ADVICE AND TRAINING TO USERS.

57.4. IT HAS AN ACTUALIZED BIBLIOGRAPHY WHICH IS CATALOGED AND SUFFICIENT.

57.5. IT HAS AN ACTUALIZED HEMEROGRAPHY WHICH IS CATALOGED AND SUFFICIENT.

57.6. HAS THE MECHANISMS FOR THE ACQUISITION AND SUBSCRIPTION OF NEW MATERIALS.

57.7. IT HAS COMPUTERS TO QUERY AND RETRIEVE INFORMATION.

57.8. IT HAS MECHANISMS OF ACCESS IF THE LIBRARY IS SHARED OR IF IT PRESENTS A GEOGRAPHICAL DISPERSION FACTOR.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 76-79.

THERE ARE NOT ESTABLISH NATIONAL STANDARS RELATED TO THE QUALITY OF A MEDICAL SCHOOL'S LIBRARY

### **Analyst Remarks to Narrative**

The agency has standards and criteria regarding library resources. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 6.5: Clinical Teaching Facilities, Question 1**

**Country Narrative**

EACH HAS MEDICAL SCHOOL AFFILIATION AGREEMENTS WITH EDUCATIONAL INSTITUTIONS BOTH PUBLIC CLINIC (HEALTH DEPARTMENT) AND PRIVATE.

**Analyst Remarks to Narrative**

COMAEM standards establishes the requirement regarding affiliation agreements; However, there is no evidence of review of affiliation agreements as a part of the accreditation review process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 6.5: Clinical Teaching Facilities, Question 2**

**Country Narrative**

#### 49. SYSTEM PLANNING

THE PLANNING SYSTEM OF THE SCHOOL OR FACULTY IS BASED ON THE COMPREHENSIVE AND SYSTEMATIC INSTITUTIONAL ASSESSMENT, HAS A MULTIDISCIPLINARY GROUP OF EXPERTS THAT AFFECTS THE SYSTEM AND ITS IMPLEMENTATION THROUGHOUT THE DEVELOPMENT PLAN AND THE RESPECTIVE INSTITUTIONAL PROGRAMS IN THE MEDIUM AND LONG RUN.

49.1. THE PLANNING SYSTEM IS BASED ON THE ASSESSMENT INSTITUTIONAL.

49.2. THE MULTIDISCIPLINARY GROUP OF EXPERTS AFFECT THE PLANNING AND EXECUTION OF SYSTEM.

49.3. THE PLANNING IS EXECUTED BY MEANS OF A DEVELOPMENT PLAN.

49.4. THE PLANNING IS CARRIED OUT BY MEANS OF INSTITUTIONAL PROGRAMS.

#### 45. CLINICAL ASSESSMENT OF FIELDS

THE EVALUATION OF CLINICAL AREAS BY THE SCHOOL OR FACULTY IS BASED ON CURRENT REGULATIONS.

45.1. THE EVALUATION OF THE CLINICAL FIELDS IS ACCORDING TO REGULATIONS.

#### 50. INTERINSTITUTIONAL AGREEMENTS

THE SCHOOL OR FACULTY HAS AGREEMENTS WITH HEALTH INSTITUTIONS IN WHICH BOTH ACCEPT THE RESPONSIBILITY OF IMPROVING THE QUALITY OF EDUCATION, MEDICAL ATTENTION, AND STRENGTHENING RESEARCH BY WORKING TOGETHER.

50.1. ALL AGREEMENTS WITH HEALTHCARE INSTITUTIONS ARE CURRENT AND UPDATED.

50.2. THE AGREEMENTS OBLIGATE THE INSTITUTIONS TO IMPROVE THE QUALITY OF EDUCATION, HEALTHCARE, AND TO STRENGTHEN RESEARCH.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 64, 60, 65.

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

COMAEM has established standards requiring the institution to evaluate all the institutions' clinical teaching sites, including the review of the most current agreements between the institution and its clinical site. However, no documentation was provided evidencing the application of these requirements during the accreditation review process

#### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

### **Section 1: Site Visit, Question 1**

#### **Country Narrative**

THE ANSWER IS COMAEM 2008 PROCEDURES MANUAL

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

This section requests information and evidence of COMAEM's policies, procedures and evidence of its conduct of on-site reviews as part of the accreditation review and decision-making process. The narrative did not provides a description of a site visit process and documentation is not sufficiently comprehensive to assess its similarity to US accreditation. The excerpts from the completed self study that was provided did not address the information requested regarding site visits.

No assessment can be made from the information provided.

#### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Section 1: Site Visit, Question 2**

#### **Country Narrative**

THE ANSWER IS COMAEM 2008 PROCEDURES MANUAL

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

While it is understood that the procedures outlined by the agency requires the site team to validate the information of the self study, it remains unclear what is the nature of the assessment the site team does against the COMAEM standards and requirements to verify that the information is accurate and reflects the quality expected by the agency for granting accreditation and how that assessment is documented by the site team . For example, do site team evaluators complete worksheets describing how the institution meets or does not meet accreditation requirements? More specific information and more comprehensive documentation is needed to assess its similarity to US accreditation which is a thoroughly documented process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

EACH INSTITUTION AGREES TO SUBMIT A COMPLIANCE PROGRAM OF THE RECOMMENDATIONS OF THE COUNCIL, TO REVIEW THE VERIFICATION REPORT.

### **Analyst Remarks to Narrative**

Apart from providing the Evaluator manual, COMAEM did not provide evidence of any additional training of its evaluators on its standards or procedures. Also, it did not provide any resumes of evaluators and its decision making body, to demonstrate the qualifications of its site team members or decision making body. The NCFMEA may wish to request that the country provide more documentation verifying the qualification of the agency's site team members and decision making body.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Section 3: Re-evaluation and Monitoring, Question 1**

#### **Country Narrative**

EVERY 5 YEARS

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

The agency narrative indicates a 5 year period between the revaluation process. However, unlike US accreditation, there is no evidence of comprehensive written policies and procedures to guide the accreditation process.

#### **Country Response**

No Response Submitted

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

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Section 3: Re-evaluation and Monitoring, Question 2**

#### **Country Narrative**

EVERY 5 YEARS

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

COMAEM did not provide written policies, procedures and documented evidence of its monitoring of its accredited institutions during their accreditation period.

#### **Country Response**

No Response Submitted

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

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 4: Substantive Change**

**Country Narrative**

EVERY SCHOOL OF MEDICINE ANNOUNCES THE PROGRAM UPDATES AND CHANGE OF THE OFFICERS.

**Analyst Remarks to Narrative**

COMAEM did not provide documentation of the agency's substantive change policies and procedures or their application.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 1**

**Country Narrative**

VERIFIERS HAVE NO CONFLICT OF INTEREST IN THE PROCESS OF ACCREDITATION (SEE MANUAL OF ETHICS).

**Analyst Remarks to Narrative**

Insufficient information and documentation was provided to demonstrate the application of effective conflict of interest policies and procedures.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2**

**Country Narrative**

SO FAR THERE HAS BEEN NO DISAGREEMENT IN THE PERFORMANCE OF SELF-ASSESSMENT AND ACCREDITATION PROCESS.

**Analyst Remarks to Narrative**

COMAEM did not provide any documentation demonstrating the application of the process to demonstrate its safeguards against conflicts of interest or the inconsistent application of standards.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 6: Accrediting/Approval Decisions, Question 1**

**Country Narrative**

GROUP OF TRUSTEES OF COMAEM REVIEW AND ANALIZE ALL THE DOCUMENTATION RELATING TO THE SELF-ASSESSMENT VISIT VERIFICATION AND REPORT OF EACH EVENT. THIS INFORMATION PERMITS THE DECISIONS TAKEN FOR ACCREDITATION OR NOT ACCREDITATION.

**Analyst Remarks to Narrative**

The agency's narrative outlines procedures that may help to ensure that decisions are based on standards. However, no documentation of COMAEM's assessment and decisions to support and verify the narrative was provided. More information and documentation, as appropriate, of its application of its decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 6: Accrediting/Approval Decisions, Question 2****Country Narrative**

GROUP OF TRUSTEES OF COMAEM REVIEW AND ANALIZE ALL THE DOCUMENTATION RELATING TO THE SELF-ASSESSMENT VISIT VERIFICATION AND REPORT OF EACH EVENT. THIS INFORMATION PERMITS THE DECISIONS TAKEN FOR ACCREDITATION OR NOT ACCREDITATION.

**Analyst Remarks to Narrative**

The agency's narrative helped describe its documentation review process, but did not include any documentation regarding the performance of the medical school graduates as required by this section. Also it provided no evidence of its application of the policy in the accreditation decision-making process. More information and evidence of how this information on performance of medical school graduate is used in the decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 6: Accrediting/Approval Decisions, Question 3****Country Narrative**

N/A

**Analyst Remarks to Narrative**

The agency has no policy that establishes student performance outcomes thresholds; and it provided no evidence of its application of the policy in the accreditation decision-making process. More information and evidence of how this information is used in the decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## U.S. Department of Education

### Hungary: Redetermination of Comparability (deferred from 2009)

Prepared October 2011

#### **Background**

In March 1997, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the accreditation standards used by the Hungarian Accreditation Committee (HAC), the accrediting body that evaluates medical schools in Hungary, were comparable to those used to evaluate programs leading to the M.D. degree in the United States. The NCFMEA reaffirmed Hungary's comparability determination in March 2003.

During its March 2009 meeting, the NCFMEA voted to defer a determination on Hungary's request for a redetermination of comparability pending receipt of additional specific information. Hungary reappeared before the NCFMEA in September 2009 and the Committee accepted the country's report on the issues identified in March 2009, but formally deferred its determination that the standards and processes used to accredit medical schools in Hungary are comparable to those used to accredit medical schools in the United States until the Spring 2010 NCFMEA meeting, pending the receipt of specific information concerning Hungary's monitoring of clinical sites abroad and its ongoing monitoring of medical schools during the eight-year accreditation period. That meeting was postponed; this report addresses those issues.

#### **Summary of Findings**

Based on its review of the information submitted by the country in its report, Department staff concludes that Hungary addressed the NCFMEA's request for additional information on the issues that had been previously identified. However, as evidence of implementation of accreditation practices is an important component of U.S. accreditation practices, the Committee may want to request additional documentation of the HAC's annual monitoring activities.

#### **Staff Analysis**

##### **Outstanding Issues**

##### **The monitoring clinical sites abroad.**

## Country Narrative

As Dr. Károly Manherz, former Deputy State Secretary for Higher Education and Science Policy indicated in his letter of 17 August 2009 to the NCFMEA, the Hungarian Accreditation Committee (hereafter: HAC) had passed a resolution on 29 May 2009 requesting Hungarian medical schools (universities) to inform the Committee about their individual university/faculty-level regulations concerning the monitoring of foreign clinical training sites (see Exhibit 1 - HAC Resolution No. 2009/5/VI/6).

Based on the information collected, HAC concluded that despite their similarities in several respects, the practices of individual Hungarian medical schools aimed at ensuring the quality of training provided to students at foreign sites of clinical training were not unified, and the mechanisms of the monitoring of foreign clinical training sites yet remained to be adequately embedded in national accreditation procedures.

With regard to the gradual expansion and growing importance of medical training programs in foreign languages at Hungarian medical schools in recent years, HAC initiated a unification process as to the monitoring of foreign clinical training sites. The process resulted in HAC's resolution of 3 December 2010 on the establishment of a national accreditation mechanism regarding the quality assurance of foreign clinical training sites in Hungarian medical training. HAC thereby set the rules of the procedure to be followed by Hungarian institutions and HAC, as well as the professional, material and staff criteria that foreign clinical training sites need to fulfil in order to be involved in medical training programs offered by Hungarian medical schools (see Exhibit 2 - HAC Resolution No. 2010/10/VI).

In formulating the new regulation, the principle of institutional autonomy (see Exhibit 3 - Cooperation of HEIs according to the Higher Education Act, Section 31) was also respected.

The regulation on conducting site visits does not apply to clinical training sites located in European Union Member States, with regard to the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (see Exhibit 4 - Directive 2005/36/EC, especially Chapter III on the recognition on the basis of coordination of minimum training conditions and Article 24 on basic medical training), transposed into Hungarian legislation by a Decree of the Minister for Health (No. 4/2008 (I.16.)).

The recognition of qualifications at European level is underpinned by the cooperation in the field of higher education and higher education quality assurance in particular, gradually developed in the European Union in the past two decades. The comparability of qualifications acquired in European countries has figured among the main strategic objectives of the European inter-governmental cooperation in the field of higher education known as the Bologna Process since its launch in 1999, with the development of appropriate underlying quality assurance mechanisms as a tool to achieve this goal. The Standards and Guidelines for Quality Assurance in the European Higher Education Area (see Exhibit 5 - Standards and Guidelines for QA in the EHEA) developed by the European Association for Quality Assurance in Higher

Education (hereafter: ENQA) are implemented in Hungarian quality assurance policy. On the occasion of its independent external evaluation in 2008, the HAC was found to be in substantial compliance with the „Standards and Guidelines for Quality Assurance in the European Higher Education Area” and is at present a full member of ENQA, while Hungary has been a governmental member of the European Quality Assurance Register for Higher Education (EQAR) since 2008.

### **Analyst Remarks to Narrative**

The Hungarian Accreditation Committee (HAC) determined that clinical training at all foreign sites was not unified, and therefore adopted a resolution regarding the professional, material, and staff requirements for clinical site visits. The resolution covers: accreditation procedures; accreditation criteria; and program requirements in various fields such as surgery, neurology, psychiatry, obstetrics/gynecology, pediatrics, including competency lists. It is not clear however, that the HAC has conducted these visits. The resolution does not apply to clinical sites in European Union member states, which were already covered by their own requirements. The Committee may want to inquire further into the findings of the HAC in conducting the clinical site visits to foreign countries.

### **Country Response**

Since the adoption of the HAC’s Resolution No. 2010/10/VI on the establishment of a national accreditation mechanism regarding the quality assurance of foreign clinical training sites in Hungarian medical training (see Exhibit 2), the first site visits taking into account the rules of procedure set in the Resolution have been conducted. Based on the results of the visits conducted (in South Korea and in Israel), the HAC passed two Resolutions (see Exhibit 9 and Exhibit 10) presenting the findings of the visiting committees and officially awarding recognition to the sites conforming to the criteria established in Resolution No. 2010/10/VI.

For the current list of the sites accepted (published on the website of HAC, at [http://www.mab.hu/english/doc/Accr-ClinicalSites\\_List.doc](http://www.mab.hu/english/doc/Accr-ClinicalSites_List.doc) in its English version), see Exhibit 10. Accreditation questionnaires in compliance with Resolution No.2010/10/VI have been used, examples are now attached (see Exhibit 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20).

### **Analyst Remarks to Response**

In its response to the draft staff analysis, the HAC provided resolutions (reports) demonstrating that it has now conducted site visits at several non-European Union clinical sites. An on-site visit to South Korea took place on December 5-10, 2010 and included the review of two clinical sites. An on-site visit to Israel took place on April 2-6, 2011 and included the review of ten clinical sites. The reports list the visiting team members and include a brief description of each clinical site.

**The ongoing monitoring of medical schools during the eight year accreditation period.**

**Country Narrative**

Hungary previously signaled to the NCFMEA in its country report that the Hungarian Accreditation Committee (hereafter: HAC) was assessing medical schools on an eight-year basis. Since the time the report was submitted, due to a modification of the Hungarian Higher Education Act in November 2009, the length of the accreditation period was changed from eight to five years. According to the present legislation, assessment shall take place every five years: “The Hungarian Accreditation Committee shall perform its tasks specified in this Act, in particular:

(...)

- e) once in every five years and in accordance with its work plan, it shall assess
- ea) education, research and artistic activities in higher education institutions and ascertain the fields of training, disciplines of science and academic levels for which an institution fulfils to the required criteria,
- eb) the implementation of the measures aimed at the development of education, research and artistic activities as defined in the quality development schemes,
- f) upon request of the higher education institution, it shall
- fa) deliver expert opinions on the introduction of undergraduate and graduate courses, the establishment of doctoral schools,
- fb) express an opinion on education, research and artistic activities.”

(See Exhibit 6 - Higher Education Act (CXXXIX of 2005), Section 109, as of Nov 2009.)

With reference to the modification above, in a resolution of December 2009 the HAC declared to reintroduce its former practice of the assessment of annual institutional reports (see Exhibit 7 - HAC Resolution No. 2009/9/XI/32) as an instrument of monitoring institutional activities in between institutional accreditations.

**Analyst Remarks to Narrative**

Legislation has been passed requiring the Hungarian Accreditation Committee (HAC) to assess medical schools on a five-year cycle, rather than the previous eight-year cycle. This legislation requires the assessment of education, research, and artistic activities in higher education and certain fields of training and the implementation of quality assessment in these activities. HAC has also re-established its practice of requiring annual reports in order to monitor its medical schools during the course of the five-year accreditation cycle. The HAC has not provided documents that demonstrate the nature and extent of its annual monitoring activity.

Upon request of the institutions involved, the HAC will also evaluate and deliver opinions on the introduction of undergraduate, graduate, and doctoral offerings and express an opinion on the school's activities.

### **Country Response**

The annual monitoring of institutional activities in between institutional accreditations is scheduled for 2011. The HAC is going to conduct this activity by the end of the year based on the institutions' reports on the implementation of their quality development programs as defined in the Higher Education Act (see Exhibit 8). The HAC will thereby assess the continuous safeguarding of the quality of training programs in general medicine and it will issue an evaluation for each institution. In the event of deficiency, the HAC will prescribe corrective measures to be taken for the higher education institution concerned.

Evaluation by the HAC will focus on issues of quality assurance at Faculties providing training in general medicine. Evaluation will reflect requirements relevant from the point of view of training programs, laid down in Part 1 (on European standards and guidelines for internal quality assurance within higher education institutions) of the "Standards and Guidelines for Quality Assurance in the European Higher Education Area" developed by the European Association for Quality Assurance in Higher Education(see Exhibit 21), including: aspects of policy and procedures for quality assurance, approval, monitoring and periodic review or programs and awards, assessment of students, quality assurance of teaching staff, learning resources and student support, information systems and the public availability of information.

### **Analyst Remarks to Response**

In its response to the draft staff analysis, the HAC provided a copy of the "Standards and Guidelines for Quality Assurance in the European Higher Education Area" and information from its Higher Education Act. These documents provide information regarding the processes related to monitoring, but do not provide the necessary documentation, such as sample annual reports, of the HAC's monitoring activities. The HAC states that its annual monitoring activities are ongoing and will be concluded by the end of this year. The Committee may want to request documentation of these annual monitoring activities.

**Staff Conclusion: Additional Information requested**

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U.S. Department of Education

Dominican Republic: Redetermination of Comparability

Prepared October 2011

**Background**

In October 1997 the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Dominican Republic to evaluate medical education programs leading to the M.D. or equivalent degree were comparable to standards of accreditation used to evaluate medical education in the United States. The NCFMEA reaffirmed its prior determination of comparability in March 2004.

Subsequent to the March 2004 meeting, the NCFMEA has requested reports from the country regarding various issues of concern. Most recently, at its fall 2008 meeting, the NCFMEA requested a report from the Dominican Republic on two outstanding issues: collection and analysis of student outcome measures, and data regarding student retention. The Committee reviewed the country's response to these two issues at its spring 2009 meeting when the country testified regarding its ongoing effort to obtain these data, which they were not able to provide in spring 2009.

NCFMEA meetings were subsequently held in abeyance pending reappointment of the Committee members. The Department requested that the Dominican Republic submit a petition for continued comparability for review at the Committee's spring 2011 meeting. The country's submission is the subject of this staff analysis.

**Summary of Findings**

Based on the information provided, there is no evidence of any major change in the standards and processes of the Dominican Republic that were last determined to be comparable by the NCFMEA in March 2004. However, as detailed in the following sections, more information and documentation is needed regarding the country's accreditation of medical education.

More information is needed, for example, regarding the role of medical schools' faculty in admissions, curricula, and hiring decisions; the processing of student complaints; and the agency's evaluation of private institutions' finances. It is also unclear whether the MESCyT plans to establish any standards or procedures to assess medical programs with respect to graduation rates.

Department staff is particularly concerned with information documenting the country's conduct of comprehensive site visits to medical schools and procedures for consistent decision-making. The country has attached documentation that includes policies and procedures used by an accrediting agency in the United States as evidence of the processes used by the MESCyT, raising questions regarding the integrity of the documents the country has submitted. In light of the inconsistent information, Department staff is not clear what written procedures the MESCyT uses to assess medical education, or its requirements for the qualifications of evaluators, decision-makers, and policy-makers.

### **Staff Analysis**

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

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

###### **Country Narrative**

Yes the designated body responsible for evaluating the quality of medical education in the Dominican Republic is:

Ministerio de Educación Superior Ciencia y Tecnología (MESCyT), (Ministry of Higher Education, Science and Technology) approved by the Consejo Nacional de Educación Superior, Ciencia y Tecnología (CONESCyT) (National Higher Education Council, Science and Technology) and the country's accrediting agency under MESCyT)

This body has clear authority to accredit and approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

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

The country has provided a copy of its authorizing law that delegates the authority for approving and denying the operation of medical schools to the Secretariat of State for Higher Education in Article 35 of Chapter IV of the law. (The entity is now referred to as the "Ministry of Higher Education, Science and Technology, please see attachment below.) Article 36 further outlines the structure of the authorizing body to be constituted by The National Board for Higher Education, Science and Technology (CONESCT), to be the highest governing body in the system. Section h) of Article 38 outlines CONESCT's authority to "Agree(ing) to the suspension, intervention, or final closing of any higher education, science and technology institutions under the provisions of this law;" this is followed by section i) which states that CONESCT will, "Draft(ing) by

mutual agreement with higher education, science and technology institutions such general guidelines as will serve as a basis for their evaluation."

CONESCT is constituted by two primary subcommissions: A National Higher Education Sub-commission, and A National Science and Technology Sub-commission. The Secretary of State for Higher Education, Science and Technology and three Under Secretaries constitute the executive body for CONESCT. The Secretary of State for Higher Education is charged under sections n) and n~) respectively, of Article 39 with, "Submitting to approval by CONESCT any applications for the organization of new higher education, science and technology institutions under such rules as are provided therefore; and Submitting to approval by CONESCT any requests for suspension, intervention or final closing of any higher education, science and technology institutions."

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### **Section 1: Approval of Medical Schools, Question 2**

#### **Country Narrative**

Yes, they do

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

Department staff verified that Chapter V of Law 139-01 on Higher Education Science and Technology, provides for the creation, organization, operation and closing of higher education institutions. Article 43 states that, "In order to establish a higher education institution as well as any extension to any as were already in operation, any interested entity apply for authorization to the Secretariat of State for Higher Education, Science and Technology. Any such application shall be forwarded together with any documents as were prescribed under any regulations that were issued by CONESCT therefore."

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### **Section 1: Approval of Medical Schools, Question 3**

#### **Country Narrative**

The president of the Dominican Republic and the Consejo Nacional de Educación Superior, Ciencia y Tecnología (CONESCyT) (National Higher Education Council, Science and Technology) have the authority to force closure.

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

Department staff verified that Chapter V of Law 139-01 on Higher Education, Science, and Technology authorizes CONESCT as the entity to force closure of higher education institutions. CONESCT is delegated this authority from the country's education ministry.

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## **Section 2: Accreditation of Medical Schools**

### **Country Narrative**

Yes, The Accreditation and Medical Education Department who in turn provides its report and recommended action(s) to Consejo Nacional de Educación Superior, Ciencia y Tecnología (CONESCyT) for their final determination.

### **Analyst Remarks to Narrative**

Department staff verified that CONSESCT is the entity that conducts evaluations of each higher education institution in order to confirm the school's compliance with a defined set of standards for operation as provided for in Chapter V of the authorizing law.

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

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

#### **Country Narrative**

The most formidable task confronting higher education is to articulate the triple relationship that relates to the mission of the university, the specific needs of the university's social, economic, and cultural environment, and the characteristics of a rapidly changing world. The university is an institution that seeks truth through the development of knowledge. It must be ideally committed to scientific and technological advancement of society as well as to its material and spiritual development. The university must also fulfill its fundamental role in shaping the human resources necessary for social development and its responsibility to help solve social and cultural problems. It is required to open itself to all areas of knowledge and thought without neglecting or underestimating possibilities. This institution, above others, must recognize the universal value of debate for the development of humankind, science, art, and culture.

The universities of the Dominican Republic must serve this public interest. A Medical School must fulfill the needs of the society it serves. Therefore it is required that it's mission assures the commitment to provide the means to fulfill it's mission, improve society, serve humankind and to insure present and future well being of our citizens. The New World's oldest university is in the Dominican Republic. We are the cradle of all higher education activity and as such it is also our understanding and mission that make our education available to any citizen of any country who wishes to improve his knowledge, to educate himself, to forge forward in its quest for advancement and the fulfillment of his God given vocation.

Yes. See Exhibit 2, Chapter 7 and 8 present our norms (standards) for the approval of medical schools in the Dominican Republic that clearly require that medical school missions must serve the public interest and its educational objectives must contribute to the school's mission

### **Analyst Remarks to Narrative**

Section c) of Article 72 of the authorizing law states that evaluations by the Secretariat of State for Higher Education, Science and Technology (SEESCT) shall "ensure that higher education shall provide responses to the demands and needs for developing human resources." Article 75 also states that, "Any evaluation by SEESCT shall take into consideration such mission, goals and the model as were expressly assumed by an institution." Finally, section c) of Article 44 of Chapter V of the authorizing law states that SEESCT will consider, "consistency and degree of coherence of any academic regulations and such mission, purposes and ends as were defined by the institution." The country has offered its interpretation of these three provisions in its narrative.

The country's requirements for medical schools to have an educational mission that serves the public interest appear to be comparable with standards for U.S. medical education.

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## **Section 1: Mission and Objectives, Question 2**

### **Country Narrative**

Our country has requirements that relate to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care. They are included in our Norms (standards) for the approval of medical schools in the Dominican Republic.

In general terms:

The Medical School is responsible for designing a curriculum that will enable the student to learn the fundamental principles of medicine. to acquire critical thinking skills based on evidence and experience. and develop the capacity to use principles and abilities wisely to solve health problems and diseases.

The curriculum should include basic medical sciences, a variety of clinical disciplines, and ethical, behavioral and socioeconomic subjects relevant to medicine.

It should be designed in such a way that it incorporates the scientific concepts that are essential to medicine.

Laboratory courses and/or practice will be clearly defined in the program

The duration of a Program will never be less that 5 years (270 weeks).

Programs will be stated by course, time for completion, theory, laboratory, practice and hospital requirements.

The requirements are included in Law 139-01 of 2002 (Exhibit 1) and our regulations are enclosed in Exhibit 2.

### **Analyst Remarks to Narrative**

Chapter III of Law 139-01 outlines the requirements for higher education institutions that prepare individuals to be physicians. The law states that the nature and courses taught at the grade level leading to the physician's degree is regulated by the National Board for Higher Education, Science and Technology. Article 33 stipulates that institutions shall have, "academic, administrative and institutional autonomy," to include such powers as, defining their governing bodies; managing their assets; organizing higher technical grade and graduate levels of study; drafting and developing curricula; awarding academic degrees in accordance with the provisions of law; teaching courses; implementing a system of faculty hiring and promotion; setting up a system of admission and promotion of students; developing projects; and forging relationships with other entities.

Chapter IV of the Law further specifies that the quality of higher education for science and technology institutions must be assessed in accordance with the human resources taking part in the system, the inputs, processes and results, managerial and academic leadership, the resources for continuous development, and the credibility of the institutions. According to Article 62, quality is also measured by an institution's curricular orientation, profile of its graduates, and the appropriateness of its scientific and technological contributions.

Department staff also verified the general provisions outlined in the country's standards are provided for in greater detail in the country's standards document. This document was provided by the country subsequent to its original submission, and is attached below.

The country's requirements for preparing graduates to qualify for licensure and to provide competent medical care are comparable to standards for U.S. medical education to the extent that faculty define and adopt the objectives of a medical program. Faculty also assess student progress and CONESCyT evaluates a medical school's retention rate as one measure of a school's success. However, the country does not have a licensing exam and it is not clear what other outcome-based measures the country uses to evaluate how medical schools prepare graduates for providing competent medical care. Further, more information is needed regarding the medical school faculty's role in evaluating the effectiveness of the educational program.

### **Country Response**

The country standards document was provided by the country subsequent to its original submission because the electronic system for some reason did not send the document with the application. It was promptly sent as soon as we were made aware it was missing.

After completing all the requirements of the medical program, the graduate receives his degree as a Doctor of Medicine. To be awarded a medical license and receive national authorization to practice medicine, a medical internship for one year at the public health network must be completed.

Said internship constitutes an in-service learning program that allows the participants to demonstrate his medical competency during their training.

(See Pasantia (Internship) Laws 146, 148, which modifies the main document and adds a third paragraph in article 1 of Pasantia (Internship) Laws 146, 148 concerning THE MEDICAL INTERNSHIP OF RECENT GRADUATES). Usually about 1% do not complete the process.

Once the year of medical internship is completed satisfactorily, the Dominican Government awards a license that authorizes the practice of medicine in the Dominican Republic. If the graduate is found not to be competent he is denied a license.

To access a Medical Residency Program, the General Practitioner must submit to the National Medical Internship Exam. This test is taken by about 85% of the graduates who are able to receive their license as general practitioner.

The National Residency exam is used as a measuring stick to determine the effectiveness and to evaluate how medical schools prepare graduates for providing competent medical care. If a school is found to have less than 60% passing rate a revision and evaluation process will be undertaken by the Accrediting Agency.

The most recent statistics published jointly by the Department of Medical Residencies and Ministry of Health demonstrates that all our universities, including foreign graduates have met the minimum.

(See the Pasantia (Internship) Laws 146, 148)

In its Regulations for Evaluation and Approval of Undergraduate and Degree Programs, art. 47, Chapter VII the MESCYT establishes, the mechanisms which Medical Schools must follow (inclusion of professors, university administrative

personnel) to ensure the quality and effectiveness of the programs.

This internal evaluation should include the effectiveness of the teaching learning processes with respect to the field of study and coherence in the syllabus, among other aspects. They must also be an integral part of the revision and evaluation process of the university

(See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, art. 47).

### **Analyst Remarks to Response**

The agency has described a National Medical Internship Exam in its narrative as an example of an outcome-based measure it uses to evaluate how medical schools prepare graduates for providing competent medical care. It appears from the country's narrative, that individuals are issued the exam after completion of their studies, but prior to the internship. The country states that it requires a 60% passage rate on the exam, and if schools fall below that benchmark, the agency conducts an evaluation process of the medical school.

The country references a set of internship laws in its narrative, and has attached the applicable laws elsewhere in its response under Part 1, Section 1, Question 2. However, Department staff could not verify the country's process regarding the issuance and use of the data from the internship exam.

Staff Conclusion: Additional Information requested

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## **Section 2: Governance, Question 1**

### **Country Narrative**

Yes,

- a. It must be a duly authorized Higher Education entity.
- b. It must meet the requirements stated in the Norm (standards) for the approval of medical schools in the Dominican Republic. This document includes all the requirements that must be met before a medical school can begin operations.

### **Analyst Remarks to Narrative**

Department staff verified that Chapter V of Law 139-01 on Higher Education Science and Technology, provides for the creation, organization, operation and closing of higher education institutions. Article 43 states that, "In order to establish a higher education institution as well as any extension to any as were already operation, any interested entity apply for authorization to the Secretariat of State for Higher Education, Science and Technology. Any such application shall be forwarded together with any documents as were prescribed under any

regulations that were issued by CONESCT therefore."

The country subsequently submitted the document attached below as its standards for the approval of medical schools in the Dominican Republic. The document sets forth requirements for medical schools to be legally authorized to provide a program of medical education. Page 4 of this document states that the country requires schools of medicine to be part of a university that is recognized by the Ministry of Higher Education, Science and Technology (MESCyT). In order to operate and grant degrees of Doctor of Medicine, the schools must also be accredited by the Commission. (The document does not specify which Commission conducts the accreditation.)

In addition to this, other requirements for medical schools include the following:

- Mission and objectives
- Admissions and graduation requirements
- Curriculum
- Assessment
- Resources
- Clinical facilities
- Administrative academic structure
- Student services
- Program evaluation and graduate monitoring
- Statistics
- Biosafety rules
- Confidentiality

The governance and accountability structure appears to be comparable to that of the U.S.; the Ministry of Education has ultimate authority for medical education in the Dominican Republic.

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## **Section 2: Governance, Question 2**

### **Country Narrative**

Yes they are. All Medical Schools are accountable to MESCyT and CONESCyT. These are the agencies who will determine if the Medical School is fulfilling or not its mission or whether or not it is complying with the standards of Higher Education, Science and Technology, its rules and/or regulations. It has the power to withdraw authorization or accreditation from any Medical School that does not meet the standards.

The requirements are included in Law 139-01 of 2002 (Exhibit 1) and our regulations in Exhibit 2

### **Analyst Remarks to Narrative**

The authorizing law makes clear the authority of MESCyT (formerly the SEESCT) and CONESCT to ratify applications for the creation, organization, and operation of higher education institutions.

The governance and accountability structure appears to be comparable to that of the U.S.; the Ministry of Education has ultimate authority for medical education.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 1**

#### **Country Narrative**

See Exhibit 2. This is found in our norms (standards) for the approval of Medical Schools in the Dominican Republic in Chapter 19, Academic and Administrative Structure. We quote:

“The Higher Education entity to who owns a Medical School must be headed by regents or some other higher administrative organism. “

“The school must have an organizational structure as presented in its organizational chart represented by deans, directors, coordinators and other important members needed by the institution. There should be a document that clearly presents the structure and organization of the school, the responsibilities of its employees and their rights.

The final authority and responsibility for the medical school as a whole lies with its Board of Directors. The members of the Board of Directors should be individuals with no financial interest or other conflict of interest in the administration of the school, its associate hospitals or any related company. The tenure of its Directors should be superposed and long enough to allow the members to have thorough knowledge of the School's programs to develop the school's policies and the community.

The final authority and responsibility for the administration of the medical school lies with its Medical School Director or Dean. They should be individuals with no financial interest or other conflict of interest in the administration of the school, its associate hospitals or any related company.

A medical school must be a component of the university with other programs that confer professional degrees. Any university environment should stimulate intellectual challenge, research spirit, search for new knowledge and permanent learning habits.

The school's administration is to be exercised by a Dean or School Director. The director must have the following qualifications in order to head the school.

A Medical Doctor, a professional of recognized standing, respected and recognized for his leadership in the community he serves.

Experienced and proven capacity to head a medical school. Must be a full time employee of the school.

Have a clear mandate to head the school.

The Dean must have free access to the chabcellor of the university, and to those other university officials as are necessary to meet the responsibilities of the Dean.

When determining the most effective organization, emphasis should be placed on the importance of effective relations among the members of the faculty relating to pre med education basic sciences and clinical sciences and continuing and graduate education. The chief officer of the medical school should consider the commitments of the members of the faculty who have multiple responsibilities, to insure the appropriate resources for every educational program.

These requirements are included in Law 139-01 of 2002 (Exhibit 1) and our regulations are enclosed in Exhibit 2.

### **Analyst Remarks to Narrative**

Chapter 19 of the country's standards state that the institution to to which the school of medicine belongs should be governed by a higher organization. Schools of medicine must present their organization structures to the accrediting commission and the Dean or Principle of the School of Medicine is responsible for the school.

The standards stipulate that the Dean or Principle must be a respected physician with leadership within the medical community, have knowledge and expertise in medical education, and access, and trust of, the University's Rector.

The administrative personnel and authority structure appears to be comparable to that of the U.S.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 2**

#### **Country Narrative**

The school's administration will be exercised by a Dean or School Director.

Must have a clear mandate to head the school.

The school will have a clearly defined organizational structure and stated in graphic presentation, integrated by a Board of directors, Dean/School Director, Supervisors. Coordinators, Department Heads, members, or its equivalent.

There should be a document that clearly presents the structure and organization of the school, the responsibilities of its employees and their rights.

Deans directors, administrators and academic personnel participate in the process of establishing the school's budget.

### **Analyst Remarks to Narrative**

Chapter 19 of the standards document stipulates that medical schools demonstrate that the medical school Dean have access and trust to the university's Rector.

The administrative personnel and authority structure appears to be comparable to that of the U.S.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 3**

#### **Country Narrative**

The Dean must have free access to the university chancellor and/or president, and to those other university officials as are necessary to meet his responsibilities as a Dean.

When determining the most effective organization, emphasis should be placed on the importance of effective relations among the members of the faculty relating to pre med education, basic sciences, and clinical sciences and continuing and graduate education. The chief officer of the medical school should consider the commitments of the members of the faculty who have multiple responsibilities, to insure the appropriate resources for every educational program.

See Exhibit 2, Chapter 4, section 5 states that the dean or school director has the responsibility to implement and supervise the school's institutional and development plan

Chapter 19 presents the criteria for the academic and administrative structure. It presents the requirements for a Medical School dean or director as well as other officers. Medical School administration will be the responsibility of the dean or medical school director. This chapter also presents the criteria for access and trust that required.

### **Analyst Remarks to Narrative**

Chapter 19 of the standards document stipulates that medical schools demonstrate that the medical school Dean have access to, and trust of, the university's Rector.

The administrative personnel and authority structure appears to be comparable

to that of the U.S.

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### **Subsection 3.2: Chief Academic Official, Question 1**

#### **Country Narrative**

See Exhibit 2, Chapter 19 presents the criteria for the academic and administrative structure officers. The school's administration is to be exercised by a Dean or School Director. The director must have the following qualifications in order to head the school.

A Medical Doctor, a professional of recognized standing, respected and recognized for his leadership in the community he serves.

Experienced and proven capacity to head a medical school. Must be a full time employee of the school.

Have a clear mandate to head the school.

The school will have a clearly defined organizational structure and stated in graphic presentation, integrated by a Dean/School Director, Supervisors, Coordinators, Department Heads. members or its equivalent.

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

The standards stipulate that the Dean or Principle must be a respected physician with leadership within the medical community, have knowledge and expertise in medical education, and access and trust to the University's Rector.

The requirements for the chief academic official appears to be comparable to that of the U.S.

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### **Subsection 3.2: Chief Academic Official, Question 2**

#### **Country Narrative**

Each university must define the process they use to select their chief academic official of the medical school. This is found in Exhibit 2, Chapter 19 of the norm (standards) for the approval of medical schools in the Dominican Republic. Schools are required to develop a manual that includes organization, structure, responsibilities, missions and privileges of administrators, school officers, faculty and students as well as different committees.

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

Chapter 19 of the standards requires schools to present a manual that demonstrate its organizational structure. The standards do not specify the selection process by which medical schools hire the chief academic official, but only stipulate general characteristics of the chief academic official.

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### **Subsection 3.3: Faculty**

#### **Country Narrative**

See Exhibit 2, Chapter 15 of the norm (standards) for the approval of medical schools in the Dominican Republic. It states the criteria for faculty participation in the admissions process.

Chapter 19 states that faculty must participate in the development of the curriculum. They participate in curriculum development.

Our accrediting agency adds to these two elements the requirement of faculty participation in the hiring process, faculty retention, promotions and peer disciplinary action.

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

Chapter 19 of the country's standards document specifies that faculty are responsible for developing the curriculum and establishing the progress of students.

It is not clear from the documentation, what role the faculty play in the hiring, retention, promotion, and discipline of faculty. The country must provide more information supported by documentation that specifies what role faculty play in the hiring, retention, promotion, and discipline of faculty.

#### **Country Response**

The MESCYT, in its Regulations for Institutions of Higher Education, (IES), Chapter IV, article XIX, requires universities to have Regulations with explicit procedures for hiring, retaining, promoting, and disciplinary actions. Faculty participation is required as part of the regulation.

(See Regulations for Institutions of Higher Education (IES), Chapter IV, Article XIX, (Regulations for IES Professors).

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

The country has provided a set of regulations that it describes in its narrative as requiring universities to have explicit procedures for hiring, retention, promotion, and discipline of faculty.

The applicable section of the regulations state that the institution must provide to the MESCyT, among other items, its teachers' regulations; it does not appear that the country has cited the applicable section in its narrative. Chapter VII of the attached regulations, however, appears to apply to university faculty. Under Article 51, the regulations state that each institution must establish criteria for the selection, promotion, and recruitment of faculty. The written regulation does not prescribe what role faculty play in the hiring, retention, promotion, and discipline of faculty.

More information is needed regarding faculty members of medical schools participation in decisions related to admissions, the curriculum, and the hiring, retention, promotion, and discipline of faculty.

Staff Conclusion: Additional Information requested

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### **Subsection 3.4: Remote Sites**

#### **Country Narrative**

Medical programs are divided into three components, Basic Science, Clinical Science and Internship. The only portion that is allowed to be taught outside of the medical school facilities is the internship component. This takes place at different hospitals. These are geographically separated since they are not within the medical school facilities. Pre Medical program is a bachelor's degree level program which is a separate level though it is part of our medical program. Premedical programs, under certain circumstances may be authorized at different branches of the school as it is customary in the United States.

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

Chapter 18 of the standards document states that schools are responsible for components of the program carried out within the premises or establishments geographically separated from the central university campus, and that these sites will be overseen by MESCyT.

The country's requirements for remote sites appear to be comparable.

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### **Subsection 4.1: Program Length, Question 1**

#### **Country Narrative**

The medical program in the Dominican Republic must have a minimum duration of five years. (260 weeks) During this time the student must approve a minimum of two hundred semester credits.

### **Analyst Remarks to Narrative**

As stated in the country's narrative, the program length of five years and credit hour requirements are outlined in Chapter 12 of the standards document.

The country's requirements for program length appear to be comparable to that of U.S. medical education.

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### **Subsection 4.1: Program Length, Question 2**

#### **Country Narrative**

Not Applicable

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### **Subsection 4.2: Curriculum, Question 1**

#### **Country Narrative**

Basic Sciences is the second level of studies in a medical program. This level of studies will contain those courses known or identified as medical basic sciences. The primary objective of this period of instruction is to provide the student with the basic and/or general skills and knowledge to recognize the usual, the unusual, organic, non-organic, as well as health problems and the means to prevent them. Students are required to have a 2.5 minimum average to be accepted to the medical program.

### **Analyst Remarks to Narrative**

The country's requirements for basic sciences are outlined in Chapter 13 and states that the main objective of this stage is to, "assist students to acquire general and basic knowledge, and tools of the usual, unusual, organic, non-organic knowledge, as well as the mechanisms of disease and prevention."

Training includes laboratory work and practical exercises in the following content areas: anatomy, molecular biology, biochemistry, embryology, histology, physiology, genetics, immunology, pathology, behavioral sciences, public health, preventive medicine, epidemiology, semiology, doctor-patient relationship, pathophysiology, pharmacology, therapeutics, and basic life support.

The country's curriculum requirements appear to be comparable to that of U.S. medical education. However, though the country answered the question above, more information is needed in the context of NCFMEA standard (f) under this section. Elsewhere the country referred to a one-year post-graduate obligatory

service to the state; the country must also provide information regarding opportunities for medical students to participate in service-learning activities as outlined under this section.

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## **Subsection 4.2: Curriculum, Question 2**

### **Country Narrative**

The primary objective of this period of instruction is to provide the student with the basic and/or general skills and knowledge to recognize the usual, the unusual, organic, non-organic, as well as health problems and the means to prevent them.

See Exhibit 2. Basic sciences should include Anatomy, Biochemistry, Embryology, Histology, Physiology, Genetics, Immunology, Pathology, Pharmacology and Therapeutics, Microbiology and Parasitology, Physiopathology, Behavioral Sciences, Public Health, Biostatistics, Preventive Medicine, Epidemiology, Image Diagnostics and Semiology.

Instruction in these basic sciences should include laboratory and other practical exercises that facilitate the capacity to make precise quantitative observations of the biomedical phenomena and critical analysis of the data, which are considered essential for the doctor's formation.

The requirement is included in our regulations are enclosed in Exhibit 2, of our Norm (Standards)

### **Analyst Remarks to Narrative**

The country's requirements for basic sciences are outlined in Chapter 13 and states that the main objective of this stage is to, "assist students to acquire general and basic knowledge, and tools of the usual, unusual, organic, non-organic knowledge, as well as the mechanisms of disease and prevention."

Training includes laboratory work and practical exercises in the following content areas: anatomy, molecular biology, biochemistry, embryology, histology, physiology, genetics, immunology, pathology, behavioral sciences, public health, preventive medicine, epidemiology, semiology, doctor-patient relationship, pathophysiology, pharmacology, therapeutics, and basic life support.

The country's curriculum requirements appear to be comparable to that of U.S. medical education. However, though the country answered the question above, more information is needed in the context of NCFMEA standard (f) under this section. Elsewhere the country referred to a one-year post-graduate obligatory service to the state; the country must also provide information regarding opportunities for medical students to participate in service-learning activities as outlined under this section.

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## **Subsection 4.2: Curriculum, Question 3**

### **Country Narrative**

Instruction in these basic sciences should include laboratory and other practical exercises that facilitate the capacity to make precise quantitative observations of the biomedical phenomena and critical analysis of the data, which are considered essential for the doctor's formation.

As a minimum our medical schools in the Dominican Republic are required the following laboratories.

1. Physiology and Pharmacology
2. Histology
3. Pathological Anatomy
4. Microbiology and Paracitology
5. Human Anatomy
6. Biochemistry
7. Genetics

Laboratories will be so designed that they will be able to provide the demonstrations, procedures and practice. The Republic suggests the use of simulators and appropriate software where possible. Each laboratory is required to have a procedures manual describing procedures, safety measures, emergencies etc. Students will be made aware of the content of these manuals.

These requirements are found in Exhibit II, Chapter 13, 13.5.

### **Analyst Remarks to Narrative**

The country's requirements for basic sciences are outlined in Chapter 13 and states that the main objective of this stage is to, "assist students to acquire general and basic knowledge, and tools of the usual, unusual, organic, non-organic knowledge, as well as the mechanisms of disease and prevention."

Training includes laboratory work and practical exercises in the following content areas: anatomy, molecular biology, biochemistry, embryology, histology, physiology, genetics, immunology, pathology, behavioral sciences, public health, preventive medicine, epidemiology, semiology, doctor-patient relationship, pathophysiology, pharmacology, therapeutics, and basic life support.

The country's curriculum requirements appear to be comparable to that of U.S. medical education. However, though the country answered the question above, more information is needed in the context of NCFMEA standard (f) under this section. Elsewhere the country referred to a one-year post-graduate obligatory service to the state; the country must also provide information regarding opportunities for medical students to participate in service-learning activities as

outlined under this section.

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### **Subsection 4.3: Clinical Experience, Question 1**

#### **Country Narrative**

The main objective of this level is to initiate the student in the required knowledge, practices and problem solving techniques that present themselves throughout the practice of medicine. Training will include direct, on hand experiences involving patient care under the direct supervision of the medical school's instructors.

Dominican Medical Schools are required have agreements with our national hospitals and health centers that guarantee its students their rotations in actual working conditions. During this time the students must be receiving instruction and evaluation from qualified university personnel. These hospitals and health centers must be previously approved and accredited for this purpose by our MESCyT Medical Department.

The student will be trained in initial patient procedures, including clinical history, physical examination, and preliminary diagnostics. The student must be guaranteed an active participation at all times in all hospital procedures.

This level should also include public health subjects that provide the student with the necessary knowledge and skills applicable to epidemiology, Prevention, Socioeconomic factors pertaining to health and disease.

Experience and instruction will be provided in actual patient care at the ambulatory and hospital stages and will include the important aspects of emergency, chronic, continuous, preventive medicine and rehabilitation care.

This level of studies will include the following subjects; Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, and Social Science.

Clinical Sciences is divided into two stages: Pre Internship and Internship,

#### **A. Pre-Internship**

During period of training will never be less than one calendar year. The student will receive instruction in theory, laboratory and practice of all courses pertaining to this level of training. Besides theory the student will be initiated in hospital practice as a pre-intern.

Minimum subject content is as follows:

Internal Medicine:

Cardiology, Neurology, Endocrinology, Hematology, Neonatology, Infectious, Radio diagnostics, Nephrology, Rheumatology, Gastroenterology and Image Diagnostics, Psychiatry, Oncology-Clinical Hematology.

Surgery:

General and Vascular Surgery, Urology, Traumatology and Orthopedics, Ophthalmology, Otorinolaringology.

Psychiatry:

Gynecology and Obstetrics

Pediatrics and Neonatology

During Pre-Internship the student will receive a minimum 32 weeks of actual hospital assistance experience.

B Internship

The student will rotate during his internship through the following areas:

Internal Medicine

12 weeks

Surgery 10 weeks

Pediatrics 8 weeks

Psychiatry 6 weeks

Gynecology and Obstetrics 8 weeks

Family [Social Medicine] 6 weeks

Total duration time of the internship [Hospital Rotation] is 52 weeks

The total time required for clinical sciences is 84 weeks. Pre internship is 32 weeks and internship is 52.

See Exhibit II, Chapter 113, 13.6, 13.7. 13.8.

### **Analyst Remarks to Narrative**

As stated in the country's narrative and stipulated in the standards document, the Dominican Republic's clinical science component is divided into a pre-internship and internship stage. Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 2**

#### **Country Narrative**

Hospitals within our national territory that serve as training centers must be accredited by national entities that establish national competencies and are approved by MESCyT medical education department. They must be approved by these instances.

The main objective of this level is to initiate the student in the required knowledge, practices and problem solving techniques that present themselves throughout the practice of medicine. Training will include direct, on hand experiences involving patient care under the direct supervision of the medical school's instructors.

The student will be trained in initial patient procedures, including clinical history, physical examination, and preliminary diagnostics. The student must be guaranteed an active participation at all times in all hospital procedures.

This level also includes public health subjects that provide the student with the necessary knowledge and skills applicable to epidemiology, prevention and Socio-economic factors pertaining to health and disease.

Students will receive basic instruction in all required courses.

Experience and instruction will be provided in actual patient care at the ambulatory and hospital stages and will include the important aspects of emergency, chronic, continuous, preventive and rehabilitation care.

This level of studies will include the following subjects; Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, and Social Science.

Clinical Sciences will consist of two stages: Pre Internship and Internship,

#### **A. Pre-Internship**

During period of training will never be less than one calendar year. The student will receive instruction in theory, laboratory and practice of all courses pertaining to this level of training. Besides theory the student will be initiated in hospital practice as a pre-intern.

Minimum subject content is as follows:

Internal Medicine:

Cardiology, Neurology, Endocrinology, Hematology, Neonatology, Infectious, Radio diagnostics, Nephrology, Rheumatology, Gastroenterology and Image Diagnostics, Psychiatry, Oncology-Clinical Hematology.

Surgery:

General and Vascular Surgery, Urology, Traumatology and Orthopedics, Ophthalmology, Otorinolaringology.

Psychiatry:

Gynecology and Obstetrics

Pediatrics and Neonatology

During Pre-Internship the student will receive a minimum 32 weeks of actual hospital assistance experience.

B. Internship

This second stage of the third level of studies is identified as Internship or Hospital Rotation. It will be a minimum of 1 calendar year.

Hospitals, medical centers clinics or other facilities public or private for student internship at national or international level must have the approval of MESCYT's medical department before training is offered.

Medical schools may make arrangements for internships outside the national territory. However, they must meet previously the following requirements:

1. An agreement or contract must be made by the school and the training facility, in writing, that explicitly states in detail the content of such agreement.
2. Hospitals that offer training in areas not part of the national territory must have proper authorization from their governmental authorities to offer such training and must also meet the criteria of MESCYT prior to implementation of the agreement or contract.
3. Training programs at these facilities require previous approval. The agreement or contract must clearly state and define the character and requirements of training to be offered.
4. The university will receive a complete student evaluation of his performance

during training.

5. Family (Social Medicine) rotation will only be approved in the constraints of our national territory.

During this phase of studies the student will be engaged in a full time schedule of hospital work, assigned to specific areas for a specific period of time and under the supervision of a professor/instructor/teacher/coordinator that is part of the staff of the university.

The student will rotate during his internship through the following areas with the minimum specified time of experience:

Internal Medicine 12 weeks  
Surgery 10 weeks  
Pediatrics 8 weeks  
Psychiatry 6 weeks  
Gynecology and Obstetrics 8 weeks  
Family [Social Medicine] 6 weeks

Total duration time of the internship [Hospital Rotation] is 52 weeks

Each course must be clearly stated including time and distribution of the academic load on a weekly basis.

The curriculum will offer elective courses as additional help in the learning process. These courses must be stated and defined in the curriculum. Each course must be clearly stated including time and distribution of the academic load on a weekly basis.

The curriculum will offer elective courses as additional help in the learning process. These courses must be stated and defined in the curriculum.

Requirements are stated in the norm (standards) for the approval and accreditation of medical schools of the Dominican Republic, Chapter 13, 13.6 to 13.8

This level of studies will include the following subjects; Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, and Social Science.

See Exhibit II, Chapter 113, 13.6, 13.7, 13.8.

### **Analyst Remarks to Narrative**

The country's standards document requires clinical experience in the following disciplines: Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 3**

#### **Country Narrative**

The student will be trained in initial patient procedures, including clinical history, physical examination, and preliminary diagnostics. This includes instruction and first hand experience that includes all organ systems that include aspects of acute, chronic, continuing, preventive and rehabilitative care. The student is guaranteed an active participation at all times in all hospital procedures.

This level also includes public health subjects that provide the student with the necessary knowledge and skills applicable to epidemiology, prevention. and Socio-economic factors pertaining to health and disease.

Experience and instruction will be provided in actual patient care at the ambulatory and hospital stages and will include the important aspects of emergency. chronic. continuous, preventive and rehabilitation care.

This level of studies will include the following subjects; Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, and Social Science.

See Exhibit II, Chapter 113, 13.6, 13.7. 13.8.

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

As stated in the country's narrative and stipulated in the standards document, the Dominican Republic's clinical science component is divided into a pre-internship and internship stage. Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

The country's requirements for clinical experience appear to be comparable to

that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 4**

#### **Country Narrative**

See response to #1 of this section.

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

As stated in the country's narrative and stipulated in the standards document, the Dominican Republic's clinical science component is divided into a pre-internship and internship stage. Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

Chapter 13.6 of the standards document states that the primary objective of the clinical experience is to, "introduce students with the knowledge, approach and solution to problems arising in the course of medical science. The teaching and learning experiences should include direct experiences in the care of the patient under the supervision and guidance of the schools of medicine." Students are to be instructed in the preparation of the first patient, including medical history and physical examination; as well as the preliminary diagnosis.

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 5**

#### **Country Narrative**

See response to #1 of this section.

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

Chapter 13.6 of the country's standards states that clinical experience should include, "training and experience in direct patient care, in the ambulance as well as in the hospital environments, and should include important aspects of acute, chronic, continuing, preventive, and rehabilitation care."

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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## **Subsection 4.3: Clinical Experience, Question 6**

### **Country Narrative**

See response to #1 of this section.

### **Analyst Remarks to Narrative**

Chapter 13.6 of the standards document states that the primary objective of the clinical experience is to, "introduce students with the knowledge, approach and solution to problems arising in the course of medical science. The teaching and learning experiences should include direct experiences in the care of the patient under the supervision and guidance of the schools of medicine." Students are to be instructed in the preparation of the first patient, including medical history and physical examination; as well as the preliminary diagnosis.

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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## **Subsection 4.4: Supporting Disciplines**

### **Country Narrative**

During this phase of studies the student will be engaged in a full time schedule of hospital work, assigned to specific areas for a specific period of time and under the supervision of a professor/instructor/teacher/coordinator that is part a the staff of the university.

The student will rotate during his internship through the following areas with the minimum specified time of experience:

Internal Medicine 12 weeks  
Surgery 10 weeks  
Pediatrics 8 weeks  
Psychiatry 6 weeks  
Gynecology and Obstetrics 8 weeks  
Family [Social Medicine) 6 weeks

Total duration time of the internship [Hospital Rotation] is 52 weeks

Each course must be clearly stated including time and distribution of the academic load on a weekly basis.

The curriculum will offer elective courses as additional help in the learning process. These courses must be stated and defined in the curriculum.

Requirements are stated in the norm (standards) for the approval and accreditation of medical schools of the Dominican Republic, Chapter 13, 13.6 to 13.8

### **Analyst Remarks to Narrative**

As stated in the country's narrative and stipulated in the standards document, the Dominican Republic's clinical science component is divided into a pre-internship and internship stage. Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

The country did not specify the country's requirements for diagnostic imaging and clinical pathology, though the standards state that students shall receive basic instruction oriented to primary care in all required fields.

The country's requirements for supporting disciplines appear to be comparable.

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### **Subsection 4.5: Ethics, Question 1**

#### **Country Narrative**

This is found in Chapter 24, Professional and Confidentiality Code of Conduct

Medical Schools will train and educate their students on ethical principles and conduct that is inherent to a medical doctor. He will be knowledgeable, respectful of his code of ethics that will guide him throughout his life. This is an integral part of our medical training.

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

Chapter 24, titled, "Confidentiality Code and Professional Secret" of the country's standards, states the following, "Confidentiality and medical secret is part of the contract executed between the health personnel and the patients. The School shall teach the students about fulfillment of this ethical duty, which is inherent to the career of medicine and needs to be taught and practiced since the beginning of the student's formation at the health centers."

It is not clear from this provision whether schools are required to teach medical ethics and human values. As translated, this section appears to speak only to physician-patient confidentiality. Department staff needs more information regarding the country's requirements for teaching medical ethics and human values.

## **Country Response**

It is required in the Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic, in Chapter 8, item D:

“To forge a medical professional who is knowledgeable about and respectful of the code of ethics and who manifests a sense of and capacity for leadership in his community.”

Furthermore, also in Chapter 13, paragraph 12 we require:

“In conjunction with the need to form a professional with skills that guarantee appropriate performance towards the community, the study program should, besides the contents about the knowledge pertaining to medicine, contemplate aspects of bioethics, communication skills, health networks, medical management skills and the economics of health, social and community work as well as new technologies applied to medicine and research.”

## **Analyst Remarks to Response**

The agency has cited the applicable section of law that requires the medical curriculum to include the instruction of bioethics.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.5: Ethics, Question 2**

### **Country Narrative**

From his first day of attendance to the medical school and until his graduation day, our medical students are subject to continuous observation and evaluation. Medical Schools must offer course relating to humanities and medical ethics. This is presented in Chapter 9 and 10 of the norm (standards) for the approval and accreditation of medical schools of the Dominican Republic

### **Analyst Remarks to Narrative**

The section of the standards referred to in the country's narrative has to do with the admissions profile of a student coming into medical school. This section does not speak to how medical schools ensure instruction in medical ethics and human values. Department staff could not locate courses outlined in the standards relating to humanities and medical ethics.

Department staff needs more information regarding the country's requirements for instruction in medical ethics and human values.

## **Country Response**

Privacy and medical confidentiality are part of the contract that is established between health professional and the patients.

The Medical School instructs its students about compliance with this ethical duty, which is inherent in the medical career and must begin to be taught and practiced from the initial formative stage of students in health centers.

During the Evaluation process of Schools of Medicine (accreditation), it was evidenced that all the study programs contemplated a subject dealing with ethics.

See Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic.

### **Analyst Remarks to Response**

The country has indicated in its narrative that medical ethics and human values are embedded throughout the medical program curriculum, and, in the previous section, has provided the curricular requirement.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.6: Communication Skills, Question 1**

#### **Country Narrative**

Medical Schools are responsible for curriculum design and should insure that fundamental principles of medicine as well as the acquisition of career basic skills are taught, as well as communication skills , critical judgment based on evidence and use of experience to promote health, prevent, handle and solve those problems that are inherent to the field.

The curriculum includes 6 credits for Spanish course and twelve credits for English that promotes a professional that are able to communicate in more than one language.

Chapter 12, Curriculum Structure states: “Medical Schools must include in their curriculum medical fundamental principles, development of basic communication skills, critical judgment, based on evidence and experience to promote

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

Chapter 12 of the standards does state that a medical school is responsible for designing a curriculum that includes, among other areas, teaching of communication skills.

The country's requirements appear to be comparable to that of U.S. medical education.

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## **Subsection 4.6: Communication Skills, Question 2**

### **Country Narrative**

Throughout his studies the student will make presentations through which he will make use of his communication skills that are subject to his evaluation process.

### **Analyst Remarks to Narrative**

It is not readily apparent from the country's response and documentation that medical schools are required to have programs in place to monitor and evaluate the success of the instruction of communication skills.

Department staff needs more information regarding medical school programs that monitor and evaluate the success of the instruction in communication skills.

### **Country Response**

Our Country Standards for the Approval and Regulation of Schools of Medicine in the Dominican Republic require that the programs of study must include at least six credits in subjects that develop communication skills. The Basic Science Cycle must include subjects with content pertaining to the doctor-patient relationship. The objective is specifically to develop skills for establishing effective communication between doctor and patient.

Chapter 12, paragraph 1: "The School of Medicine is responsible for designing a curriculum which must include instruction of the fundamental principles of medicine as well as the acquisition of the abilities and basic skills necessary for the performance of their careers such as: communication skills, critical thinking based on evidence, the use of experience to promote, prevent, and solve programs inherent to the issues."

Our country standards document, chapter 13, paragraph 17 and 18, it states:

"Medical education possess diverse interaction modalities for lecturing tasks by professors or tutors, whose purpose is to facilitate instruction so that the student can acquire his knowledge; furthermore, the instructor must foster self-study and a permanent aptitude towards life continuing learning.

Teaching and learning strategies used by Medical Schools, such as problem-based learning (PBL), the use of standardized patients, simulated scenarios, cooperative learning, among others, promote the continuous development and evaluation of students' communication skills.

Medical schools evaluate the successful instruction in communication skills by means of student presentation of diverse topics during class participation, use of rubrics, and objective testing designed by professors, examination and short

quizzes.

### **Analyst Remarks to Response**

The agency has stated in its response that medical schools evaluate the successful instruction in communication skills by requiring student presentation, and other tests and rubrics. Communication skills are assessed under this standard outlined in Chapter Thirteen of the country's documentation.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.7: Design, Implementation, and Evaluation, Question 1**

#### **Country Narrative**

See Chapter 13, Curriculum. The norm (Standards) for the approval and accreditation of medical schools presents in Chapter 13.1, curriculum the following:

The curriculum must be designed by adopting curricular models recognized by international medical education.

The design will be defined by levels or stages that should be offered in order and execution.

MESCyt ha establish a minimum content for each of these stages that all universities must adhere to. These are:

Pre-Med must integrate general studies in different knowledge areas such as;

#### **CREDITS COURSES**

8 Behavioral Sciences

8 Organic Chemistry

8 Inorganic Chemistry

8 Physical Sciences

8 Biological Sciences

8 Social Sciences (Universal, Dominican History) Economy

8 Mathematics

6 Spanish

12 English

1 University Orientation

3 Scientific Methodology

12 Elective Courses

90 TOTAL CREDITS

PRE-MED: Required Laboratories

1. Physics

2. Biology

3. Chemistry

## BASIC SCIENCES

All medical program curriculums must include the following content; Anatomy, Biology, Molecular, Biochemistry, Embryology, Histology, Physiology, Genetics, Immunology, pathology, Behavioral Science, Public Health, Preventive Medicine, Epidemiology, Semiology, Patient Doctor Relations, Physiopathology, Pharmacology, Therapeutics, Basic Life Support.

### BASIC SCIENCES: Required Laboratories

1. Physiology and Pharmacology

2. Histology

3. Pathological Anatomy

4. Microbiology and Parasitology

5. Human Anatomy

6. Biochemistry

7. Genetics

## CLINICAL SCIENCES

This stage requires instruction on Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, Social Work.

Clinical Sciences should be divided by stages identified as Pre-internship and Internship.

### PRE-INTERNSHIP

The duration of this stage will never be less than one calendar year . The student will receive theoretical instruction on all subjects or courses with a variable credit load (credit-hour). In addition to theoretical instruction the student will be initiated in practical hospital work as a pre-intern.

Course content to be taught at this stage is as follows;

Internal Medicine:

Cardiology, Neurology, Endocrinology, Neumology, Iffecciosa, imagery, Nephrology, Rheumatology, Gastroenterology, Psychiatry, Gynecology Clinical Hematology.

Surgery:

General Surgery, Urology, Traumatology and Orthopedics, Ophthalmology, Otolaryngology.

Psychiatry

Gynecology Obstetrics

Pediatrics Neonatology

During pre-internship the students must attend, distribute and complete a minimum 32 weeks of hospital work.

Bioethics at work as content and central element.

### 13.8 INTERNSHIP

This is the second stage better known as Internship Rotations. It must be a minimum of one year of instruction

Internship Rotations and their specific time are:

#### COURSE WEEKS

Internal Medicine 12

Surgery 10

Pediatrics 8

Psychiatry 6

Gynecology / Obstetrics 8

Social, Communitary and Family Medicine 8

TOTAL 52

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

As stated in its narrative, the country has a prescribed medical school curriculum to include requirements that lead to the Doctor of Medicine after five years.

These requirements include a premed general studies program, basic science courses, clinical science course, pre-internship phase, and internship.

The country's requirements under this section appear to be comparable to U.S. medical education.

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 2**

### **Country Narrative**

Universities are required to have an institutional development plan where they must demonstrate its continuous self evaluation process, set goals and objectives for each instance and them measuring its outcomes. This is assessed during accreditation visits.

### **Analyst Remarks to Narrative**

As stated in its narrative, the country does require medical schools to have its own system for evaluating the effectiveness of its curriculum. These are stipulated under Chapter 14 of the country's standards. Medical schools must demonstrate this through an institutional development plan that is assessed during accreditation visits.

The country's requirements under this section appear to be comparable to U.S. medical education.

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

All medical programs must have faculty representation for self study, evaluation, changes and determinations since schools all medical schools answer to MESCYt as to regulations and to CONESCYt for authorization. These to instances are responsible for the Quinquennial Accreditation evaluation through an independent division

### **Analyst Remarks to Narrative**

It is not clear from the country's narrative or documentation, the role of the school faculty in the curriculum evaluation process.

Department staff needs more information regarding the faculty's role in the curriculum evaluation process.

### **Country Response**

In its Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, Article 47, the MESCYT establishes a procedure for evaluating said studies.

“This internal evaluation system must include the effectiveness of the teaching and learning processes, the relevance of the program, and the coherence of the curriculum, among other aspects”.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs. Chapter VII, art. 47.

The role of the faculty must be included in the regulations of the academic staff of each Institution of Higher Education.

See Regulations for IES Professors.

### **Analyst Remarks to Response**

The country has provided the applicable regulations that require faculty participation in the school's internal evaluation system.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 4**

### **Country Narrative**

All medical programs must have faculty representation for self study, evaluation, changes and determinations since schools all medical schools answer to MESCYt as to regulations and to CONESCYt for authorization. These to instances are responsible for the Quinquennial Accreditation evaluation through an independent division

### **Analyst Remarks to Narrative**

The country's curriculum requirements are prescribed in the standards document. As stated in its narrative, a Commission of CONESCYT evaluates how a medical school complies with the prescribed curriculum. However, the country's narrative does not sufficiently specify what is entailed in the curriculum evaluation process.

Department staff needs more information regarding the faculty's role in the curriculum evaluation process.

### **Country Response**

In its Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, Article 47, the MESCYT establishes a procedure for evaluating said studies.

This internal evaluation system should include the effectiveness of the teaching and learning processes, the relevance of the program, and the coherence of the curriculum, among other aspects.

In its Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, Article 47, the MESCYT establishes a procedure for evaluating said studies.

“This internal evaluation system must include the effectiveness of the teaching and learning processes, the relevance of the program, and the coherence of the curriculum, among other aspects”.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs. Chapter VII, art. 47.

The syllabi for the subjects are submitted for evaluation and/or revision every three years. The coordinator for every major or program will be responsible for said evaluation.

### **Analyst Remarks to Response**

The agency has responded that it requires schools to have a process by which it evaluates the curricula and medical program every three years, and that faculty must be included in that process. The country has provided the applicable regulation that provides for this requirement.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 1**

### **Country Narrative**

Admissions requirements for a medical program must be in accordance with the requirements established in the regulations for Higher Education Institutions though these do not exclude other requirements for information by the university.

Students entering a medical program at premedical level will have a high school diploma and those entering the program at Basic Science level require the approval of a premedical program or a Bachelors degree in natural science. in both instances a 2.5 average is required.

### **Analyst Remarks to Narrative**

Chapter 9 of the country's standards specifies a medical student admissions profile that, "a medical student should meet conditions, such as: intelligence, integrity, sense of duty, high degree of humanitarianism, service-oriented attitude, capacity to manage critical situations, respect for life, and ability to perform work in a team environment, research direction, and adherence to ethical, moral principles and values." The documentation does not describe what methods medical schools should adopt to measure these criteria, and the country's narrative does not provide sufficient detail of where provisions for

medical school admission can be found.

Department staff needs more information and supporting documentation regarding the country's admissions requirements.

### **Country Response**

The government establishes, by means of the Document of Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic, Chapter 15, item 15.1, the admission requirements.

The Ministry of Higher Education, Science and Technology, MESCYT, contemplates the requisites for entrance into, permanence in, and exit from the National System of Higher Education in Law 139-01 pertaining to Higher Education and the regulations for Institutions of Higher Education, Chapter III.

In the aforementioned Regulations, Chapter IV, which is about the creation, organization, functioning, and closing of an institution of higher learning, article 19, item C, the requirements made by the MESCYT to Institutions of Higher Education are presented. In this specific item, there is a requirement of the presentation of academic regulations.

The academic regulations of each Institution of Higher Education that offers a degree in Medicine are contained in the admission requisites.

In Law 139-01, in its Chapter VI, art. 59, the MESCYT establishes the application of an initial diagnostic test for orientation and measurement previous to entrance to higher education.

Among the requisites for admission established by educational institutions, you may find the application of the SAT (to high-school graduates entering pre-med.) and the MCAT (for those interested in entering the medical school.)

See Law 139-01

See Regulations for Institutions of Higher Education, (IES) Chapter III, art. 19.

### **Analyst Remarks to Response**

It appears from the country's response and documentation that it requires schools to use a "diagnostic test" as part of the admissions process. The country does not dictate the type of test an institution may use, but entrance into medical school may include the SAT and the MCAT. It is not clear what other tests an institution might employ for medical school admission, nor is it clear from the country's response how it evaluates an institution's diagnostic test.

Staff Conclusion: Additional Information requested

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

They must be exact and truthful, with adequate presentation that allows for a well informed decision by who ever receives it.

### **Analyst Remarks to Narrative**

The country's narrative does not sufficiently specify where provisions for medical school admission can be found.

Department staff needs more information and supporting documentation regarding the country's medical school admissions requirements.

### **Country Response**

The government establishes, by means of the Document of Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic, Chapter 15, item 15.1, the admission requirements.

The Ministry of Higher Education, Science and Technology, MESCYT, contemplates the requisites for entrance into, permanence in, and exit from the National System of Higher Education in Law 139-01 pertaining to Higher Education and the regulations for Institutions of Higher Education, Chapter III.

In the aforementioned Regulations, Chapter V, which is about the creation, organization, functioning, and closing of an institution of higher learning, article 19, item C, the requirements made by the MESCYT to Institutions of Higher Education are presented. In this specific item, there is a requirement of the presentation of academic regulations.

The academic regulations of each Institution of Higher Education that offers a degree in Medicine are contained in the admission requisites.

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Among the requisites for admission established by educational institutions, you may find the application of the SAT (to high-school graduates entering pre-med.) and the MCAT (for those interested in entering the medical school.)

See Law 139-01

See Regulations for IES, Chapter III, art. 19.

### **Analyst Remarks to Response**

The country has provided the applicable section of its regulations that refer to the country's requirements for medical school admissions. It is not evident from the regulations or the country's response that it has standards for how a medical school promotes its educational program. More information is needed regarding the country's requirements for how a medical school promotes its educational program in order for Department staff to make an assessment under this section.

Staff Conclusion: Additional Information requested

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

All students in the Dominican Republic have the right to see and review their records.

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

The country's narrative does not sufficiently specify where provisions for access to student academic records can be found.

Department staff needs more information and supporting documentation regarding the country's requirements for student academic records.

#### **Country Response**

Each Institution of Higher Education should have an office of the Registrar which will be the office designated for emitting certifications pertaining to the academic status of students.

Student Records are protected by Dominican Law with special attention given to the right to privacy. This law is very similar to the United States Right to Privacy law. Unauthorized persons cannot have access to student records.

In the regulations for the Regulations for Evaluation and Approval of Undergraduate and Degree Programs document by the MESCYT, Chapter III: Regarding the Students, article 25 states, "students should be notified of their academic status previous to their registering in the next academic period."

These institutions possess administrative systems and programs that allow students to access their grades by means of the institutional intranet simply by using their personal passwords.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter III; art. 25.

Nevertheless, the Office of the Registrar of the institutions should provide

physical copies of academic records to students and graduates.

### **Analyst Remarks to Response**

The agency has provided the applicable regulations of the MESCyT that require students to be notified of their academic status prior to registration for the subsequent academic period.

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

The Dominican Republic, just like the United States, guarantees in its constitution the rights of students to confidentiality better known as the “Right to Privacy”.

The requirement is also included in Law 139-01 of 2002

The university must guarantee the right to privacy of all student records (as it is guaranteed in our constitution and public law.

Students have access to inspect their records at all times. Previous notification is required so that the registrar can make the arrangements to insure compliance with the student’s request.

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

The country did not provide a copy of the law referred to in its narrative. Department staff could not verify what laws govern student access to records and the confidentiality of student records.

Department staff needs more information and supporting documentation regarding the country's requirements for student access to records.

#### **Country Response**

Each Institution of Higher Education should have an office of the Registrar which will be the office designated for emitting certifications pertaining to the academic status of students.

Student Records are protected by Dominican Law with special attention given to the right to privacy. This law is very similar to the United States Right to Privacy law. Unauthorized persons cannot have access to student records.

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These institutions possess administrative systems and programs that allow students to access their grades by means of the institutional intranet simply by using their personal passwords.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter III; art. 25.

Nevertheless, the Office of the Registrar of the institutions should provide physical copies of academic records to students and graduates.

### **Analyst Remarks to Response**

In its narrative, the country has referred to its right to privacy law under which the confidentiality of student records is protected. The country did not provide a copy of this law for Department staff to review. More information is needed regarding the confidentiality of student records.

Staff Conclusion: Additional Information requested

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## **Subsection 5.2: Student Achievement, Question 1**

### **Country Narrative**

Our norm (standard) States in Chapter 13, 13.1 curriculum paragraphs 13 and 14 and we quote; Student outcomes

All schools of medicine will establish their evaluation system for each course in accordance to the characteristics and nature of each area. Evaluation must be continuous and accumulative and must be in accordance to the evaluation policy of the university.

Pre-med and Basic Science evaluation should give priority to student progress in accordance to the development of the program and the results of pre-established norms for evaluation a examination.

Clinical Science evaluation will be collected in a form that specifies the different aspects of cognition and non cognition learning of importance that should be evaluated in a student at that level.

The medical school will publish and make readily available the names of the members of its faculty, its standards, procedures, methodology and evaluation

criteria, satisfactory progress policy and graduation requirements.

### **Analyst Remarks to Narrative**

As stated in the country's narrative, requirements by which medical schools are to evaluate student achievement are outlined in Chapter 13 and include the following criteria:

The achievements of students expressed as learning objectives shall be evaluated.

Evaluation should be designed to reflect the learning achieved in an integral manner, specifically in the transition from basic sciences to clinical sciences and after completing the clinical sciences and/or internship.

The Schools of Medicine should establish their evaluation system for every subject according to the features and particularities of each area. The evaluation should be cumulative, as well as appropriate and consistent with the general policies of the university.

Should promote formative and summative assessments.

Auto-assessment processes should also be incorporated with which the student can be able to know the level of their learning.

In the areas of pre-med and basic sciences the performance of the student should hold the first place according to the development of the program and the results of the pre-established evaluations or exams.

Schools of Medicine must establish a test to evaluate students at the conclusion of basic sciences and prior to graduation.

A system for evaluating the achievement of students to include direct observation, and student feedback.

The country prescribes general criteria by which medical schools must demonstrate how they evaluate student achievement.

The country's requirements for student achievement appear to be comparable to that of U.S. medical education.

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### **Subsection 5.2: Student Achievement, Question 2**

#### **Country Narrative**

Not Applicable

## **Analyst Remarks to Narrative**

The country provides general national requirements that medical schools may meet in a variety of ways.

The country's requirements for student achievement appear to be comparable to that of U.S. medical education.

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## **Subsection 5.2: Student Achievement, Question 3**

### **Country Narrative**

All universities as well as medical schools must have an ongoing Institutional Development Plan as required by our norm (standard) in Chapter 19, Administrative Academic Structure, paragraph 8.

Dominican Republic graduates must undergo an additional internship after graduation. This internship is identified as "Pasantía". This is a one year service that must be given to the state before the graduate can be certified as a doctor. During this period the student graduate completes subject to peer supervision and evaluation its required service to the state. At the end of this period the graduate is granted his medical privilege as medical doctor. Failure to provide appropriate service can be sufficient cause for denial of the student graduate's final authorization. We do not use a licensing exam and therefore we do not measure student outcomes based on licensing exam success. However our system correlates to the licensing system used by the United States and other countries. We assess graduate success for a full year under working conditions. Schools servicing foreign students are expected to maintain a minimum 65% passing rate on licensure exams offered outside the Dominican Republic. In this instance, the Dominican Accrediting Agency is empowered to take corrective action which can lead to loss of accreditation. If graduates of a school are assessed as not being able to meet the competency criteria MESCYt and CONECyt are empowered by law to take corrective action. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the licensing criteria the school is ordered to provide a plan to improve graduate quality. The school's probation is extended for one year. During this probation period the school will be subject to continuous unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. Other requirements may be made according to the circumstances of each instance If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the licensing criteria the program is normally cancelled. The school may appeal the determination of the accrediting agency at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities.

Retention. We require medical schools a minimum retention of 65%. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time it is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the retention criteria the school is ordered to provide a plan to improve retention. His probation is extended for one year. During this probation period the school will be subject to unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the retention criteria the program is normally cancelled. The school may appeal any of the determination at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities,

### **Analyst Remarks to Narrative**

As stipulated in its standards document and narrative, the country does not have a national licensing examination. The narrative describes a requirement of a post-graduate internship prior to award of the Doctor of Medicine degree; this was not verifiable in the documentation. However, the narrative states that the postgraduate year is used to track the performance of graduates.

The narrative further states that medical schools must maintain a 65% passing rates for foreign students whose home countries require a licensure exam. Schools must also maintain and track student retention.

Department staff needs more information supported by documentation, regarding how the country uses the post-graduate internship as a way of evaluating graduate performance. More information is needed in general regarding student performance outcome measures.

### **Country Response**

After completing all the requisites of the study program for Medicine, the student receives the degree of Doctor of Medicine. To obtain the medical license that authorizes the practice of medicine, a medical internship of one year in the public health network must be completed.

Said internship constitutes an in-service learning program that allows the participants to demonstrate during their training.

Once the year of medical internship is completed satisfactory, the Dominican Government awards a license that authorizes the practice of medicine in the Dominican Republic.

(See Pasantia (Internship) Laws 146, 148, which modifies the main document and adds a third paragraph in article 1 of Pasantia (Internship) Laws 146, 148 concerning THE MEDICAL INTERNSHIP OF RECENT GRADUATES).

To access a Medical Internship Program, the general practitioner must submit to the National Medical Internship Exam.

To access a Medical Residency Program, the General Practitioner must submit to the National Medical Internship Exam. This test is taken by about 85% of the graduates who are able to receive their license as general practitioner.

The National Residency exam is used as a measuring stick to determine the effectiveness and to evaluate how medical schools prepare graduates for providing competent medical care. If a school is found to have less than 60% passing rate a revision and evaluation process will be undertaken by the Accrediting Agency.

The most recent statistics published jointly by the Department of Medical Residencies and Ministry of Health demonstrates that all our universities, including foreign graduates have met the minimum.

(See the Pasantia (Internship) Laws 146, 148)

During the internships, the Schools of Medicine will employ instruments to evaluate the students' competence to determine if they have developed the knowledge, skills, and abilities established by the academic program.

### **Analyst Remarks to Response**

The country has provided the applicable laws that apply to the postgraduate internship. According to the country's narrative, graduates must successfully complete an internship in order to earn a license to practice medicine. Graduates may become eligible for the internship if they submit to the National Internship Exam which is used by the country to evaluate the effectiveness of medical schools' preparation of graduates. The country has established a 60% passage rate for the exam; institutions that fall under that rate must be evaluated by the agency. The agency did not provide supporting documentation of the rates of its institutions, but stated in its narrative that all institutions met the established rate. More information is needed regarding how the internship exam is applied to the country's medical degree candidates.

Staff Conclusion: Additional Information requested

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### **Subsection 5.3: Student Services**

#### **Country Narrative**

All students will have easy access to all necessary services that insure quality training and education.

The medical school must have a counseling department headed by psychologists and professional counselors that offer their services to the student community when in need of this service. Schools will give attention to the students as individuals and shall facilitate to the maximum intellectual and professional development, such as counseling, tutoring and financial assistance. The student should be provided medical services, periodic physical exams and clinical care if necessary.

Regulations should also contemplate the responsibilities and rights of the students, as well as the basic principles governing student life. Students should be polled for information regarding the schools and teacher's performance.

### **Analyst Remarks to Narrative**

The country's standards document stipulates that, "Necessary facilities shall be available to the students to ensure a formation with quality." Additionally, the standards state that students be provided with a counseling department operated by psychologists and professional counselors.

Chapter 20 of the standards also states that students are to know the school's academic provisions/regulations and that these be available in printed and/or electronic format.

There are no other provisions in the standards document for debt management counseling, career counseling, student records, or procedures for students to challenge their records.

Department staff needs more information regarding the country's requirements for student services.

### **Country Response**

The document Norms for the Approval and Regulation of Schools of Medicine in the Dominican Republic, Chapter 16: Infrastructure, Minimal Facilities, states in its first chapter:

“The institution of higher education to which the School of Medicine belongs must make available buildings and equipment that are quantitatively and qualitatively adequate to provide the environment and instruments that lead to a quality education.”

Among the required facilities are a cafeteria, a library, an auditorium, meeting rooms, a recreation area, and a university store, and others.

In its Regulations for Evaluation and Approval of Undergraduate and Degree

Programs, Chapter III, art. 21, the MESCYT requires:

Additionally, that the universities offer financial assistance services and professional and vocational advice by means of specialized departments, such as orientation, the dean of students, and the office of financial and, among others.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter III, art. 21.

### **Analyst Remarks to Response**

The country has provided the applicable section of its regulations that require institutions to offer financial assistance services and professional and vocational advice by means of specialized departments, orientation, dean of students, and an office of financial aid, for example.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.4: Student Complaints, Question 1**

### **Country Narrative**

MESCYT rules and regulations state in Chapter XIII, a, the following:

It is the responsibility of MESCYT to assure compliance of all higher education institutions with all standards, rules and regulations, receive, hear and resolve all claims by beneficiaries (students) and make recommendations to the Council (CONESCYT) for corresponding sanction(s), if any.

All Dominican Higher Education Institutions are required to have a published complaint policy.

### **Analyst Remarks to Narrative**

Department staff could not locate the rule cited above in the country's narrative, nor the requirement regarding a published complaint policy. Additionally, the country did not provide a response as to how it enforces these policies.

Department staff needs more information regarding the country's requirements for how medical schools must address student complaints.

### **Country Response**

Every university must have a published complaint procedure that conforms to Mescyt requirements and the Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic.

Each school can design their process in accordance to its criteria and norms but at a minimum it must meet the requirements of our regulating agencies.

The required process includes a responsible entity for receiving the complaint, the hearing process, appeals process and the student has the right to appeal before Mescyt if not satisfied with the outcome.

At the MESCYT, there is a Direction of Academic Control which is responsible for supervising strict compliance with the constitution and the Law of Higher Education, Science and Technology, the regulations that stem from it, as well as the regulatory statutes and norms of institutions of higher learning, science, technology and innovation.

It also watches out for the correct application of procedures relative to claims and demands of users with respect to abiding by the law and existing regulations.

See Organizational and Functional Regulations of the SEESCYT, Chapter XIII, art. 35, Letters F and J.

The MESCYT document, the Regulations for Institutions of Higher Education, in its chapter IV: The creation, organization, functioning and closing of Institutions of Higher Learning, in article 19, indicates that the institution should present to the MESCYT a project that complies with several requirements, among them the Academic Regulations and the Student Regulations.

Within the Student Regulations of Institutions of Higher Education, the part dealing with students and disciplinary aspects is contemplated.

Furthermore, there is a Department of Student Services in Institutions of Higher Education. Said department receives student complaints and channels them to the corresponding offices.

### **Analyst Remarks to Response**

Though the country has provided for a process of submitting and adjudicating student complaints in its narrative, it is not clear whether the country has written procedures. Department staff also could not locate the sections of the regulations referred to in the country's narrative.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 2**

## **Country Narrative**

Yes they are. They are investigated to the outmost consequences. Students are informed of this recourse by the institutions where they study.

## **Analyst Remarks to Narrative**

The country did not provide any documentation to support its narrative response. The narrative response itself is not sufficient to provide an understanding of the country's process for investigating student complaints against medical schools.

Department staff needs more information regarding the country's requirements for how medical schools must address student complaints.

## **Country Response**

Every university must have a published complaint procedure that conforms to Mescyt requirements and the Norms for Medical Schools.

Each school can design their process in accordance to its criteria and norms but at a minimum it must meet the requirements of our regulating agencies.

The required process includes a responsible entity for receiving the complaint, the hearing process, appeals process and the student has the right to appeal before Mescyt if not satisfied with the outcome.

At the MESCYT, there is a Direction of Academic Control which is responsible for supervising strict compliance with the constitution and the Law of Higher Learning, Science and Technology, the regulations that stem from it, as well as the regulatory statutes and norms of institutions of higher learning, science, technology and innovation.

It also watches out for the correct application of procedures relative to claims and demands of users with respect to abiding by the law and existing regulations.

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Within the Student Regulations of Institutions of Higher Education, the part dealing with students and disciplinary aspects is contemplated.

Furthermore, there is a Department of Student Services in Institutions of Higher

Learning. Said department receives student complaints and channels them to the corresponding offices.

See university student regulations.

### **Analyst Remarks to Response**

Though the country has provided for a process of submitting and adjudicating student complaints in its narrative, it is not clear whether the country has written procedures. Department staff also could not locate the sections of the regulations referred to in the country's narrative.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 3**

#### **Country Narrative**

The schools procedure consists of the following process:

1. The student presents a complaint. He is given a hearing, his complaint is recorded in writing.
2. An investigation is made according to the circumstances of each complaint.
3. A meeting is held separately with each party
4. A determination is made.

MESCyT, Medical Department:

1. The student presents a written and signed complaint.
2. He is given a hearing and his presentation is recorded in writing.
3. An investigation is made according to the circumstances of each complaint.
4. A meeting is held separately with each party
5. A determination is made.

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

The country did not provide any documentation to support its narrative response. The narrative response itself is not sufficient to provide an understanding of the country's process for investigating student complaints against medical schools.

Department staff needs more information regarding the country's requirements for how medical schools must address student complaints.

#### **Country Response**

Every university must have a published complaint procedure that conforms to Mescyt requirements and the Norms for Medical Schools.

Each school can design their process in accordance to its criteria and norms but at a minimum it must meet the requirements of our regulating agencies.

The required process includes a responsible entity for receiving the complaint, the hearing process, appeals process and the student has the right to appeal before Mescyt if not satisfied with the outcome.

At the MESCYT, there is a Direction of Academic Control which is responsible for supervising strict compliance with the constitution and the Law of Higher Learning, Science and Technology, the regulations that stem from it, as well as the regulatory statutes and norms of institutions of higher learning, science, technology and innovation.

It also watches out for the correct application of procedures relative to claims and demands of users with respect to abiding by the law and existing regulations.

See Organizational and Functional Regulations of the SEESCYT, Chapter XIII, art. 35, Letters F and J.

The MESCYT document, the Regulations for Institutions of Higher Education, in its chapter IV: The creation, organization, functioning and closing of Institutions of Higher Learning, in article 19, indicates that the institution should present to the MESCYT a project that complies with several requirements, among them the Academic Regulations and the Student Regulations.

Within the Student Regulations of Institutions of Higher Education, the part dealing with students and disciplinary aspects is contemplated.

Furthermore, there is a Department of Student Services in Institutions of Higher Learning. Said department receives student complaints and channels them to the corresponding offices.

See university student regulations.

### **Analyst Remarks to Response**

The country states that it requires medical schools to have written procedures for investigating student complaints, but did not provide any supporting documentation. It is not clear whether the country has written procedures for investigating student complaints pertaining to medical schools.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 4**

## **Country Narrative**

There have been four complaints this year.

1. Two different group of students attending Universidad Central del Este (UCE) complained that the university was requiring USMLE, Step1 approval as a requirement for internship. Students complained that this was not in the school's student regulations at the time they entered the medical school. Our investigation determined that the university had indeed given prior notification and it was included in the medical school student regulations prior to their admittance. Therefore the decision of the MESCyT Medical Department was in favor of the university.

2. A group presented a complaint to the Ministry of Higher Education, Science and Technology that they were not accepted to clinical sciences because they had not been vaccinated. After we heard both parties it was determined that Universidad Tecnológica de Santiago (UTESA) was in compliance with MESCyT's regulation requiring vaccination of medical students prior to admittance to clinical science.

3. A group of students from Centro Universitario del Nordeste (CURNE) and Centro Universitario Regional de Santiago (CURSA) complained against CONECyT's determination to approve premed studies at these facilities but denied accreditation and/or approval to offer medical program basic science or clinical science at these facilities. The Accrediting Commission after hearing all parties determined that the Accrediting Commission acted within regulations and standards of accreditation when it denied UASD's two new extensions CURSA and CURNE recognition. Therefore it determined that the complaint was without merit.

We have not received any complaints that merit action to review a higher education accreditation or authorization at MESCyT or CONESCyT or the Accrediting Agency but if any instance should arise that demonstrate a clear violation or repetitive violations of our norms (standards), rules or regulations, both its accreditation and its authorization to offer programs could be cancelled.

## **Analyst Remarks to Narrative**

Though the country has not provided documentation for this section, it has described three examples of student complaints and their resolution in the past year.

However, in the absence of codified procedures, Department staff could not verify how the country evaluated complaints in accordance with its written procedures.

Department staff needs more information regarding the country's requirements for how medical schools must address student complaints.

## **Country Response**

Every university must have a published complaint procedure that conforms to Mescyt requirements and the Norms for Medical Schools.

Each school can design their process in accordance to its criteria and norms but at a minimum it must meet the requirements of our regulating agencies.

The required process includes a responsible entity for receiving the complaint, the hearing process, appeals process and the student has the right to appeal before Mescyt if not satisfied with the outcome.

At the MESCYT, there is a Direction of Academic Control which is responsible for supervising strict compliance with the constitution and the Law of Higher Learning, Science and Technology, the regulations that stem from it, as well as the regulatory statutes and norms of institutions of higher learning, science, technology and innovation.

It also watches out for the correct application of procedures relative to claims and demands of users with respect to abiding by the law and existing regulations.

See Organizational and Functional Regulations of the SEESCYT, Chapter XIII, art. 35, Letters F and J.

The MESCYT document, the Regulations for Institutions of Higher Education, in its chapter IV: The creation, organization, functioning and closing of Institutions of Higher Learning, in article 19, indicates that the institution should present to the MESCYT a project that complies with several requirements, among them the Academic Regulations and the Student Regulations.

Within the Student Regulations of Institutions of Higher Education, the part dealing with students and disciplinary aspects is contemplated.

Furthermore, there is a Department of Student Services in Institutions of Higher Learning. Said department receives student complaints and channels them to the corresponding offices.

See university student regulations.

## **Analyst Remarks to Response**

The agency has not responded directly to the requirements under this section and has not provided information regarding the types of student complaints it has received or the results of the investigation of those complaints.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 5**

#### **Country Narrative**

We have not received any complaints that merit action to review a higher education accreditation or authorization at MESCyT or CONESCyT or the Accrediting Agency but if any instance should arise that demonstrate a clear violation or repetitive violations of our norms (standards), rules or regulations, both its accreditation and its authorization to offer programs could be cancelled.

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

The country states that if in its review of student complaints it finds a medical school has been found to be out of compliance with CONESCT's standards, it would find cancel the accreditation and authorization of the school's programs.

The agency does have provisions for the revocation of a medical school's ability to operate in its Law 139-01.

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### **Subsection 6.1: Finances, Question 1**

#### **Country Narrative**

Law 139-01 of Higher Education, Science and Technology states in Chapter X, Higher Education, Science and Technology Financing, articles 89 and 90 states:

Article 89: Higher education shall be adequately financed by society to guarantee its extent, pertinence, quality and allow access and permanency to all those that qualify, based on their merits, capacity, and efforts. Also efforts must be made to finance and promote the development of investigation that allows creative generation of knowledge and the incorporation of scientific and technological productive efforts in benefit of social and economic development at a local level, regional and national level.

This financing resource should be directed to both demand and offer and shall be sustained by an agency, transparency, efficacy, and clear accounting.

ARTICLE 90: Both the state and the private sector are the foundation of higher education, science and technology financing. The Dominican state is responsible for public higher education financing as well as it will contribute towards private higher education financing.

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

As stipulated in the country's authorizing law for higher education, science and technology, and the country's narrative, higher education is financed by the state and the private sector. Public higher education is financed by the state and the state also contributes to the financing of private higher education. The country did not provide additional information in its narrative regarding the financing of private institutions.

Department staff needs more information regarding the country's requirements for financing medical schools, particularly for private institutions.

### **Country Response**

To evaluate an educational program that has been submitted for approval of the MESCYT, institutions must provide a financial feasibility study and a budget, which are utilized to determine if the resources necessary to cover the costs of the educational programs are available and if they correspond to the nature of the projects.

Furthermore, the institutions should present all the resources and facilities that will serve as support to the presented program.

See Regulations for Institutions of Higher Education, Chapter IV

### **Analyst Remarks to Response**

According to the agency's response, institutions must provide a financial feasibility study and budget for review and approval by the MESCYT. There is no other written guidelines of the criteria the MESCYT uses to evaluate the finances for private institutions. Department staff is still not clear on how the MESCYT evaluates finances for private institutions.

Staff Conclusion: Additional Information requested

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## **Subsection 6.1: Finances, Question 2**

### **Country Narrative**

This is determined by the medical school through its internal consulting process, investigation, dialogue and determination. This includes faculty participation. Once completed and approved by the authorities of the University it is presented to MESCYT who will pass judgment and determine whether it's approved or not.

### **Analyst Remarks to Narrative**

The country did not attach documentation to this criterion and did not provide sufficient detail in its narrative response regarding its process for authorizing the size and scope of an educational program.

Department staff needs more information regarding the country's requirements for financing of medical schools.

### **Country Response**

To evaluate an educational program that has been submitted for approval of the MESCYT, institutions must provide a financial feasibility study and a budget, which are utilized to determine if the resources necessary to cover the costs of the educational programs are available and if they correspond to the nature of the projects.

Furthermore, the institutions should present all the resources and facilities that will serve as support to the presented program.

See Regulations for Institutions of Higher Education, (IES), Chapter IV.

### **Analyst Remarks to Response**

The country has provided the applicable regulations that gives the MESCYT the authority to decide on the size and scope of an educational program.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.2: Facilities, Question 1**

### **Country Narrative**

The higher education institution who owns the medical school must have adequate facilities and equipment that are quantitative and qualitative in sufficient numbers to provide the instrument and environment conducive to quality education.

Minimum required facilities are:

1. Administrative offices
2. Faculty administrative offices.
3. Adequate classrooms. (Comfort, lighting, ventilation, audiovisual facilities, etc..)
4. Premed, basic science laboratories.

5. Admissions department and committee.
6. Registrar
7. Cafeteria
8. Library.
9. Auditorium or meeting room facilities.
10. Bioterium and/or simulated programs.
11. Passive rest areas, areas for non-academic activities.

#### Required Laboratories.

1. Physics.
2. Biology.
3. Chemistry.
4. Physiology and pharmacology.
5. Histology.
6. Pathological anatomy.
7. Microbiology and Parapsytology.
8. Human Anatomy.
9. Biochemistry.
10. Genetics.

Each laboratory must have the facilities and equipment necessary to do the experiments and demonstration of different areas of the course. They use of simulators and software is recommended. Each laboratory must have a laboratory manual that describes work be performed for each of the courses taught.

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

The requirements described in the country's narrative are outlined in Chapter 16 of its standards. The standards prescribe required facilities, including laboratory space, and ensure that medical schools have adequate facilities and equipment and an environment conducive to quality education.

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#### **Subsection 6.2: Facilities, Question 2**

#### **Country Narrative**

Minimum determination is made by CONESCyT and MESCyT in consultation with medical schools, health authorities, and national needs.

### **Analyst Remarks to Narrative**

Facilities requirements are stipulated in the standards and are therefore, part of the country's review for approval of medical schools.

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### **Subsection 6.3: Faculty, Question 1**

#### **Country Narrative**

Medical schools must have a minimum 5% full-time faculty. Faculty must be sufficient in size and quality will insure quality education at all times

### **Analyst Remarks to Narrative**

Faculty requirements are outlined in Chapter 19 of the country's standards. The standard includes a requirement that professors are people with, "moral, intellectual, academic, and ethical values selected according to the training regulations of each institution." The standard also requires that 5% of the teachers at the school should be working full-time.

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### **Subsection 6.3: Faculty, Question 2**

#### **Country Narrative**

All faculty members will possess the necessary training and experience to teach those courses assigned to them. The documentation proving their qualifications will be kept in their record at all times.

All faculty members shall be under contract clearly stating their duties, responsibilities as well as their rights.

Medical school faculty must be persons of moral character, intellectual, academic, and ethical stature that are elected in accordance with the academic regulations of each institution.

The school must have an up-to-date registry for all its faculty members that includes their curriculum, subjects taught, experience and contract time. Faculty must evidence training and curriculum that justify the subjects taught.

### **Analyst Remarks to Narrative**

The country did not attach any supporting documentation and Department staff could not verify the country's requirements regarding the qualifications for the appointment of faculty.

Department staff needs more information supported by documentation,

regarding its requirements for the qualifications and appointment of faculty.

### **Country Response**

Higher Education, Science, and Technology. Law 139-01, and its regulations contain and describe the requirements related with the faculty of Institutions of Higher Learning. See Regulations for Institutions of Higher Education, (IES), Chapter VII, Concerning Institutions of Higher Learning, Art. 49, 50, 51, 52, and 53.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter IV: Pertaining to The Faculty, art. 26 to 35.

The Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic, in Chapter XIX, item 19.1, describes the requirements.

See Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic

### **Analyst Remarks to Response**

The country has provided the applicable regulations that require faculty to be composed of "duly qualified professionals to meet the responsibilities of their jobs." According to the regulations, faculty are required to have a more advanced degree of the level they teach, and a minimum experience of two (2) years within their area of expertise.

It appears that the agency does not have comparable standards for faculty that apply specifically to medical school faculty.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.3: Faculty, Question 3**

#### **Country Narrative**

Medical school faculty must be persons of moral character, intellectual, academic, and ethical stature that are elected in accordance with the academic regulations of each institution.

Medical schools must have a minimum 5% full-time faculty.

They institution must have written regulation and criteria that explicitly outlines faculty responsibilities and rights

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

The country's response does not provide sufficient detail regarding the prevention of personal and professional conflicts of interest by the faculty. Though the country has a standard for the moral character of faculty members, the country did not provide examples regarding how this standard is applied to medical school faculty.

Department staff needs more information regarding the country's requirements for conflicts of interest for medical school faculty.

### **Country Response**

The MESCYT, in its Regulations for Institutions of Higher Education, IES, Chapter IV, article XIX, requires that universities have Regulations for Professors that describe explicitly the procedure for hiring, retaining, promoting, and regulating compliance. This is where we legislated to prevent conflict of interest for the medical school faculty.

(See Regulations for Institutions of Higher Education, (IES), Chapter IV, Article XIX, Copy of Regulations for IES Professors).

### **Analyst Remarks to Response**

According to the country's response, conflict of interest for medical school faculty are controlled for by general provisions applying to the integrity of institutions, for example, that, "Institutions of higher education shall have the duty of promoting values and attitudes intended for the fulfillment of the human being, which shall maintain in their premises a suitable climate for the exercise of teaching, acquisition of knowledge and development of ethical awareness, while ensuring that nearby environment is protected under a socio-moral environment, and physical environment, assisting the optimal development of the academic activities."

It does not appear that the country has specific conflict of interest provisions that apply directly to the personal/professional circumstances of medical school faculty.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.4: Library**

#### **Country Narrative**

The medical school library must be in compliance with minimum standards, parameters, and requirements. They must have sufficient actualized volumes, collections, periodicals, text books, magazines, medical journals, prestigious medical publications and reference books in sufficient quantities to serve the student population. All subjects must be represented throughout the library

periodical collection. In addition, it must subscribe to electronic databases related to health sciences with adequate facilities for student participation.

The library should offer computer based facilities with connections to national and international internet. Medical school libraries must offer Internet connections to national and international metadata information resources. It must be equipped with audiovisual resources for use by faculty, instructors and students. The library must offer its services for a minimum six days a week with night and daily timetables.

The library must have sufficient qualified professional personnel for its operations and service to students at all times. The library must be accessible to all academics as well as students.

Higher education institutions and medical schools must have a budget that evidences its continuous investment in new titles and the acquisition and implementation of new resources.

Library facilities will be available to all students and will be of sufficient size to service at least 25% of the student population of the university, school or department.

### **Analyst Remarks to Narrative**

The country's requirements for library facilities are stipulated under Chapter 16 of its standards. The standard acknowledges the importance of a quality library with collections of sufficient volumes, updated medical journals, and health science electronic databases. Libraries must have sufficient resources and professional staff; the institution must also show - as a budget line item - investments in new titles and resources to the medical school library.

The country's requirements for a medical school library appear to be comparable to that of U.S. medical education.

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### **Subsection 6.5: Clinical Teaching Facilities, Question 1**

#### **Country Narrative**

Universities must have available hospital facilities whether at the national level or international level in order to have a medical program approved. The school must be able to present at all times and agreements with hospitals that include the formation and follow-up process of the student soon to be Dr. The relationship between the school and hospital must be clearly defined. These agreements with hospitals must be where the faculty of the school is part of the hospital personnel.

Hospital must have adequate facilities for student training.

It is preferred that the hospital offer residency programs in those areas that students are making their rotations. Clinical facilities may be primary attention centers, second, third, and four specialized level centers of specialized attention.

Hospital facilities at a national level must include the faculty of the medical school that will be responsible for the students training, supervision and evaluation. The medical school's structure and program must be applied.

Hospital facilities at international level must recognize the medical school's structure and program insuring its application. This also includes the school's faculty.

Hospitals at international and national level must be given a written program with the objectives of each rotation clearly stating each experience the student must undergo.

All students must be uniformed all of their obligations and rights. Students will be subject to evaluation at the end of each rotation. Evaluation must be clearly defined and must take into account all aspects of the rotation that apply to the exercise.

It must be recognized that the relationship between the hospital and medical school is indispensable for the program object DVD and effectiveness.

Students will have access to hospital centers with general and specialized medical services. It should also include primary attention and ambulatory medicine for a thorough formation.

Clinical facilities that have been defined as training areas must have them available at all times for student participation. Medical schools and hospitals must have facilities that include internal medicine, gynecology, obstetrics, surgery, pediatrics, psychiatry, primary care, ambulatory care.

### **Analyst Remarks to Narrative**

The country's narrative states that affiliation agreements between schools and hospitals are required. The relationship between the school and the hospital must be clearly defined and schools must provide these documents to the CONESCT for approval. The country did not provide any documentation to support its response describing the process by which the CONESCT approves the agreements as part of its review.

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## **Subsection 6.5: Clinical Teaching Facilities, Question 2**

### **Country Narrative**

Each medical school is required to have sufficient qualified personnel to supervise clinical rotations and practice. The accrediting agency in turn must verify that the school has fulfilled its obligation.

### **Analyst Remarks to Narrative**

Chapter 18 of the country's standards outlines requirements for clinical facilities that include, facilities that fulfill the criterion for a teaching hospital; offer programs of medical residencies; employ university teachers; provide student access to hospital centers for specialized and general primary healthcare; provide students posts in internal medicine, ob/gyn, surgery, pediatrics, psychiatry, outpatient attention, and basic health care.

The inclusion of this criterion in the country's standards suggests that CONESCT verifies whether the school meets the standard.

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

### **Section 1: Site Visit, Question 1**

#### **Country Narrative**

Our Medical Education Department's mission is the process of accreditation in accordance to our laws, rules, regulations, and standards. The Medical Education Department must visit the institution before it presents to CONESCyT its findings for their review. CONECyT makes the final determination on whether to accredit, differ or refuse accreditation.

Accreditation of our medical schools is an integral process that combines self evaluation, verification, evaluation, assessment, and measuring qualitative improvements.

Integral evaluation is based on the assumption that the results of Self Evaluation processes are easily and rapidly verified by institutional visits by external reviewers. There is another dimension in our integral evaluation that is no less important.. This is the extent in which the institution directs its evaluation process towards social requirements for health services and concrete results of its graduates contribution to community needs.

School evaluation is a process that analyzes the institution's educational process as a whole from admissions to graduation as well as graduate performance.

### **Analyst Remarks to Narrative**

The country subsequently provided a sample site visit report to verify its site review process as part of its accreditation review. The sample report is attached below. The report suggests that a follow-up visit was conducted to the school on June 18, 2008 after findings of noncompliance. The report is a culmination of that visit and demonstrates the school's remedies for the findings of non-compliance; however, it is not a report based on a comprehensive evaluation under all of the country's standards. Department staff could not verify the country's approval process for medical schools in the absence of a comprehensive site visit report. Though the agency attached a sample visiting team evaluation form, the form is a blank form and does not demonstrate how the country applies its standards for medical schools.

Department staff needs more information supported by documentation regarding the country's requirements for conducting site visits and approving medical schools.

### **Country Response**

The MESCYT, complying with the existing norms, carries out field inspections within the framework of the accreditation process. Said visits are substantiated by the reports, described in the attached form, which allows for the application of standards in the Schools of Medicine.

During the field inspections, interviews with key officials are carried out, self-evaluation reports are verified, and the separate campuses are surveyed.

Visits are made to the clinical facilities utilized by the School of Medicine, both nationally and internationally.

The evaluation and accreditation process is included as part of our response

For these inspections, a guide that indicates the questions to be asked and the areas to be observed is used.

See Visit Reports.

### **Analyst Remarks to Response**

The country has not provided sufficient documentation for Department staff to make an assessment under this section. The country has provided the same report that it submitted to Department staff - and that is attached to its original petition - but in different formats. It is still not clear from the document that the country's approval process includes a thorough comprehensive site visit review.

The country has also attached site visit guidance, but the documentation is for an accrediting agency in the United States. Department staff is concerned about

the integrity of the country's documentation given that it has provided procedures from an accrediting agency as evidence of its medical school approval process.

Staff Conclusion: Additional Information requested

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## **Section 1: Site Visit, Question 2**

### **Country Narrative**

The accreditation visit encompasses the main school and all its branches. (if any) . This includes hospitals where the institution's students practice or make their internship rotations.

### **Analyst Remarks to Narrative**

The country has not provided sufficient documentation to verify that its on-site reviews encompass the main campus of the medical school, any branch campus, or any other additional locations operated by the medical school, as well as all core clinical clerkship sites affiliated with the medical school. The country has attached a brochure that describes the accreditation process, the documentation does not evidence how the country applies its standards with regard to on-site reviews.

Department staff needs more information supported by documentation regarding the country's requirements for conducting site visits and approving medical schools.

### **Country Response**

Our accreditation process is ongoing and schools are subjected to unannounced visits at least once a year. As the committee has been informed throughout the years of the Dominican Republic's recognition (Since 1997). There are also follow up visits that take place during the accreditation cycle to ensure that all concerns are addressed and continue to be addressed. There can be visits due to student, personnel and other complaints. The accrediting agency has a policy of continuous follow-up.

We include a report of visits to national and international clinical facilities.

### **Analyst Remarks to Response**

It is not clear from the report that the country has provided with its response that the country's site visits 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.

Staff Conclusion: Additional Information requested

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## **Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

Due to the importance and nature of the great responsibility that convey their determinations it is necessary that the evaluation process be made by medical education experts, medical school administration experts, specialists in finances, registrars office, academics, admissions, who act as CONECyT reviewers and contributors. These experts must have a minimum five years experience in their field. Also our specialists are evaluators and reviewers specially trained, knowledgeable of the requirements, law, rules and regulations that apply to education as well as our standards of accreditation. They are members of our Dominican Medical Association and contributors of our Public Health Agencies.

### **Analyst Remarks to Narrative**

The Regulations of the National Board for Higher Education, Science and Technology attached to the country's petition under the heading "Standards," designates the membership of CONESCyT by individuals qualified by education and experience. Membership includes representation from higher education associations, professors, students, staff, representatives from the technology sector, and others. However, the country did not provide any documentation regarding the training of these individuals.

Department staff needs more information supported by documentation regarding the country's requirements for the training of its site visitors.

### **Country Response**

The Technical Evaluators that participate in this process possess the required competency with respect to the needs of the evaluation process.

The evaluators possess a Curriculum Vitae that complies with the nations requirements. Most are Medical Doctors, or medical Specialists while others are trained members of the Mescyt Staff

For instructional purposes, a document about the process is presented to the evaluators and a workshop is carried out to train them previous to initiating the process.

See instructions.

### **Analyst Remarks to Response**

The documents that the agency has provided are written procedures for an accrediting agency in the United States. Department staff is concerned regarding the integrity of the country's documentation given that it has provided procedures for an accrediting agency as evidence of the country's own approval process for medical schools.

Staff Conclusion: Additional Information requested

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### **Section 3: Re-evaluation and Monitoring, Question 1**

#### **Country Narrative**

Our rules and regulations specify a Quinquennial (every 5 years) review and evaluation of all Institutions of Higher Education. This review was initiated in 1993 as Decree Number 1255 and the resulting laws and regulations are presented as part of this document

The Dominican Republic accreditation process requires periodic revision where accredited institutions must evidence continuing compliance with accreditation standards. At any given moment accredited institutions may be visited without previous notice. One to five visits a year are possible depending on the accreditation period granted by CONESCyT. However, the responsibility of the Dominican state is to provide knowledgeable, competent Medical Doctors that can exhibit with distinction their skills anywhere in the world in the process of alleviating human suffering requires a constant communication between the accredited entities and their accrediting agency. Our Accrediting Agency also requires an annual report of the school's outcomes.

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

The documentation that the country provided states that accreditation reviews occur every five years. The follow-up site visit report that the country provided suggests that visits may occur even more frequently if schools are found to be out of compliance with the country's standards.

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### **Section 3: Re-evaluation and Monitoring, Question 2**

#### **Country Narrative**

Though institutions may be accredited for periods of up to five years, the accrediting agency will visit the institutions at least once a year to insure their continuing privileged compliance with accreditation standards. Schools must provide an annual report on student admission, retention, graduation, licensing and residency.

This process of unannounced visits may differ in nature that may require special

annual, specific, progress reports about some area that requires particular attention such as follow up on findings, accreditation directives or determinations and other.

### **Analyst Remarks to Narrative**

The country states in its narrative that site visits may be conducted at least once a year to ensure continuing compliance as a function of the country's monitoring of medical schools. However, the country did not provide any documentation of its monitoring, nor any sample annual reports that it receives from medical schools.

Department staff needs more information regarding the country's monitoring mechanisms, particularly documentation evidencing its use of annual reports.

### **Country Response**

The MESCYT develops a chronogram of annual visits to follow up on the Schools of Medicine. The monitoring is carried out and based on the findings of the evaluation process, which produces a field report about the functioning and compliance with the standards and according to the Norms for Approval and Regulation of Schools of Medicine.

A visitation form duly stamped and signed by the Medical School authorities and the evaluators who are carrying out the inspection, is filled out.

See visit report

As to an annual report given our follow-up system the annual report is a statistical report as to admissions, retention, graduation, licensing examination and residencies.

### **Analyst Remarks to Response**

The country has not provided a sufficient response or supporting documentation to this section.

Staff Conclusion: Additional Information requested

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## **Section 4: Substantive Change**

### **Country Narrative**

All changes to curriculum content must be notified and approved by MESCYt. Changes must be made within the requirement set forth in the norm (Standards)

### **Analyst Remarks to Narrative**

Though the country has written requirements for curriculum that are codified in its standards document, the country did not attach and Department staff could not verify, any additional documentation that states that all changes to curriculum content must be approved by MESCyT.

Department staff needs more information regarding the process by which MESCyT collections substantive change requests such as changes to curriculum content.

### **Country Response**

Institutions of Higher Education, Science, and Technology require that important changes in study programs comply with what is established in Law 139-01 and regulations referent to Study Programs.

The IES remits, by means of a letter, the proposed changes for revision and/or approval by the MESCYT.

Once the suggested changes are reviewed, they are presented to the National Council of Higher Education, Science, and Technology, which emits a resolution of approval or rejection.

The Direction of Academic Control of the MESCYT, once the changes of the study program are approved, receives and registers the changes that are presented so that they are taken into consideration when student certifications are emitted.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, Art. 46, paragraph 1

### **Analyst Remarks to Response**

The agency has provided the applicable section of the regulations that require institutions to inform the MESyCT of changes and improvements. The agency has described in its narrative how these regulations are implemented, but has not provided written procedures.

Staff Conclusion: Additional Information requested

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 1**

### **Country Narrative**

The Dominican Republic is a democracy whose administrative, educational, economic, etc. policies require processes that assures justice for all its citizens, visitors and non nationals that live in our nation. It is for this reason that we have a non discrimination policy. We make a scrupulous and detailed selection process of all personnel involved in the accreditation process and with even greater care those that are involved in the decision making process. This insures a just decision, free of conflicts that may impede an objective decision.

School evaluation is by a committee of experts in medical education who acts as advisors to MESCYT and CONESCyT. These experts must be medical doctors and proven educators with a minimum five year experience. Also included are technicians of the Secretary of State for Higher Education, Science and Technology. These are specially trained evaluators of required regulations, procedures and administration. Also included are Members of the Dominican Medical Association. These must be medical doctors and delegates of the Secretary of Public Health. These are medical doctors and public health administration specialists.

### **Analyst Remarks to Narrative**

The country's narrative does not specify where conflict of interest provisions may be found, or how the country applies its standards to avoid conflicts of interest. The country's accreditation brochure for site visitors however, states that institutions have the opportunity to request a different team member if there is a question of conflict of interest. The brochure further states that visiting team members have an obligation to, "consider whether they have connections with a particular program or institution that might make it inappropriate for them to serve on the evaluation team." Department staff could not verify the conflict of interest protections for decision-makers.

Department staff needs more information regarding conflict of interest provisions and procedures for decision-makers.

### **Country Response**

The Ministry establishes a conflict of interest provisions during the screening and recruiting process of our evaluators. Also our Institutions of Higher Education receive notification of the names of its evaluators previous to the visits to campuses. Said notification allows the institutions to verify that the assigned evaluators have no professional ties to the universities.

As a policy to assure quality and confidentiality, the MESCYT establishes contracts between the institution and the evaluators.

See evaluator contracts.

### **Analyst Remarks to Response**

The agency has not provided a clear or sufficient response regarding its country's policies regarding bias or conflict of interest by persons involved in the accreditation evaluation and decision-making process. Given the documentation that the agency has attached elsewhere in its response, Department staff calls into question the integrity of the accreditation brochure attached under the country's original response to this section of its petition.

Staff Conclusion: Additional Information requested

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2**

### **Country Narrative**

The evaluation of a medical school is done in an integral manner, which consists in a combined process of self-evaluation, contrasting verification of information and assessment of qualitative improvement" integral evaluation supposes that the results of a self-evaluation process can be easily and quickly verified, through direct visits made by external evaluators. Another dimension of integral evaluation that is no less important is its relation with the context and the sphere of influence (Cruz Cardona, 1991). This latter dimension, in referring to a school of medicine, orients the evaluation process towards social requirements for health services and also towards the concrete results attained by the graduates of the school in terms of satisfaction of community needs.

The accreditation process is the result of the contribution of many experts who have no economic, professional or any other kind of relation with the schools they review, whose determination is reviewed by a peer group of knowledgeable educators. Their decisions to accredit or not to accredit are based on conscientious review through majority vote.

### **Analyst Remarks to Narrative**

In its narrative, the country describes a process of peer review by qualified individuals in the medical field, a restriction that does not allow experts to have economic, professional, or any other kind of relation with the schools they review; the country also acknowledges majority vote as contributing to a system that ensures consistent accreditation reviews. However, the agency did not provide any documentation to support its narrative.

Department staff needs documentation that supports the country's process for approving medical schools.

### **Country Response**

Law 139-01 requires that only a previously established and authorized University can request approval of a medical school.

The University must submit a project that at a minimum demonstrates it meets Mescyt requirements as well as Norm for the approval of medical schools. It must demonstrate its fiscal stability, need for the new school, that it possesses the knowledge, resources and facilities that ensure adequate training.

The project is reviewed and studied by Mescyt personnel and a preliminary report is drawn. A visit is made to the University to verify its facilities and the information presented to Mescyt. The report is drawn from that visit and a copy is sent to the University. Then the University has the opportunity to respond to the report. Mescyt's report and the school response is presented to CONESCYT who will approve, disapprove or defer the university's request. If denied or deferred the University has a right to appeal.

If approved the school must be able to pass accreditation on the third-year of its operations. If denied accreditation the school is ordered to close operations.

### **Analyst Remarks to Response**

The country still has not provided documentation to support its original narrative regarding the process of peer review by qualified individuals in the medical field.

Staff Conclusion: Additional Information requested

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## **Section 6: Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

Our country's laws, rules, and regulations require the Ministry of Higher Education, Science and Technology to make a thorough revision and evaluation every five years (Quinquennial Evaluation) of all Dominican higher education entities. This revision is required by Presidential Decree # 1255 of 1983 as stated by its resulting rules and regulations. This establishes the requirement that every five years higher education entities must undergo a self-evaluation, revision, analysis and evaluation process to determine its outcomes, criteria, goals, and objectives within the framework of its mission.

The process initiates with a self-study that must include all components of the institution. Our self-study is a process in which the institution evaluates its performance, execution and compliance in terms of its mission, objectives, goals, state laws, rules and regulations, accreditation standards. This Self Study is sent to the Ministry of Higher Education, Science and Technology. Dominican Universities must send their medical school self-evaluation to the Ministry of Higher Education, Science and Technology (MESCyT), Medical School Department where it is distributed to the visiting team for their review prior to the

school visit. The Visiting Team then establishes its evaluation visit plan and visits the school on the appointed date. The visiting team visits and reports on its findings and the institution is given the opportunity to review and respond to the findings. MESCyT Technical Department Specialists will then review the team visit report and the school's response and make appropriate recommendations to the commission as to the areas that require attention, documentation or additional visits for further verification.

MESCyT Medical Department may require additional information, make additional recommendations to CONESCyT, suggestions as to areas that may require a very special attention. CONESCyT will review all reports and make final determination at the accreditation meeting. If the institution is not in agreement with CONESCyT's determination it may appeal the determination. In this instance, a panel will be appointed to hear the institution's appeal and will make final determination.

### **Analyst Remarks to Narrative**

In its narrative the country provided a summary of its accreditation review process. The country's process is stipulated in regulation and the Ministry makes the final decision regarding accreditation decisions. The country has also provided a site visitor brochure that serves as a guide for site visitors on the standards, and a sample template that site visitors may use to ensure that they are evaluating medical schools based on the country's standards.

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## **Section 6: Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

Universities must submit an annual report. This report is from July 1st to June 30th of the following year. The report is a detailed presentation of the school's crossover students, admissions, withdrawals, graduates and licensing exams results. The information regarding graduate outcomes is part of the evaluation process to determine accreditation.

Institutions are required to make an annual report that is used as part of our continuous evaluation to ensure that at a minimum accreditation standards are met at all times.

### **Analyst Remarks to Narrative**

It is unclear from the country's narrative response, what criteria the country uses to evaluate the performance of medical school graduates. Though the narrative states that it collects annual reports from medical schools that have data regarding students, admissions, withdrawals, graduation rates and licensing exam results, the narrative does not speak to how actual performance of medical school graduates is measured.

Elsewhere in this petition, the country referred to a post-graduate internship year in which medical school graduate performance is measured. However, the country did not provide any documentation regarding the criteria used to measure graduate performance. Department staff needs more information regarding the country's requirements for measuring medical school graduate performance.

### **Country Response**

After completing all the requisites of the study program for Medicine, the student receives the degree of Doctor of Medicine. To obtain the medical license that authorizes the practice of medicine, a medical internship of one year in the public health network must be completed.

Said internship constitutes an in-service learning program that allows the participants to demonstrate during their training.

Once the year of medical internship is completed satisfactory, the Dominican Government awards a license that authorizes the practice of medicine in the Dominican Republic.

(See Pasantia (Internship) Laws 146, 148, which modifies the main document and adds a third paragraph in article 1 of Pasantia (Internship) Laws 146, 148 concerning THE MEDICAL INTERNSHIP OF RECENT GRADUATES).

To access a Medical Internship Program, the general practitioner must submit to the National Medical Internship Exam.

To access a Medical Residency Program, the General Practitioner must submit to the National Medical Internship Exam. This test is taken by about 85% of the graduates who are able to receive their license as general practitioner.

The National Residency exam is used as a measuring stick to determine the effectiveness and to evaluate how medical schools prepare graduates for providing competent medical care. If a school is found to have less than 60% passing rate a revision and evaluation process will be undertaken by the Accrediting Agency.

The most recent statistics published jointly by the Department of Medical Residencies and Ministry of Health demonstrates that all our universities, including foreign graduates have met the minimum.

(See the Pasantia (Internship) Laws 146, 148)

During the internships, the Schools of Medicine will employ instruments to evaluate the students' competence to determine if they have developed the knowledge, skills, and abilities established by the academic program.

See Listing of Evaluations at universities.

The MESCYT is currently working on requirements that must be needed by the Schools of Medicine when evaluating the performance of its graduates.

### **Analyst Remarks to Response**

The agency has provided the authorizing law and more information regarding the country's requirements for a post-graduate internship which it uses to measure graduate performance. The country has stated that schools are required to maintain a 60% passage rate on the exam, and that its recent review of such statistics show that all medical schools were above the threshold. Previously the country stated that schools are also required to submit retention data and licensure exam results. It is still not clear, nor did the country include in its response, how it uses these data along with the post-graduate internship exam to measure graduate performance.

Staff Conclusion: Additional Information requested

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## **Section 6: Accrediting/Approval Decisions, Question 3**

### **Country Narrative**

Our rules and regulations specify a Quinquennial (every 5 years) review and evaluation of all Institutions of Higher Education. This review was initiated in 1983 as Decree Number 1255 and the resulting regulations required. It establishes the requirement for a self evaluation to determine the achievements of the university (College, School), and the criteria, goals and objectives of the institution in the light of its mission.

The institution initiates the process by completing a self-study report based on the input of its components. Self study is a process by which a school seeks to determine how it is meeting the standards. The self study and appropriate documentation is sent to MESCyT where reviewed and it is distributed to a visiting team. MESCyT visiting team studies the report and visits the school to review and verify the results of the self-study of the university. A report is made of this visit and the university is given time to respond to the findings of the visiting team. The school responds to the findings of the visiting team. MESCyT technical personnel review these reports, verify areas that require documentation or verification and make appropriate recommendations to complete the self-study process, or to request further information or make recommendations' to the Accrediting Commission. The Accrediting Commission reviews the reports and makes a determination. If the school disagrees with the findings of the Commission and/or its determinations it can appeal. A panel is named by MESCyT to hear the appeal and its determination is final.

Dominican Republic graduates must undergo an additional internship after graduation. This internship is identified as "Pasantía". This is a one year service

that must be given to the state before the graduate can be certified as a doctor. During this period the student graduate completes subject to peer supervision and evaluation its required service to the state. At the end of this period the graduate is granted his medical privilege as medical doctor. Failure to provide appropriate service can be sufficient cause for denial of the student graduate's final authorization. We do not use a licensing exam and therefore we do not measure student outcomes based on licensing exam success. However our system correlates to the licensing system used by the United States and other countries. We assess graduate success for a full year under working conditions. Schools servicing foreign students are expected to maintain a minimum 65% passing rate on licensure exams offered outside the Dominican Republic. In this instance, the Dominican Accrediting Agency is empowered to take corrective action which can lead to loss of accreditation. If graduates of a school are assessed as not being able to meet the competency criteria MESCyT and CONECyT are empowered by law to take corrective action. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the licensing criteria the school is ordered to provide a plan to improve graduate quality. The school's probation is extended for one year. During this probation period the school will be subject to continuous unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. Other requirements may be made according to the circumstances of each instance If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the licensing criteria the program is normally cancelled. The school may appeal the determination of the accrediting agency at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities.

Retention. We require medical schools a minimum retention of 66%. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the retention criteria the school is ordered to provide a plan to improve retention. His probation is extended for one year. During this probation period the school will be subject to unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the retention criteria the program is normally cancelled. The school may appeal any of the determination at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities,

## **Analyst Remarks to Narrative**

The country's response to this section is unclear. The country states in its narrative that it does not use a licensing exam and therefore, does not measure student success based on licensure pass rates. Instead, the country states that it monitors and measures graduate performance through the post-graduate internship. The country did not offer additional information as to how it measures the success of these graduates through the post-graduate internship. The country also did not attach relevant documentation to this section.

However, the country's narrative states that it requires a 65% passage rate on licensing exams offered outside the Dominican Republic for foreign students. Though the country stated in its narrative that it requires schools to maintain a 66% retention rate, previously, under Subsection 5.2 of Section 2, the agency stated that the retention rate was 65%.

Department staff could not analyze the country's use of student performance outcome measures under this section due to a lack of documentation and information. The country must provide more information and supporting documentation under this section.

### **Country Response**

After completing all the requisites of the study program for Medicine, the student receives the degree of Doctor of Medicine. To obtain the medical license that authorizes the practice of medicine, a medical internship of one year in the public health network must be completed.

Said internship constitutes an in-service learning program that allows the participants to demonstrate during their training.

Once the year of medical internship is completed satisfactory, the Dominican Government awards a license that authorizes the practice of medicine in the Dominican Republic.

(See Pasantia (Internship) Laws 146, 148, which modifies the main document and adds a third paragraph in article 1 of Pasantia (Internship) Laws 146, 148 concerning THE MEDICAL INTERNSHIP OF RECENT GRADUATES).

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The National Residency exam is used as a measuring stick to determine the effectiveness and to evaluate how medical schools prepare graduates for providing competent medical care. If a school is found to have less than 60% passing rate a revision and evaluation process will be undertaken by the Accrediting Agency.

The most recent statistics published jointly by the Department of Medical Residencies and Ministry of Health demonstrates that all our universities, including foreign graduates have met the minimum.

(See the Pasantia (Internship) Laws 146, 148)

During the internships, the Schools of Medicine will employ instruments to evaluate the students' competence to determine if they have developed the knowledge, skills, and abilities established by the academic program.

See Listing of Evaluations at universities.

The MESCYT is currently working on requirements that must be satisfied by the Schools of Medicine when evaluating the performance of its graduates

### **Analyst Remarks to Response**

In its original submission, the country has stated that its requirements for medical schools was a retention rate of 65%. The country now states that its requirements include a 60% passage rate on the postgraduate exam. It is unclear whether the country's requirements for student performance outcome measures include one or both of these measures, nor has the country provided supporting documentation.

Staff Conclusion: Additional Information requested

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### **Outstanding Issues**

**Provide information about what the CONEA is and its relationship with the Secretary of State for Higher Education, Science and Technology, the entity responsible for evaluating medical schools within the Dominican Republic.**

### **Country Narrative**

We have no idea what is CONEA. If by chance this is a misspelling of CONES that would be a previous name of MESCYT, (Ministry of Higher Education, Science and Technology).

### **Analyst Remarks to Narrative**

Excerpts from the spring 2009 NCFMEA meeting transcript are attached and reflect references to an accrediting committee and "CONEA." These two entities were referred to in the country's current submission as well, which did not help to clarify the operations and functions of the entity responsible for evaluating medical schools within the Dominican Republic. The country has also recently changed titles from a "Secretary" of State Higher Education to a "Minister" of

Higher Education, with some documentation reflecting the change and others not, which have also contributed to a lack of clarity.

Department staff currently understands that the MESCyT is the entity responsible for evaluating medical schools within the Dominican Republic, with the arm of the CONESCT, or the National Board for Higher Education, assuming the delegated responsibility and the conduct of the accrediting activities for final approval by the MESCyT.

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**Provide performance data for students enrolled in medical education programs who took the United States Medical Licensing Examination (USMLE) Step 1, Step 2, or the Puerto Rico Board examination for medical students by year for the different universities and how the country's accreditation body intends to analyze and evaluate those pass rates. Also, include the number of students who are enrolled in medical education program, but who did not take the USMLE or Puerto Rico Board examination by year for the different universities.**

### **Country Narrative**

Our rules and regulations specify a Quinquennial (every 5 years) review and evaluation of all Institutions of Higher Education. This review was initiated in 1983 as Decree Number 1255 and the resulting regulations required. It establishes the requirement for a self evaluation to determine the achievements of the university (College, School), and the criteria, goals and objectives of the institution in the light of its mission.

The institution initiates the process by completing a self-study report based on the input of its components. Self study is a process by which a school seeks to determine how it is meeting the standards. The self study and appropriate documentation is sent to MESCyT where reviewed and it is distributed to a visiting team. MESCyT visiting team studies the report and visits the school to review and verify the results of the self-study of the university. A report is made of this visit and the university is given time to respond to the findings of the visiting team. The school responds to the findings of the visiting team. MESCyT technical personnel review these reports, verify areas that require documentation or verification and make appropriate recommendations to complete the self-study process, or to request further information or make recommendations' to the Accrediting Commission. The Accrediting Commission reviews the reports and makes a determination. If the school disagrees with the findings of the Commission and/or its determinations it can appeal. A panel is named by MESCyT to hear the appeal and its determination is final.

Dominican Republic graduates must undergo an additional internship after graduation. This internship is identified as "Pasantía". This is a one year service that must be given to the state before the graduate can be certified as a doctor. During this period the student graduate completes subject to peer supervision and evaluation its required service to the state. At the end of this period the

graduate is granted his medical privilege as medical doctor. Failure to provide appropriate service can be sufficient cause for denial of the student graduate's final authorization. We do not use a licensing exam and therefore we do not measure student outcomes based on licensing exam success. However our system correlates to the licensing system used by the United States and other countries. We assess graduate success for a full year under working conditions. Schools servicing foreign students are expected to maintain a minimum 65% passing rate on licensure exams offered outside the Dominican Republic. In this instance, the Dominican Accrediting Agency is empowered to take corrective action which can lead to loss of accreditation. If graduates of a school are assessed as not being able to meet the competency criteria MESCyT and CONECyT are empowered by law to take corrective action. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the licensing criteria the school is ordered to provide a plan to improve graduate quality. The school's probation is extended for one year. During this probation period the school will be subject to continuous unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. Other requirements may be made according to the circumstances of each instance. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the licensing criteria the program is normally cancelled. The school may appeal the determination of the accrediting agency at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities.

Retention. We require medical schools a minimum retention of 66%. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the retention criteria the school is ordered to provide a plan to improve retention. His probation is extended for one year. During this probation period the school will be subject to unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the retention criteria the program is normally cancelled. The school may appeal any of the determination at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities,

In our country, Though it has a system that correlates to the United States, is not a carbon copy and therefore has it finds most difficult to assess outcomes of its schools based on national terms and at the same time satisfy other criteria that does not necessarily answers to our needs, educational system or its own realities. A good faith effort is taking place to find the ground where our system

satisfies the concerns of the United States system

#### Retention and Licensing Chart

See included PDF

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

The country has provided a spreadsheet with data on enrollment and student retention patterns at medical schools in the Dominican Republic. The spreadsheet also displays numbers regarding student pass rates for the USMLE. However, it is unclear from the chart, what the three different columns represent; no years were provided and it is unclear as to whether the three different exam pass rates represent three consecutive medical school graduate cohorts, and if so, from which academic years.

#### **Country Response**

SEE ENCLOSED STATISTICS

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

The agency has provided a table with what appears to be enrollment data for its medical schools and the number of students who sat for the various licensing exams. It is not clear which column is associated with which exam, nor did the country describe how its accreditation body intends to analyze and evaluate pass rates on the licensure exams.

Staff Conclusion: Additional Information requested

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**Provide residency placement data for those students who graduated from medical education programs and entered into graduate medical education positions by year for the different universities.**

#### **Country Narrative**

None

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

The attached spreadsheet does not provide residency placement data.

#### **Country Response**

SEE ENCLOSED DOCUMENT

**Analyst Remarks to Response**

The document that the country provided in its response appears to only apply to enrollment and licensure exam information. Department staff could not find information regarding residency placement data.

**Staff Conclusion: Additional Information requested**

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U.S. Department of Education

Final Staff Analysis of the Report Submitted by Dominica

Prepared October 2011

**Background**

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

The NCFMEA met in March 2009 to review the report submitted by the Board regarding its accrediting activities. The NCFMEA formally accepted the Board's report and requested that it submit a report for review at the spring 2010 NCFMEA meeting updating the Committee on its accrediting activities and addressing, specifically, the relationship between the Board and the Bahamas and its activities related to All Saints University School of Medicine and any additional studies at Ross University School of Medicine.

Dominica did submit its report timely but the NCFMEA did not meet in spring 2010. The report was placed on hold due to the pending appointment of new NCFMEA committee members and the designation of a committee chair. Due to the lapse in time, the Board was invited to submit updated information.

**Summary of Findings**

Based on its review of the information submitted by the country, Department staff concludes that Dominica addressed the NCFMEA's request for a report of its accrediting activities. This report specifically addressed the relationship between the Medical Board of Dominica and The Bahamas and its activities related to All Saints University School of Medicine and any additional studies at Ross University School of Medicine.

Regarding the relationship between the Medical Board of Dominica and The Bahamas, Department staff notes that since Ross University School of Medicine no longer provides any medical education or services in The Commonwealth of The Bahamas, no additional information is required.

Regarding its accrediting activities, Department staff reviewed the final report from the site visit conducted by the Board in October 2010 to Ross University School of Medicine. Department staff noted that one outstanding issue remained and would be specifically reviewed as part of the five-year accreditation renewal visit scheduled for October 2011.

With regard to All Saints University School of Medicine, Department staff recommends to the NCFMEA that it address with the Board the incorrect or misleading information released by All Saints University School of Medicine on its website and the expectation of U.S. accreditors to take a proactive approach to provide for the public correction of such information.

Department staff also concludes that Dominica's accrediting actions during the reporting period are not inconsistent with NCFMEA guidelines.

### **Staff Analysis**

#### **Outstanding Issues**

##### **The relationship between the Medical Board of Dominica and the Bahamas.**

#### **Country Narrative**

By letter dated August 27, 2009, C.F. Johnson, Permanent Secretary of The Ministry of Health of The Commonwealth of The Bahamas wrote to Dominica Medical Board ("Board") Chairman Dr. Dorian Shillingford requesting that the Board confirm the currency of the Board's accreditation of Ross University School of Medicine ("RUSM") including, in particular, the Board's accreditation of the Freeport location. See Letter from C. Johnson to D. Shillingford (Aug. 27, 2009) (Exhibit A). By letter dated September 21, 2009, Board Chairman Shillingford responded to Secretary Johnson's letter, explaining that on December 16, 2006 the Board granted RUSM continuing certification for a period of five years, subject to compliance with the Standards and Procedures for Certification of Medical Education Programmes ("Dominica Standards and Procedures"). See Letter from D. Shillingford to C. Johnson (Sept. 21, 2009) (Exhibit B). Board Chairman Shillingford further explained that, in March 2009, the Board found RUSM temporarily in overall compliance with the Board's standards with respect to the Freeport location, and that the Board would reconsider the matter in the context of a site visit in November 2009. See *id.* As explained further in Question 2, the Board conducted the November 2009 site visit.

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

The Medical Board of Dominica (Board) provided information and documentation to indicate that the only relationship between the Board and The Bahamas relates to Ross University School of Medicine (RUSM). Specifically, The Ministry of Health of The Commonwealth of The Bahamas inquired as to the current accreditation status of RUSM, to include the campus in Freeport, by the Board, and also expressed appreciation of the Board's continued review of RUSM to ensure a high standard of quality for the medical education and services. In response, the Board confirmed RUSM's current accreditation status, which includes the Freeport location, and indicated that a site visit would occur in November 2009.

While Department staff appreciates the information and documentation provided by the Board, the staff recommends a more-formal agreement between the Board and The Bahamas concerning the accreditation and review of RUSM is necessary to demonstrate that the accreditation process covers the entire educational program, and the Board is clearly designated as the entity responsible for evaluating the quality of medical education.

### **Country Response**

The Board has understood for some time that RUSM expected to terminate its activities in The Bahamas. RUSM has formally informed the Board that it currently has no students engaged in academic activity in The Bahamas and it has no plans to offer any aspect of the medical education program to students in The Bahamas. See Letter from J. Flaherty to D. Shillingford (Aug. 8, 2011) (Exhibit 1). In the circumstances, the Board believes that a formal agreement between it and The Bahamas is not needed.

### **Analyst Remarks to Response**

The Medical Board of Dominica provided information and documentation to indicate that Ross University School of Medicine no longer provides any medical education or services in The Commonwealth of The Bahamas. Therefore, no additional information is needed concerning the relationship between the Medical Board of Dominica and The Commonwealth of The Bahamas.

Staff Conclusion: Comprehensive response provided

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**Accreditation activities within Dominica, including anything related to All Saints University or to any additional studies at Ross University.**

### **Country Narrative**

## 1. Review of RUSM compliance with Dominica Standards and Procedures and related site visits

As indicated to Ross University School of Medicine (“RUSM”) in the March 2009 site visit report for the RUSM Freeport location, the Board conducted in November 2009 a follow-up site visit to the RUSM Portsmouth campus and Freeport location. See Report of a Site Visit to RUSM, Freeport Facility, Grand Bahama, March 1-3, 2009 (Exhibit C). Consistent with the Board’s procedures and conflict of interest policy, the Board duly appointed site visit teams. One team visited RUSM’s main campus in Portsmouth, Dominica on November 2-6, 2009. A second site visit team visited RUSM’s Freeport location on November 11-13, 2009. In accordance with Dominica Standards and Procedures, after providing RUSM an opportunity to respond to the site visit teams’ findings, the Board accepted and adopted the site visit teams’ findings and recommendations. By e-mail dated March 2, 2010, the Board transmitted the final site visit report. The final site visit report is located at Exhibit D.

In the site visit report regarding the November 2009 visits to the Portsmouth campus and Freeport location, the Board found that although the Freeport location continues to be in overall compliance with Board standards, recent developments at RUSM call into question the school’s overall compliance with Board standards. See *id.* The Board informed RUSM that it would conduct a site visit of the Portsmouth campus and Freeport location in November 2010 to focus primarily on enrollment and senior management at RUSM. See *id.* The Board also notified RUSM that RUSM shall launch its full accreditation self-study no later than January 2011, to prepare for its five-year accreditation renewal visit, which the Board will conduct by October 2011. See *id.* The Board directed RUSM to submit a Data Base Document, including a confidential student self-study designed and administered by the student body, to the Board by June 30, 2011. See *id.*

## 2. All Saints University

As previously reported, in early 2008 All Saints University School of Medicine (“All Saints”) initiated the accreditation process. In May 2008 the Board conducted a site visit of All Saints’ campus in Roseau, Dominica for the purpose of assessing All Saints’ compliance with the Board’s standards for certification. The site visit team determined that its visit was incomplete, due to the non-production by All Saints of certain requested information, the fact that no site visit had yet been made to the medical school’s clinical program and sites, and certain other significant concerns regarding the medical school. In August 2008, the Board requested to meet with All Saints representatives. Although All Saints indicated that it intended to respond to the Board, it has yet to do so, and All Saints has not otherwise pursued accreditation by communicating with the Board. The Board is considering, in consultation with the Government of Dominica, the status of All Saints’ operations in Dominica.

## 3. Additional meetings

As recommended in the November 2009 site visit report for the RUSM Portsmouth campus and Freeport location, Board Chairman Shillingford met with the RUSM Board and representatives of RUSM's parent company, DeVry Inc., on February 19 and April 24, 2010, respectively, to discuss the report's findings and recommendations.

#### 4. Clinical site visits

The reports for the Board visits to RUSM clinical sites are at Exhibit E.

#### 5. Training

No training took place during the reporting period. Experienced and well-qualified visitors were engaged for site visits that occurred during the reporting period. On June 17-18, 2010, the Board will hold a workshop for its members on the accreditation process. The workshop leaders will be Lindsey C. Henson, M.D., Ph.D., Vice Dean for Education, University of Minnesota Medical School, and Thomas R. Viggiano, M.D., M.Ed., Associate Dean, Faculty Affairs, Mayo Clinic College of Medicine.

#### 6. Developments in Dominica's laws or accreditation standards

Since Dominica's last report to NCFMEA, no developments have occurred with respect to Dominica's laws and regulations that affect accreditation of medical schools or with respect to Dominica's accreditation standards, processes or procedures that are used to evaluate and accredit medical schools.

The Board is unsure whether the NCFMEA would like information on upcoming accreditation activities or the specific qualifications of Board members. The Board would be pleased to supply such information if it is wanted.

### **Analyst Remarks to Narrative**

Dominica provided information and documentation regarding the accreditation activities of the Medical Board of Dominica (Board). Specifically, the Board provided information and documentation concerning a site visits to the Freeport, The Bahamas and Portsmouth, Dominica campuses of Ross University School of Medicine (RUSM), interaction with All Saints University School of Medicine (All Saints), and the reports of clinical site visits conducted in 2009 and 2010.

With respect to the campuses of RUSM, the Board conducted site visits in November 2009 and provided a final report. The final report questioned RUSM's compliance with the Board's standards and indicated that a new site visit would occur in November 2010 to review the outstanding compliance issues. Department staff noted that the Board conducted its site visits according to its procedures and timelines. However, staff suggest that Dominica provide the more recent report concerning the November 2010 site visit to the Portsmouth, Dominica and Freeport, The Bahamas campuses of RUSM to document the

Board's accreditation process and its evaluation of RUSM's compliance with the issues identified by the Board.

With respect to All Saints, the website for All Saints indicates that it is "chartered and recognized by the Government of the Commonwealth of Dominica. The University is authorized to confer Doctor of Medicine (MD) Degree on its successful candidates," and its MD program "is periodically assessed to be in conformity with the accreditation standards of the Medical Board of Dominica." This appears incongruent with the Boards' intended course of action as outlined in its report, therefore, staff suggests that the Board be asked to address any more recent actions it may have taken with regard to All Saints University and the accuracy of the information published on All Saints' website.

## **Country Response**

### **1. Review of RUSM compliance with Dominica Standards and Procedures and related site visits**

On October 26 and 27, 2010, the Board conducted a site visit to RUSM's Portsmouth campus in Dominica. The site visit was the recommended follow-up visit to the November 2009 Board visit to RUSM's Portsmouth and Freeport campuses. See Reports of site visits to Portsmouth, Dominica campus and Freeport, Grand Bahama location in November 2009 (Exhibit D). In light of the truncation and then the elimination of RUSM's Freeport program, no site-visit by the Board to Freeport was indicated. Consistent with the Board's procedures and conflict of interest policy, the Board duly appointed a site visit team for the Portsmouth site visit. In accordance with Dominica Standards and Procedures, after providing RUSM an opportunity to respond to the site visit teams' findings, the Board accepted and adopted the site visit teams' findings and recommendations. By e-mail dated April 28, 2011, the Board transmitted the final site visit report. The final site visit report is located at Exhibit 2.

RUSM's five-year accreditation renewal visit is scheduled to occur in October 2011. Consistent with the Board's procedures and conflict of interest policy, the Board has duly appointed a site visit team. The site visit team will visit RUSM's main campus in Portsmouth, Dominica and its Fifth Semester Program in Miami, Florida.

### **2. All Saints University**

All Saints has not pursued Board accreditation, and the Board has not recognized or approved All Saints. All Saints remains chartered by the Government of the Commonwealth of Dominica ("Government"). The Government and the Board are in consultation with respect to All Saints. It has been recently reported in the Dominica press, although the Board has not verified the report, that All Saints intends to depart Dominica.

### **3. Additional meetings**

In December 2010, the Board Chairman, a site visitor who attended the 2010 site visits, and counsel to the Board met with members of the RUSM board and officials of RUSM and its parent company. In October 2010, the Board Chairman and counsel to the Board met with RUSM officials. The purpose of these meetings was to discuss matters related to changes in the Ross University board bylaws and to address concerns related to RUSM's compliance with the Board's governance and administration standards.

#### 4. Clinical site visits

The reports for the Board visits to RUSM clinical sites since June 1, 2010 are at Exhibit 3.

#### 5. Training

Experienced and well-qualified visitors were engaged for site visits that have occurred since June 1, 2010. On June 17-18, 2010, the Board held as planned a workshop for its members on the accreditation process. The workshop leaders were Lindsey C. Henson, M.D., Ph.D., then Vice Dean for Education, University of Minnesota Medical School (now Vice Dean for Medical Education and Student Affairs, Charles E. Schmidt College of Medicine at Florida Atlantic University), and Thomas R. Viggiano, M.D., M.Ed., Associate Dean, Faculty Affairs, Mayo Clinic College of Medicine.

#### 6. Developments in Dominica's laws or accreditation standards

Since June 1, 2010, no developments have occurred with respect to Dominica's laws and regulations that affect accreditation of medical schools or with respect to Dominica's accreditation standards, processes or procedures that are used to evaluate and accredit medical schools.

### **Analyst Remarks to Response**

Dominica provided information and documentation regarding the accreditation activities of the Medical Board of Dominica (Board). Specifically, the Board provided information and documentation concerning a site visit to the Portsmouth, Dominica campus of Ross University School of Medicine (RUSM), All Saints University School of Medicine (All Saints), and the reports of clinical site visits conducted since June 1, 2010.

With respect to RUSM, the Board conducted a site visit in October 2010 and provided a final report. The final report indicated that five of the six recommendations from the November 2009 site visit were addressed, leaving only one outstanding issue. The Board indicated that the outstanding compliance issue would be reviewed as part of the five-year accreditation renewal visit scheduled for October 2011. Department staff noted that the Board conducted its site visits according to its procedures and timelines.

With respect to All Saints, the Board indicates that All Saints has not pursued Board accreditation and that it has not recognized or approved All Saints. In addition, the Board states that it has received information that All Saints intends to depart Dominica. However, the website for All Saints continues to indicate that it is "chartered and recognized by the Government of the Commonwealth of Dominica. The University is authorized to confer Doctor of Medicine (MD) Degree on its successful candidates," and its MD program "is periodically assessed to be in conformity with the accreditation standards of the Medical Board of Dominica." This statement is incongruent with the Boards' statements as outlined in its report. In the U.S., accrediting agencies are expected to take a proactive approach regarding the correction of any release of incorrect or misleading information. Thus far, the Board does not appear to have taken any action, therefore Department staff suggests that the Board be asked to take action with regard to All Saints and the accuracy of the information published on All Saints' website.

**Staff Conclusion: Additional Information requested**

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U.S. Department of Education

St. Maarten: Redetermination of Comparability

Prepared October 2011

**Background**

In October 1997 the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Accreditation Commission on Colleges of Medicine (ACCM) to evaluate the American University of the Caribbean (AUC), then located in Montserrat, were comparable to those used to evaluate medical schools in the United States. This was the ACCM's first agreement with a Caribbean country to serve as its designated accreditor. (The commission later became the designated accreditor for the governments of Saba, Belize and the Cayman Islands, as well.)

After a volcano erupted on Montserrat, the AUC was forced to relocate to St. Maarten. Since St. Maarten does not have a governmental body to conduct accreditation activities, it officially designated the ACCM in December 1997 to be its authorized representative in accrediting the AUC, which is the one medical school in the country. In March 1998, the NCFMEA found that the ACCM's accreditation system, now being used in St. Maarten, continued to be comparable to the system used in the United States.

During its March 2004 meeting, the NCFMEA reaffirmed its prior determination that the standards and processes used by the ACCM for its evaluation of the medical school on St. Maarten remained comparable to those used to evaluate medical schools in the United States. The NCFMEA also requested that the ACCM submit periodic reports describing its continuing accreditation activities. The commission submitted reports for 2005 and 2006. Since the NCFMEA did not meet in 2006, both of those reports were reviewed at the March 2007 meeting. At its March 2007 meeting, the NCFMEA accepted the annual report submitted by the ACCM on behalf of the government of St. Maarten and requested that the ACCM submit another report on its accrediting activities for review at the March 2008 NCFMEA meeting.

At its March 2008 meeting the NCFMEA accepted the commission's report and invited it to reapply for a comparability redetermination at the Spring 2010 NCFMEA meeting. The Spring 2010 meeting was cancelled, pending appointment of a new committee, causing St. Maarten's redetermination to be deferred to the current meeting.

## **Summary of Findings**

Based on the information provided, there is no evidence of any major changes in the standards and processes of St. Maarten that were last determined to be comparable by the NCFMEA in March 2004. Department staff also concluded that the accreditation activities during the period reported were consistent with the NCFMEA Guidelines.

However, one issue remains that the NCFMEA may wish to pursue regarding the country's standards. More information is needed on the evaluation of complaints, and especially student complaints, during the evaluation process.

## **Staff Analysis**

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

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

##### **Country Narrative**

The entity responsible to approve or deny approval of a medical school on the island of St. Maarten is the Government of the Netherlands Antilles (Exhibit 1 - Netherlands Antilles Government Charter 1999).

The single medical school located on St. Maarten, the American University of the Caribbean (AUC) is duly incorporated under the laws of the Netherlands Antilles (Exhibit 2 – AUC n.v. Articles of Incorporation 1999). These Articles were amended to reflect changes in the laws of the country at a General Meeting of Shareholders in June 2009 (Exhibit 2a – Resolution of Shareholders 4 June 2009) and by Resolution of the Board of Managing Directors the same day (Exhibit 2b – Resolution of the Board of Managing Directors and Bylaws of the University Board of Trustees).

The Government of St Maarten reaffirmed the authority of the AUC to confer MD degrees in 2003 (Exhibit 3 – St Maarten Government Resolution 2003).

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

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten.

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#### **Section 1: Approval of Medical Schools, Question 2**

## **Country Narrative**

The Government of St Maarten regulates the certification/licensure of the medical school.

## **Analyst Remarks to Narrative**

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten.

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## **Section 1: Approval of Medical Schools, Question 3**

### **Country Narrative**

The Government of St Maarten retains the authority to remove the right to operate of a medical school (Exhibit 3 – St Maarten Government Resolution 2003, paras 1 and 5)

### **Analyst Remarks to Narrative**

Documentation was provided showing that the only entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten.

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## **Section 2: Accreditation of Medical Schools**

### **Country Narrative**

The entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The authority of the ACCM to carry out this function was granted under the terms of the formal Heads of Agreement between the Government of St. Maarten and the ACCM (Exhibit 4 – St Maarten/ACCM Heads of Agreement 1997) and the resolution of the Executive Council of St. Maarten, No. 510 of May 20th 2003 (Exhibit 3 – St Maarten Government Resolution 2003). The Executive Council, in its letter of January 26, 2010, confirms the tasked assignment to ACCM to accredit and evaluate AUC and represent the Government at meetings with the NCFMEA (Exhibit 5 – St Maarten Government letter 2010).

ACCM reports on its accreditation activity annually to the Government of St. Maarten and to the NCFMEA. The most recent Accreditation Report was lodged in December 2009 in hardcopy to both these parties and can be made available electronically if required. The American University of the Caribbean was found to be in compliance with all accreditation standards, and had achieved the

educational goal of an 85% pass rate for first time takers of USMLE Step 1. The University has therefore been granted accreditation for the period beginning January 1st 2010 for six years provided that it remains in compliance with the required standards (Exhibit 6 – ACCM Elements of Accreditation), continues to submit annual survey reports to ACCM and continues to receive specified inspection visits to the campus and to affiliated hospital sites throughout the period of accreditation.

### **Analyst Remarks to Narrative**

The entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The ACCM has been granted this authority by the Executive Council of the Island Territory of St. Maarten, and the ACCM reports to the Executive Council.

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

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

#### **Country Narrative**

The accreditation /approval standards and the inspection process used by the ACCM are set out in the Elements of Accreditation and in the ACCM Protocol for Accreditation. The NCFMEA has previously confirmed that the ACCM Elements conform to LCME standards. The ACCM Elements of Accreditation and Protocol for Accreditation have been recently updated to take into account changes in LCME standards (Exhibit 6 & 7 – ACCM Elements of Accreditation 2009 and ACCM Protocol for Accreditation 2009).

ACCM requires that the standards of medical education followed by the school are those set out in its Elements of Accreditation. These standards are modeled on LCME standards. The public interest is served by the requirement to deliver a high quality medical education.

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

The ACCM's Element 1.1 addresses Educational Goals. An institution must develop goals that define its mission and teaching program. The goals must include assuring students, parents, patients, postgraduate training directors, licensing authorities, government regulators, and society that the medical programs have met the commonly accepted standards for professional education and that they serve the public interest.

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### **Section 1: Mission and Objectives, Question 2**

### **Country Narrative**

The medical school must conform to the educational goals as set out by the ACCM (Exhibit 6 - Element 1, p.6) and verified by the ACCM inspection team.

### **Analyst Remarks to Narrative**

The ACCM's Element 1.1 addresses Educational Goals. An institution must develop goals that define its mission and teaching program. The goals must include:

-producing graduates with the knowledge and skills necessary to complete postgraduate training

-producing graduates capable of attaining licensure and providing quality health care, as well as habits of life-long medical learning

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## **Section 2: Governance, Question 1**

### **Country Narrative**

The single medical school on the island has been legally authorized under the Netherlands Antilles Government to operate and confer the degree of MD (Exhibit 1 - Netherlands Antilles Government Charter).

### **Analyst Remarks to Narrative**

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten. In turn, the entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The Executive Council is the legal entity to which the medical school reports, and the ACCM is the entity which reviews the quality of the medical education program on the Executive Council's behalf.

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## **Section 2: Governance, Question 2**

### **Country Narrative**

ACCM is the external and independent agency appointed by the Government that ensures the accountability of the management of the school.

### **Analyst Remarks to Narrative**

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten. In turn, the entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The Executive Council is the legal entity to which the medical school reports, and the ACCM is the entity which reviews the quality of the medical education program on the Executive Council's behalf.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 1**

#### **Country Narrative**

The corporate organization and administration of the medical school must comply with standards set out in Elements 2 & 3 (Exhibit 6 – Elements 2 and 3, p 7-8).

ACCM requires that the school be governed by an independent and voluntary Board of Trustees as the highest authoritative body of the institution (Exhibit 6 - Element 2, subsection 2.1, p.7).

The administrative and academic organization of the school is monitored by regular inspections, site visits, faculty, administrative and student interviews to ensure compliance with the ACCM Elements.

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

The ACCM's Elements 2 and 3 address Corporate Organization and College Management. The institution is government supported and licensed. The institution shall be governed by an independent Board of Trustees. Chief academic officers, division heads, and faculty representatives will consult with the trustees in governing the institution. By-laws shall delineate the roles, duties, and responsibilities of: chief, associate, and assistant administrative officers; chief academic officers and deputies; faculty; faculty government; students; and committees, including student admission, student evaluation, curriculum, facilities and libraries, faculty research and scholarly activities.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 2**

#### **Country Narrative**

ACCM requires that the principal administrative and academic heads shall maintain open lines of communications with one another (Exhibit 6, Element 3 subsection 3.1, p.8) and that the Chief Academic Officer shall be provided with adequate resources to implement a sound program (Exhibit 6, Element 4, p.9).

Instructional budgets are developed in collaboration with the Chief Academic

officer and faculty members to ensure effective delivery of the medical educational programs (Exhibit 6 - Element 7, subsection 7.4, p.19).

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

### **Analyst Remarks to Narrative**

ACCM's Element 3.1 College Management requires that administrative structures be designed such that each division is able to perform its responsibilities efficiently and be of sufficient magnitude for the size of the program and number of students. The board of trustees must ratify the appointment of the chief executive officer, chief academic officer, and faculty members. Administrative and academic heads must maintain open lines of communication. Chief academic officers must be supported by professional staff including deans, associate deans, and assistant deans.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 3**

#### **Country Narrative**

The response above covers ACCM requirements regarding resources and authority needed for department heads and clinical faculty as well as that of the chief academic (medical) officer.

### **Analyst Remarks to Narrative**

The ACCM's Element 3.1 College Management requires that the chief academic officer be supported by a team of professional staff in managing the medical program. The team must include deans, associate deans, and assistant deans. Staff must include members in: secretarial support; student admissions; faculty affairs; education financing, accounting, budgeting, and fundraising; clinical facilities; curriculum and academic affairs; student services; postgraduate medical education; research; alumni affairs; library; student financial assistance; recordkeeping; and public safety.

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### **Subsection 3.2: Chief Academic Official, Question 1**

#### **Country Narrative**

Element 3 requires the Chief Academic Officer (CAO) must hold an MD degree and possess the appropriate qualifications and experience in medical education, research and patient care to lead and to supervise the educational program of the institution. (Exhibit 6 - Element 3, subsection 3.1, p.8)

### **Analyst Remarks to Narrative**

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

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### **Subsection 3.2: Chief Academic Official, Question 2**

#### **Country Narrative**

The selection process for senior faculty including the Chief Academic Officer is through advertising, search committee and interview process. (Exhibit 8 - AUC Faculty Manual, para.30.1, p.12 and Exhibit 12 - AUC Self Study para 54.1-54.5 p.74) The appointment of the CAO must be approved by the Board, in accordance with Element 3: (Exhibit 6 – Element 3, subsection 3.1, p.8)

### **Analyst Remarks to Narrative**

The ACCM's Element 2.1 Corporate Organization specifies that the board of trustees , in consultation with the chief academic officer, division heads, and faculty representatives, will select the chief executive officer and the chief academic officer.

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### **Subsection 3.3: Faculty**

#### **Country Narrative**

ACCM requires that a curriculum committee of faculty members be responsible for developing and evaluating the medical curriculum. (Exhibit 6 - Element 4, subsection 4.1, p. 9)

Upon consultation with the administration, a faculty committee must define the institution's requirements for admission and make final decisions on students admitted to the program. (Exhibit 6 - Element 6, subsection 6.1 p.17).

The participation of faculty members in decisions relating to admission, hiring, and promotion are set out in the Faculty Manual, which is reviewed by ACCM (Exhibit 8 – AUC Faculty Manual, p.12, p.16).

### **Analyst Remarks to Narrative**

The ACCM's Element 2.1 Corporate Organization specifies that the chief academic officer, division heads, and faculty representatives consult with the board of trustees in establishing broad institutional policies and providing institutional direction. These board policies will address student admission, faculty, and curriculum.

Element 4.1 Curriculum specifies that a curriculum committee of faculty members will be responsible for developing and evaluating the curriculum. It also requires that the management of the curriculum will involve the faculty and administration in an integrated manner.

Element 6.1 Admission specifies that a faculty committee on admissions will define the size and characteristics of the student body and make final decisions on students admitted to the program.

Element 8.2 Policy on Selection Process and Appointment of Faculty specifies that in a faculty manual or other document the institution must define its faculty policies in areas such as selection, evaluation, promotion, and termination.

The AUC's Faculty Manual addresses: selection of faculty; faculty status, benefits, and teaching load; faculty contract obligations; faculty evaluation; reappointment; termination; and retirement policies.

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### **Subsection 3.4: Remote Sites**

#### **Country Narrative**

ACCM requires that there is comparability of educational and teaching standards at geographically separated sites. (Exhibit 6 – Element 3, subsection 3.3, p.8, and Element 4, subsections 4.5 and 4.6.1 and 4.6.2, p.11-12). The CAO must appoint site directors at remote sites to ensure the adherence to the school curriculum and must implement a system of monitoring and reporting on the quality of education and teaching at each hospital site. Site visits to remote sites must be conducted by the CAO or designee on a regular basis.

The provision of a quality medical educational experience is verified by the ACCM during hospital site visits that are carried out within the accreditation period.

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

The ACCM's Element 3.3 Satellite Health Care requires that students at such facilities receive the same curricular material, quality of education and standards of student evaluation found at the parent campus. Deans are required to appoint site directors, department faculty, and administrative personnel at all satellite locations.

It is not clear from the narrative if the AUC uses satellite locations. The country needs to provide more information on its practices in this section.

### **Country Response**

There are no satellite locations operated by the American University of the Caribbean at which students are educated either in the country of St Maarten or elsewhere. American University of the Caribbean has a single campus on the island of St Maarten where all basic science education takes place.

It should be noted in this context however, that the University's administrative offices are run by Medical Education Administrative Services, 901 Ponce de Leon Boulevard -Suite 700, Coral Gables, FL33134 There is constant daily interaction between that office and the University Campus, with meetings taking place in either location as often as necessary.

Also, as described in response to Subsection 4.3, question 5, American University of the Caribbean has affiliation agreements with 30 ACGME approved hospitals and medical centers throughout the US, and SIFT hospitals in the UK, (Exhibit 13a – AUC Annual Survey 2009/10, pp.29-30) at which students undertake their core clerkships. On behalf of the Government of St Maarten, ACCM inspects all of these sites to ensure that the training received is in accordance with the University's curriculum, and is in line with the required standards as described in Exhibit 6: ACCM Elements of Accreditation, Element 4, 4.3 to 4.6, pp.10-14. The University's Clinical Dean and/or designees regularly inspect all clinical sites to assure parity of educational standards for their students at all locations.

### **Analyst Remarks to Response**

In its response to the draft staff analysis, the country clarified that it does not use satellite locations.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.1: Program Length, Question 1**

#### **Country Narrative**

ACCM require that the program of education must be no less than 130 weeks spread over 4 academic years (Exhibit 6 - Element 4.1, p.9).

The actual length of the program at American University of the Caribbean is 152 weeks, comprising 9.5 sixteen week semesters (Exhibit 12 - AUC Self Study, p.23)

### **Analyst Remarks to Narrative**

The ACCM's Element 4.1 Curriculum specifies that the length of the basic science medical education program must be no less than 130 weeks and be offered over four academic years.

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### **Subsection 4.1: Program Length, Question 2**

#### **Country Narrative**

St Maarten is not a member of the European Community.

### **Analyst Remarks to Narrative**

Not applicable.

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### **Subsection 4.2: Curriculum, Question 1**

#### **Country Narrative**

The basic sciences curriculum shall allow students to acquire, through didactic and practical instruction, current understanding and advances in the biomedical disciplines. ACCM also requires that the curriculum includes the development of problem-solving skills, communication skills, procedural competencies, an understanding of the principles of basic and translational research as applied to medicine. The curriculum committee is required to develop an orderly program which meets current standards for quality and quantity. (Exhibit 6 - Element 4.1 and 4.2, p.9)

The length and outline of the Curriculum is described in Exhibit 12 - AUC Self Study, p.23-25.

### **Analyst Remarks to Narrative**

The ACCM's Element 4.2 Basic Science requires that students acquire understanding of the biomedical science disciplines through both didactic and practical instruction. Instruction should include laboratory or other practical opportunities for application of the scientific method, observation of biomedical phenomena, and critical analysis of data. Opportunities should include hands-on or simulated exercises.

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### **Subsection 4.2: Curriculum, Question 2**

#### **Country Narrative**

The medical school is required to provide instruction in anatomy, histology, physiology, biochemistry, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, therapeutics and preventive medicine, basic and translational research. (Exhibit 6 - Element 4.2 p.9)

### **Analyst Remarks to Narrative**

The ACCM's Element 4.2 Basic Science requires that the curriculum allow students to acquire understanding of the biomedical science disciplines including:

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

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### **Subsection 4.2: Curriculum, Question 3**

#### **Country Narrative**

ACCM standards require that instruction within the basic sciences should include laboratory or other practical opportunities for the direct application of the scientific method. (Exhibit 6 - Element 4.2, p.9,10)

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

Laboratory opportunities may include hands-on or simulated exercises. Students should either collect or use data to test or verify hypotheses and address questions about biomedical principles or phenomena. The curriculum should address where such exercises should occur, the intent of the exercises, and how the exercises contribute to course objectives and the student's ability to collect, analyze, and interpret data.

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### **Subsection 4.3: Clinical Experience, Question 1**

## **Country Narrative**

The requirements for the clinical science program are outlined in Exhibit 6 - Element 4.3 p.10,11

ACCM requires core programs of 12 weeks each in internal medicine and surgery, 6 weeks each in pediatrics, obstetrics/gynecology and psychiatry. Family medicine must be offered either separately or integrated into the previous 5 core programs. There must be not less than 26 weeks in electives.

ACCM has reviewed the Clinical Syllabus for core rotations and the Clinical Syllabus for Elective Rotations which were presented with the Self Study conducted by the school (Exhibit 12 - AUC Self Study)

## **Analyst Remarks to Narrative**

The ACCM's Element 4.3 Clinical Science specifies that the clinical program be oriented toward primary care. The clinical programs must be offered under faculty supervision in hospital and ambulatory facilities at affiliated hospitals.

The clinical curriculum must include:

- internal medicine, 12 weeks
- obstetrics and gynecology, 6 weeks
- pediatrics, 6 weeks
- surgery, 12 weeks
- psychiatry, 6 weeks
- family medicine, 4 weeks

Element 4.3 also requires varying numbers of hours of clinical instruction on 20 other topics such as geriatrics, substance abuse, smoking, obesity, nutrition, and a variety of other areas.

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## **Subsection 4.3: Clinical Experience, Question 2**

### **Country Narrative**

American University of the Caribbean has a Clinical Science Syllabus, which is reviewed by ACCM. The syllabus is regularly updated, and all learning objectives and clinical core competencies to be acquired are defined. The school requires attainment of listed number and type of procedural skills and disease entities to be covered. A listing of the types of teaching methods to be used is also present, as well as how the acquisition of these learnings, skills and competencies will be evaluated. The school provides an opportunity for students to evaluate the teaching of each core at each clinical site and return their findings to the school. (Exhibit 12 – AUC Self Study, p.24, para 15.5, p.27-29, para.17.1-17.10, p.31-33, para 18.1-19.2.)

ACCM requires that each hospital site has a site director who is responsible for ensuring that students receive a high quality teaching and the clinical experience consistent with the school syllabus. Students are required to keep log books that are reviewed by the clinical deans to verify that they are exposed to an appropriate case mix. Teaching must be provided by lectures, case conferences, case presentation and feedback and small group teaching. Students must be exposed to both inpatient and ambulatory care settings. Students must be assigned a sufficient number of patients to practice and develop clinical skills and concepts (Exhibit 6 - Element 4.4, 4.5, p.11,12).

ACCM requires that hospital sites are monitored by the school on a regular basis and that students evaluate their experience and feedback this information to the school. ACCM verifies the provision of a quality medical education program through site visits and confidential student interviews.

### **Analyst Remarks to Narrative**

The ACCM Element 4.4 Clinical Clerkships requires that clinical instruction be carried out in both inpatient and outpatient settings with patients representative of a broad range of commonly occurring diseases. Clinical objectives must be clearly delineated and provided to the students and supervising faculty members at the beginning of each clinical rotation. All clinical instruction must include: lectures; conferences; faculty teaching rounds; resident rounds; adequate numbers of new patients; adequate numbers of existing patients; and adequate faculty evaluation of students' workups and presentations. All clinical clerkships must maintain patient logs to show the number and variety of patients seen by students.

Element 4.5 Oversight of Clinical Clerkships requires that the school provide oversight of the clinical experience. The curriculum committee must stipulate the types of patients or clinical conditions that students must see and ensure that the faculty oversees workups of patients by the clinical students.

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### **Subsection 4.3: Clinical Experience, Question 3**

#### **Country Narrative**

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

ACCM requires the school to ensure opportunities for students to develop clinical skills and concepts and to have a broad range of learning experiences. This is to be monitored by review of patient logs, charts and disease entities/procedures/skills checklist. (Exhibit 6 - Element 4, subsection 4.6.5 and 4.6.6, p.13)

## **Analyst Remarks to Narrative**

ACCM's Element 4.3 Clinical Science includes an exhaustive list of curriculum areas to be covered during the clinical experience, including experiences in internal medicine of not less than 12 weeks.

Element 4.6.5 Practice Opportunities for Students requires that faculty assign students new patients to work up every week, including taking histories, performing exams, data collection, management plans, and writing orders, which are reviewed and co-signed by the faculty. Students must participate in ward teaching rounds, case conferences, medical grand rounds, mortality and morbidity conferences, small group problem solving exercises, morning report meetings, literature analysis, ethics presentations, and evening on-call experiences.

Students must see both new and continuing patients. They must maintain patient logs, charts, and disease/skills checklists. The faculty must review the logs and checklists to ensure that each student is exposed to a variety of patients, diseases, and procedures as stipulated in the curriculum.

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## **Subsection 4.3: Clinical Experience, Question 4**

### **Country Narrative**

Within the school's Clinical Science Syllabus the acquisition of knowledge, skills, attitudes and behaviors necessary for further training in the practice of medicine is integrated into the objectives of each core. The Student Handbook states (Exhibit 10 - AUC Student Handbook, para 25.9 p.25) that 'Any student who exhibits personal characteristics or behavior that is inappropriate for one seeking to become a physician shall be subject to dismissal regardless of academic performance'.

ACCM requires that the design of the programme shall encourage students to master medical sciences, clinical skills, and to develop a professional demeanor for graduate training. It requires that the faculty develop in the students the appropriate professional attributes expected by the public of physicians and teach students to uphold the highest standards of behavior conduct, integrity and ethics. (Exhibit 6 - Element 4.3, p.11)

### **Analyst Remarks to Narrative**

The ACCM Elements require a broad exposure to a variety of topics during the clinical experience. These experiences form the basis for further training. Element 4.7 Senior Electives provides for a more flexible curriculum that enables students to pursue more advanced studies in the core clinical disciplines and to pursue areas of personal interest as they advance through the clinical experience. A faculty advisor is assigned to each student to assist in the selection of these senior electives.

Element 4.8 Evaluation of the Curriculum requires that the curriculum committee continuously evaluate the curriculum's overall effectiveness, including student performance on standardized tests, percentages of students accepted into residency programs, percentages of students passing the USMLE, and follow-ups of graduates' employment.

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### **Subsection 4.3: Clinical Experience, Question 5**

#### **Country Narrative**

Instruction and experience in patient care is provided in both ambulatory and hospital settings. American University of the Caribbean currently has affiliation agreements with 30 hospitals or medical centers in both US and UK, all of which are ACGME or NHS registered teaching sites. (Exhibit 11 - Sample Affiliation Agreement, Exhibit 12 - AUC Self Study para 19.1, 19.2 pp.32,33) The school's clinical deans regularly visit and review the instruction and experience acquired by students, and to ensure that these are received in both settings. As above, patient logs are also reviewed.

ACCM conducts site visits to all core clerkship training hospitals during each period of accreditation and ascertains whether training is received in both ambulatory and hospital settings. (Exhibit 6 - Element 4.4 para 1, p.11)

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

ACCM's Element 4.3 Clinical Science requires that the clinical experience include both hospital and ambulatory care facilities. The AUC has affiliation agreements with 30 hospitals that are registered teaching sites in the U.S. and the U.K. The ACCM conducts site visits to all clinical sites during each accreditation period to verify that the sites provide both hospital and ambulatory care clinical opportunities.

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### **Subsection 4.3: Clinical Experience, Question 6**

#### **Country Narrative**

The objectives of each core clerkship, as outlined in the Clinical Syllabus, and reviewed by ACCM, require the study of patients having a variety of common and major disease types. Students participate in grand rounds as well as round with their teams, hear and present case reports, attend conferences and keep patient logs.

ACCM requires that students are assigned a sufficient number of new and existing patients each week and are taught by faculty members of the college. (Exhibit 6 - Element 4.4 - 4.6 p.11,12) ACCM monitors this through on site visits, interviewing faculty and students, and reviewing a selection of patient logs,

evaluations by faculty of student achievement, and students' evaluation of the teaching received.

### **Analyst Remarks to Narrative**

As stated previously, ACCM specifies the clinical science program content areas. Students see new and existing patients in both hospital and ambulatory care settings. A faculty curriculum committee specifies the types of patients and clinical conditions that a student should see during the clinical experience. Faculty will monitor the students' patient logs and disease/skills checklists during the course of the clinical experience to ensure that the clinical objectives are being met. Faculty will provide written evaluation of students' clinical skills, including the ability to interpret clinical data, laboratory data, radiological data, solve patient problems, develop management plans, and demonstrate reasoning and communication skills related to each rotation.

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### **Subsection 4.4: Supporting Disciplines**

#### **Country Narrative**

Students must receive instruction in supporting disciplines such as clinical pathology and radiology during the clerkship by attendance at case conferences and small group tutorials on these topics.

### **Analyst Remarks to Narrative**

The ACCM Element 4.3 Clinical Science specifies that there should be appropriate exposure to multidisciplinary areas such as emergency medicine and to the disciplines supporting general medical practice such as clinical pathology and diagnostic imaging, presented in an integrated and multidisciplinary approach.

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### **Subsection 4.5: Ethics, Question 1**

#### **Country Narrative**

ACCM requires that the curriculum provides instruction in topics of concern to society, including medical ethics and death and dying (Exhibit 6 - Element 4.3, p.10) and that the school evaluates the acquisition of these competencies during clinical training (Exhibit 9 – AUC Clinical Student Evaluation Form)

The Student Handbook (Exhibit 10 - AUC Student Handbook, p.4) describes the ethics and accountability principles that students must recognize and respect.

### **Analyst Remarks to Narrative**

The ACCM Element 4.3 Clinical Science requires that the curriculum provide instruction in topics of special concern to society and the practice of medicine, including a minimum of ten hours in ethics.

The AUC Student Handbook includes a detailed section of ethics requirements under its section on Institutional Objectives. It requires that students be able to: describe ethical principles and processes; recognize professional accountability; consider the well-being of the patient; understand needs related to full disclosure, patient competence, and informed consent; respects patient confidentiality; supports basic human rights; maintain the status of the medical profession by exercising self-discipline and accountability; and maintain personal well-being in order to effectively serve patients, the profession, and society.

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### **Subsection 4.5: Ethics, Question 2**

#### **Country Narrative**

Medical ethical principles and human values are integrated into the teaching of all cores and are evaluated accordingly. (Exhibit 9 - AUC Clinical Student Evaluation Form) For example, in the Pediatric Clerkship, the 'Bioethics of Care' module includes the issues of informed consent, patient vs. society needs, ethical principles and professional:patient relationships.

ACCM has reviewed the Clinical Syllabus to ensure that such issues are addressed and evaluated during the educational program at American University of the Caribbean.

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

As stated previously, ACCM requires that ethics topics must be covered as part of the clinical experience. Ethics considerations are part of each clinical rotation. The AUC Clinical Student Evaluation form that is completed on each student as part of each rotation specifically requires that the student be evaluated by the faculty on professionalism, which is noted to include recognizing and addressing ethical problems and conflicts of interest during the course of each rotation.

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### **Subsection 4.6: Communication Skills, Question 1**

#### **Country Narrative**

The development of good communication skills is required by ACCM. Instruction in communication skills must be part of the behavioral sciences curriculum and must also be developed and evaluated during clerkship rotations by clinical faculty (Exhibit 6 - Element 4.1 2nd para, p.9).

The Student Handbook (Exhibit 10 - AUC Student Handbook, p.3, 4) describes the communications skills which students will be expected to utilize and

demonstrate.

### **Analyst Remarks to Narrative**

The ACCM's Element 4.1 Curriculum requires that the curriculum promote the development of problem-solving skills and communication skills.

The AUC Clinical Student Evaluation form that is completed on each student for each rotation specifically addresses feedback on Interpersonal Skills and Communication. This requires student evaluation in areas such as: patient communication; family communication; functioning as a member of the health care team; and communicating effectively with colleagues.

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### **Subsection 4.6: Communication Skills, Question 2**

#### **Country Narrative**

All aspects of student achievement are monitored on a continuous basis by the medical school and this includes the students' ability to communicate effectively and appropriately. (Exhibit 9 - AUC Clinical Student Evaluation Form)

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

As stated previously the AUC Clinical Student Evaluation form that is completed on each student for each rotation specifically addresses feedback on Interpersonal Skills and Communication. This requires student evaluation in areas such as: patient communication; family communication; functioning as a member of the health care team; and communicating effectively with colleagues.

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### **Subsection 4.7: Design, Implementation, and Evaluation, Question 1**

#### **Country Narrative**

The school is required to have a curriculum committee consisting of faculty that develops the curriculum. (Exhibit 6 - Element 4.1, p.9)

The school must evaluate the effectiveness of its curriculum by examination of students, through student and faculty feedback and by monitoring of objective benchmarks such as success in licensing examinations and acceptance into residency training. (Exhibit 6 - Element 4.8 and 4.9, p.15)

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

The ACCM's Element 4.8 Evaluation of the Curriculum specifies that a faculty curriculum committee must continuously evaluate curriculum weaknesses, goals, content, effectiveness, method of instruction, and the degree to which the institutional goals are achieved. The ACCM requires that it be notified of plans for major changes to the curriculum, including goals, plans, methods, and evaluation plans.

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### **Subsection 4.7: Design, Implementation, and Evaluation, Question 2**

#### **Country Narrative**

The single medical school in the country, American University of the Caribbean, is required to have a system for evaluating the effectiveness of its curriculum as stated above in response to Question 1 above. ACCM requires advance notification of major modifications to the curriculum, including goals, plans, methods and intended evaluation of results. Resources required must be considered (Exhibit 6 - Element 4.8, p.15)

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

The ACCM encourages its institutions to experiment in order to encourage efficiency and effectiveness of the medical education program. Curricular effectiveness may be measured by: student attrition rates; student performance on standardized tests; percentages of graduates accepted into residency programs; percentages of graduates passing the USMLE and professional licensing exams; follow-up of employed graduates; and sampling the opinions of students and graduates.

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### **Subsection 4.7: Design, Implementation, and Evaluation, Question 3**

#### **Country Narrative**

The curriculum committee consists of faculty who are at all times involved in the development and evaluation of the curriculum. The development of the new curriculum and the evaluation, supervision and monitoring of it is described in Exhibit 12 - AUC Self Study, p.25, 26,27

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

The curriculum committee is charged with designing a program that encourages students to acquire an understanding of the knowledge that is fundamental to medicine. In order to meet this charge, the curriculum committee must evaluate the curriculum on an ongoing basis.

As stated previously, the committee looks at criteria such as: student attrition rates; student performance on standardized tests; percentages of graduates accepted into residency programs; percentages of graduates passing the

USMLE and professional licensing exams; follow-up of employed graduates; and sampling the opinions of students and graduates when evaluating the curriculum.

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#### **Subsection 4.7: Design, Implementation, and Evaluation, Question 4**

##### **Country Narrative**

There is only one medical school in St Maarten whose curriculum is reviewed by ACCM on an ongoing basis as described previously.

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

The Executive Council of the Island Territory of St. Maarten has designated the ACCM to act in its behalf in evaluating the island's one medical school, the American University of the Caribbean. The ACCM's (and AUC's) curriculum evaluation requirements were addressed in the previous sections.

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#### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 1**

##### **Country Narrative**

The school's admission requirements for students are outlined in Exhibit 12 - AUC Self Study, p.60-63. These are approved and monitored by the ACCM whose requirements of the school are seen in Exhibit 6 - Element 6, p.17-19. The school must report annually to the ACCM on the numbers of applications, acceptances, and matriculations (Exhibit 13 - AUC Annual Survey, p.2-6)

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

St. Maarten has only one medical school, which is accredited by the ACCM. The ACCM's admissions standards are detailed in its Element 6. Prospective students must have at least three years of undergraduate education with a major in any field, and a baccalaureate degree is preferred. Applicants must be in good physical and mental health, have an excellent academic record, have good character, demonstrate high standards of behavior and conduct, have personal integrity, be motivated, and have a desire to serve their fellow man. Applicants should be screened for: grade point averages; type and difficulty of previous coursework; medical school admission test scores; writing proficiency; communication skills; maturity and professionalism; undergraduate recommendations; and performance during an entrance interview.

Additionally, the AUC catalog specifies that applicants: hold a baccalaureate degree from an accredited institution; have taken the MCAT test within the last five years; have college credits in biology, general chemistry, organic chemistry, general physics, English, and a generous exposure to mathematics, the humanities, and social sciences; , with experience in the health care field a plus; and submit to a background check.

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

ACCM reviews the school's Institutional Catalog (Exhibit 16 - AUC Institutional Catalog) and Website [www.aucmed.edu](http://www.aucmed.edu). The institution's publications, advertising and student recruitment policy must present a balanced and accurate representation of the mission and objectives of the educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational programme, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical programme and its requirements for the award of the MD degree. (Exhibit 6 - Element 6.1, 1st para, p.17)

### **Analyst Remarks to Narrative**

The ACCM's Element 6.1 Admission specifies that an institution's publications, advertising, and student recruitment policy represent an accurate representation of the missions and objectives of the educational program. The catalog must provide an accurate description of the school, its educational program, its admission requirements for both new and transfer students, the criteria used to determine satisfactory academic progress, and the requirements for awarding the M.D. degree.

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

### **Country Narrative**

Students must have access to their academic records and records must be kept confidential and available only to faculty and administration with a need to know unless released by the student or as otherwise governed by laws concerning confidentiality (Exhibit 6 - Element 5.1, p.16). Students must be provided an opportunity to challenge the accuracy of their records.

### **Analyst Remarks to Narrative**

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

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

## **Country Narrative**

With the exception of the faculty and the administration, student records shall be kept confidential. Standard due process shall apply to the student's right to review the accuracy of his/her records. (Exhibit 6 - Element 5.1, p.16, 3rd para)

## **Analyst Remarks to Narrative**

As discussed previously, ACCM has rules regarding student records access and confidentiality. However, no information was provided as to whether the government of St. Maarten imposes any additional requirements in this regard. Additional information is needed on this section.

## **Country Response**

The Government of St Maarten has not to date imposed its own confidentiality requirements regarding student records. The Government is satisfied with the ACCM requirement, (Exhibit 6: ACCM Elements of Accreditation, Element 5.1, p.16) that 'With the exception of the faculty and the administration, student records shall be kept confidential.

The student shall have the right to review and challenge his/her academic record at all times. The records must be confidential and available only to faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.'

## **Analyst Remarks to Response**

In response to the draft staff analysis, it was clarified that the government of St. Maarten has not imposed any additional rules to supplement the ACCM's rules regarding student records access and confidentiality.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.2: Student Achievement, Question 1**

### **Country Narrative**

ACCM require that students pass internal school examinations and assessments as set out in Element 5. Students must also pass the United States Medical Licensing Examination (USMLE). ACCM requires there to be a Student Promotion and Evaluation Committee comprised of faculty members which will establish the methods for evaluating student achievement. (Exhibit 6 - Element 5.1 p.15 16 and Exhibit 19 - AUC Student Evaluation and Promotions Committee (SeptC)ByLaws and Procedures)

### **Analyst Remarks to Narrative**

There are no national requirements. Standards are instead established by the ACCM. ACCM's Element 5.1 requires that there be a Student Promotion and Evaluation Committee comprised of faculty members to establish methods of assessing the level of student knowledge and skills. Each academic department must develop and enforce the same proficiency standards for students at the parent campus and satellite campuses. The committee is required to address: methods of student evaluation and grading; standards of achievement for promotion; standards of achievement for the honor roll; processes and criteria for student dismissal; an appeals process; rights to challenge adverse decisions; and rights to be represented by legal counsel.

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## **Subsection 5.2: Student Achievement, Question 2**

### **Country Narrative**

Students must achieve a passing grade on all taught courses which are evaluated through regular internal examinations. ACCM has reviewed AUC's policy on promotion and dismissal procedures (Exhibit 10 - AUC Student Handbook, p.19-25 and Exhibit 19 - AUC Student Evaluation and Promotion Committee (SepC) ByLaws and Procedures)

### **Analyst Remarks to Narrative**

As stated previously, the ACCM requires the medical school to establish a Student Promotion and Evaluation Committee to set the methods for assessing student knowledge and skills. The ACCM requires that the faculty employ a variety of evaluation methods, including not only test-taking, but observation of student performance, proficiency, and mastery of clinical skills. The methods established by the committee are subject to ACCM approval as a result of the ACCM's ongoing oversight of the medical education program.

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## **Subsection 5.2: Student Achievement, Question 3**

### **Country Narrative**

ACCM requires that students have USMLE Step 1 before being allowed to proceed to clinical training and recommends Step 2 for graduation. (Exhibit 6 - Element 5.1 p.16)

Student achievement is reported annually to ACCM by the school in its Annual Survey report. (Exhibit 13 - AUC Annual Survey, p.16,17) A first time pass rate of 85% on USMLE Step 1 has been set by ACCM as the appropriate benchmark for accreditation and student achievement.

### **Analyst Remarks to Narrative**

The ACCM's Element 5.1 Student Promotion and Evaluation requires that students pass the USMLE Step 1 before proceeding to clinical training, and encourages schools to consider passage of the USMLE Step 2 as a prerequisite to graduation. Schools are also encouraged to collect data on the postgraduate progress of their graduates.

The narrative states that the ACCM has set an 85% first time pass rate on the USMLE as a benchmark. The pass rate must be reported in the school's annual report to the ACCM. The AUC's most recent annual report demonstrates a first time pass rate of 91% for the academic year 2008-2009, as well as an overall pass rate of 88%.

The AUC's annual report also indicates that the school follows the ACCM's recommendation and requires passage of the USMLE Step 2 as a prerequisite for graduation. The Step 2 first time pass rate for 2008-2009 was 93%, and overall pass rate was 94%. While these figures appear satisfactory, ED staff requests that updated information on AUC pass rates be provided.

### **Country Response**

The most recent USMLE Step 1 Pass Rate was reported in the American University of the Caribbean's 2009/2010 annual database report to ACCM, which was received in February 2011. The result for USMLE Step 1 first time takers was 95% (overall 97%). The result for Step 2 CK first time takers was 84% (overall 86%) and for Step 2 CS first time takers was 93% (overall 96%). (Exhibit 13a – AUC Annual Survey 2009/10, pp.27-28).

Note: Since the original submission to US Department of Education, ACCM has amended its standard in relation to USMLE Step 2 (decision at ACCM meeting of 27 May 2011) to read as follows: "The passing of USMLE Step 2 Clinical Skills and USMLE Step 2 Clinical Knowledge shall be a prerequisite to graduation." American University of the Caribbean itself already has this requirement in place. This was the only amendment to the Elements since the 2009 version examined by the Department of Education's staff analyst (Exhibit 6a – ACCM Elements of Accreditation 2011, p.16, col.2,para.3)

### **Analyst Remarks to Response**

In its response to the draft staff analysis, the ACCM notes that its requirements regarding USMLE pass rates have been amended to require passage of Step 2 Clinical Skills and Step 2 Clinical Knowledge as prerequisites for graduation. Information was provided regarding the AUC's 2009-2010 pass rates. The Step 1 pass rate for first time takers was 95% and overall was 97%, both of which well exceed the ACCM's established Step 1 benchmark of 85%. The AUC's first time pass rate for Step 2 Clinical Skills was 93% (overall 96%) and for Step 2 Clinical Knowledge was 84% (overall 86%).

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.3: Student Services**

#### **Country Narrative**

ACCM requires compliance with Element 10 which addresses student services, counseling, student health, financial and budgeting. ACCM verifies compliance with this standard at site visits through inspection and faculty, staff and student interviews. (Exhibit 6 - Element 10.1 - 10.3, p.23,24)

Available student services are published in the Institutional Catalog (Exhibit 16 - AUC Institutional Catalog, p.7,8)

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

The ACCM's Element 5.2 Student Counseling requires that schools provide academic counseling to students. Each student must be assigned a faculty advisor to assist the student in maintaining satisfactory academic progress, career guidance, and obtaining appropriate postgraduate training.

The ACCM's Element 10.1 Counseling and Guidance also specifies that a faculty advisor will be assigned to each student for academic and personal counseling, including counseling on course selection, student conduct, postgraduate training, licensure, and procedures for filing student appeals and grievances. It also specifies that students will have access to confidential psychological counseling on campus and that new students will receive an orientation to the institution's services.

The ACCM's Element 10.2 Student Health requires that the institution provide medical services to students and publicize the availability of health insurance and long-term disability coverage. Vaccinations against communicable diseases must also be provided, and students must be educated in the treatment and prevention of infections and environmental diseases.

ACCM Element 10.3 Student Financial Aid and Budgeting requires that the school's financial aid officer provide students with detailed summaries of the estimated costs of tuition, books, supplies, and personal living expenses required to complete the program. Information on financial aid must be provided. Upon the conclusion of the program, the institution must also counsel students on their student loan indebtedness, their responsibility for repayment, and their average monthly payments.

ACCM Element 11.1 requires that institutions must own their own buildings, equipment, and a campus of sufficient size and quality to fulfill its goals. Facilities must include offices for student services, student dormitory facilities, dining facilities, student activities facilities, and recreational facilities.

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## **Subsection 5.4: Student Complaints, Question 1**

### **Country Narrative**

The school must have a policy on student complaints and grievances. This policy must be published and is reviewed by the ACCM (Exhibit 6 - Element 10, 1st paragraph, p23 and Exhibit 15 – AUC Administrative Review and Grievance Procedure for Students).

### **Analyst Remarks to Narrative**

The ACCM's Element 10 Student Services requires that the institution publish information for students that includes: institutional objective;, academic, non-academic, and financial policies; rules and procedures; and student services. The published information must include student grievance procedures.

The AUC's published grievance procedure offers students the opportunity to bring matters before a mediation committee prior to filing a formal grievance, although this is not required. The grievance procedures addressed in the AUC's publication include: procedures for administrative review, including administrative review, requisites for complaints, administrative responsibility, reviewing the complaint, required documentation and report, and notification of findings; grievance procedures, including grievance policies and initiation of the grievance procedure; grievance committee procedures, including that the grievance decision is final; and general information including amendments and effective dates.

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## **Subsection 5.4: Student Complaints, Question 2**

### **Country Narrative**

ACCM does not investigate complaints against a school by students unless it relates directly to an issue of accreditation (Exhibit 7, Protocol for Accreditation p.51 and Appendix 1 'ACCM Procedure for handling complaints about program quality' p.53).

### **Analyst Remarks to Narrative**

The ACCM maintains published procedures for handling complaints. The ACCM's published Protocol for the Accreditation of Colleges of Medicine Section XIII indicates that the ACCM will investigate signed, written complaints that deal with an institution's failure to comply with the Elements of Accreditation. The ACCM will forward credible complaints to the institution for a response within 30 days. If the institution is able to refute the complaint, it will be dismissed. If the institution is unable to refute the complaint, an investigation will be opened. If necessary, a site visit by an ad hoc ACCM subcommittee will be carried out, and

the subcommittee will report back to the ACCM at its next regularly scheduled meeting. The complainant and the school will be notified within 30 days of the ACCM's decision.

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### **Subsection 5.4: Student Complaints, Question 3**

#### **Country Narrative**

Q.3 : The procedure for handling complaints about program quality is outlined in Exhibit 7, ACCM Protocol for Accreditation, Appendix 1, p.53)

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

As stated previously, the ACCM maintains published procedures for handling complaints. The ACCM's published Protocol for the Accreditation of Colleges of Medicine Section XIII indicates that the ACCM will investigate signed, written complaints that deal with an institution's failure to comply with the Elements of Accreditation. The ACCM will forward credible complaints to the institution for a response within 30 days. If the institution is able to refute the complaint, it will be dismissed. If the institution is unable to refute the complaint, an investigation will be opened. If necessary, a site visit by an ad hoc ACCM subcommittee will be carried out, and the subcommittee will report back to the ACCM at its next regularly scheduled meeting. The complainant and the school will be notified within 30 days of the ACCM's decision.

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### **Subsection 5.4: Student Complaints, Question 4**

#### **Country Narrative**

No complaints have been received during the past year.

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

The ACCM has not received any complaints against the AUC in the past year.

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### **Subsection 5.4: Student Complaints, Question 5**

#### **Country Narrative**

To date no complaints have been received by ACCM against American University of the Caribbean.

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

To date, there have been no complaints against the AUC. Despite this, information should be provided as to how a complaint would be considered in ACCM's school's re-evaluation procedure if one were received. More information is needed for this section.

### **Country Response**

The procedure for handling complaints was outlined in response to Subsection 5.4, Question 3. As noted in the response to Subsection 5.4, Question 5, no complaints have to date been received against American University of the Caribbean.

However, should such an eventuality occur, the process as outlined in Exhibit 7, ACCM Protocol for Accreditation, Appendix 1, p.53, would be instituted. If the complaint represented a departure from, or non-compliance with, the Elements of Accreditation (the only type of complaint which falls within ACCM's remit) and this was upheld by ACCM's own investigations, the University would be required to take immediate steps to put the matter right. The complaint, the process and the actions taken by all parties would be recorded and reported to the next scheduled meeting of ACCM. If the matter was resolved by the University prior to the scheduled meeting, then the University would most likely be deemed to have returned to compliance with the Elements and no change in its accreditation status would occur. However, if the matter remained unresolved, the meeting would consider altering the accreditation status of the University – for example from unconditional to conditional - and giving a timescale in which to bring the matter back into line with the Elements of Accreditation. The various possible decisions which can be made at an ACCM meeting are outlined in Exhibit 7 - ACCM Protocol for Accreditation, Section X, The Commission's Accreditation Decision, pp 43-45. The conditions for return to previous accreditation status would be clearly indicated and the university would also be made aware of its right to appeal the ACCM's decision as outlined in Exhibit 7 - ACCM Protocol for Accreditation, Section XI, pp. 46-50.

It is worthy of note that AUC has always been co-operative during its development as a medical university and has never failed to act promptly upon ACCM recommendations made during those years, and that ACCM would expect a swift resolution to any issue that might arise.

### **Analyst Remarks to Response**

In response to the draft staff analysis, ACCM responds that although there have been no complaints received against the AUC to date, should such a complaint occur it would be handled in accordance with the ACCM's "Procedures for Handling Complaints about Program Quality" as outlined in the Protocol for Accreditation (p. 53). Complaints must be substantiated in writing, and only those complaints that constitute non-compliance with the ACCM standards would be investigated. ACCM would consider the complaint, and if necessary requests additional information from the school's chief academic officer within 30

days. If the complaint could not be handled via correspondence, the ACCM would arrange a limited site visit by an ad hoc subcommittee. The subcommittee would report its findings at the next regularly scheduled ACCM meeting. The ACCM's decision would then be relayed to the complainant and the school within 30 days of the decision meeting.

In its narrative, the ACCM notes that if the complaint remained unresolved, the ACCM would reconsider the school's accreditation status. However, the agency's complaint procedures do not address how complaints that have been received against a school are considered during the course of the school's reevaluation and ongoing monitoring.

Staff Conclusion: Additional Information requested

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### **Subsection 6.1: Finances, Question 1**

#### **Country Narrative**

The medical school's principal sources of income are tuition and fees, and it has sufficient funds reserve to cover its operations. (Exhibit 12 -AUC Self Study, para 46.1, p.70) ACCM's requirements in relation to Fiscal Resources are delineated in Exhibit 6 – Element 7.1 – 7.4, p.19, 20).

The instructional budget must be developed by the chief academic officer in consultation with department heads, faculty representatives, and representatives of the chief financial officer. ACCM reviews the financial status of the medical school and ensures that sufficient reserve funds are available to complete the program for all students in training. As part of its Protocol, ACCM meets with the Chief Financial Officer of the School during site visits and copies of the school's audited accounts are included in the school's annual reports to the ACCM.

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

The ACCM's Element 7 Fiscal Resources addresses sources of income, debt, the chief financial officer, budget planning and compliance, fees and students refunds, and Title IV loan default rates and default prevention. The element specifies that the institution must possess sufficient financial resources to carry out its mission for the size of the student body. Institutions are required to have adequate reserve funds and to seek alternative sources of income such as endowments, annual giving, clinical services, grants, and other sources of income to avoid dependence on student fees. Both the institutional self-study and the latest annual report indicate that the AUC provided the required financial information, including audited financial statements, to the ACCM for evaluation.

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### **Subsection 6.1: Finances, Question 2**

## **Country Narrative**

In 2003, the ACCM set a maximum annual class size of 450 based on the AUC's resources at the time. Within that parameter, the institution decides the size and scope of the education program, having regard to physical and educational resources, faculty:student ratios, financial resources and faculty workload.

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

Any significant increase in student numbers must be notified in advance to ACCM with justification and documentation demonstrating the ability of the school to handle any such increase. (Exhibit 6 - Element 6.6, p.18)

In Exhibit 12 - AUC Self Study, p.67-69, AUC outlines the developments and expansion which have taken place which led to an application in 2009 to ACCM for an increase in class size. After careful consideration following a visit to the campus in May/June 2009, ACCM granted permission for an increase in intake over three years contingent on the provision of a plan to further increase available space. This is being monitored by ACCM on an annual basis.

## **Analyst Remarks to Narrative**

The ACCM sets the size of the enrollment. Maximum class size for the AUC was formerly set at 450, but increased enrollment was granted in 2009 and will be phased in over a three-year period. Progress related to the expansion is being monitored by the ACCM annually.

According to the ACCM's Element 6.6 Student Body Size, in determining the size of the student body, careful consideration must be given to the availability of a quality applicant pool of sufficient quality, as well as the size, scope, quality and accessibility of the: library; faculty offices; faculty; inpatient and ambulatory care facilities; clinical patient census; administrative and managerial resources; financial resources; and demands places on the institution by its other educational programs.

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## **Subsection 6.2: Facilities, Question 1**

### **Country Narrative**

The ACCM standards for facilities are set out in Element 11 (Exhibit 6 – Element 11, p.24). Facilities are inspected by the ACCM during site visits to ensure that the physical environment and space are adequate for the student body. ACCM sets a ceiling on class size and monitors this on an annual basis.

The physical facilities and equipment available at American University of the

Caribbean are described in Exhibit 12 - AUC Self Study, p.91 - 94.

### **Analyst Remarks to Narrative**

The ACCM's Element 11.1 Facilities and Equipment specifies that the institution must own buildings, equipment, and a campus that fulfill its goals. University owned facilities must include: auditoriums; classrooms; student laboratories; a library; faculty offices; administrative offices; an admissions office; a student services office; research laboratories; animal care facilities; student dormitory facilities; dining facilities; student activities facilities; and recreational facilities. The element also requires effective management of physical facilities, maintenance, janitorial services, upkeep of the campus grounds, and adequate security to promote a safe environment.

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### **Subsection 6.2: Facilities, Question 2**

#### **Country Narrative**

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

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

In its ACCM self-study document, the AUC was required to provide information on its medical school and hospital libraries, as well as its facilities and equipment related to its medical school campus and campus buildings, its classrooms, and its laboratories.

In its annual report document, the AUC was required to address each of the ACCM's individual elements, including: libraries; hospital libraries; facilities and equipment; and hospital and ambulatory facilities.

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### **Subsection 6.3: Faculty, Question 1**

#### **Country Narrative**

ACCM has established a requirement of Full Time Equivalent (FTE) faculty : student ratio of 1:8. (Exhibit 6 - Element 8.1, p.20)

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

The ACCM's Element 8 Faculty and Instructional Personnel requires that the overall FTE faculty:student ratio will not be less than 1:8. Faculty appointments must include the fields of: anatomy; histology; physiology; biochemistry; psychology; neuroscience; biostatistics; microbiology; immunology; pathology; pharmacology; preventive medicine; family medicine; pediatrics; surgery; obstetrics/gynecology; psychiatry; and subspecialties including anesthesiology, urology, radiology, dermatatology, neurology, ophthalmology, otolaryngology, and cardiology.

In determining faculty work loads, the institution must consider the number of courses, the type of courses, the number of classroom contact hours, the number of laboratory exercises scheduled, and amount of classroom preparation time, the amount of laboratory preparation time, the amount of research time, the amount of time for student counseling, committee work, administrative duties, public relations, alumni relations, and the level of support staff.

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### **Subsection 6.3: Faculty, Question 2**

#### **Country Narrative**

Faculty must have an MD degree (or equivalent) or PhD. Faculty members should have previous teaching and research experience. The CVs of all faculty members are reviewed by ACCM to establish that they have the necessary experience to teach a particular subject. (Exhibit 6 - Element 8.4 p.21 and Exhibit 12 - AUC Self Study p.73)

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

Faculty members must have an M.D. or a Ph.D., as well as previous teaching experience. All teaching faculty must have completed formal academic training with a degree in the major concentration of the instructional area, must have completed postgraduate training in their area of specialization, and must possess specialty board certification or its equivalent.

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### **Subsection 6.3: Faculty, Question 3**

#### **Country Narrative**

Conflict of interest by faculty is dealt with in the school Faculty Manual which is reviewed by the ACCM (Exhibit 8 - AUC Faculty Manual). ACCM's requirement in this regard is seen in Exhibit 6, Element 8.2, 2nd para, p.20.

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

The ACCM's Element 8.2 Policy on Selection Process and Appointment of Faculty specifies that the school must have policies that deal with circumstances in which the private interests of faculty or staff may be in conflict with their official responsibilities.

The AUC's Faculty Manual, under Faculty-Student Relationships states that faculty members are expected to conduct themselves in a manner consistent with the schools' honor code and ethical rules of the medical profession.

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## **Subsection 6.4: Library**

### **Country Narrative**

The library at the basic science campus and at each affiliated clinical site must be under the direction of a qualified librarian. There must be an adequate number of textbooks related to topics and courses and current subscriptions to relevant medical journals. Students should have access to the library out of hours and the library should also have internet and electronic search and journal access (Exhibit 6 - Element 9, p.22,23).

### **Analyst Remarks to Narrative**

The ACCM's Element 9 addresses the library, library staff, library resources, interlibrary relationships, and hospital libraries. The institution must maintain a library of sufficient size, an adequate collection, up-to-date equipment for using non-print materials, and a competent staff. The library must be overseen by a chief library administrator with a master's degree in library science who will be responsible for the selection, development, supervision, and retention of the library staff.

The library must include current editions of widely used medical books and periodicals, current standard reference materials, and materials of sufficient size and depth to support the medical education program. Other learning materials, including computer hardware, self-instructional software, audiovisual materials, slide, and models must also be given priority. Interlibrary relationships must also be explored, but may not be used as a substitute for providing adequate library resources and services on campus.

Hospital libraries must also possess books and periodicals to support the clinical education program and include standard reference materials and textbooks in internal medicine, surgery, pediatrics, obstetrics/gynecology, and psychiatry. Hospital libraries must also be staffed by a professional librarian and must offer study areas.

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## **Subsection 6.5: Clinical Teaching Facilities, Question 1**

## **Country Narrative**

ACCM requires that the school has affiliation agreements with all associated clinical sites which must be in writing and outline the roles and responsibilities of both parties in the contractual relationship. It must include educational objectives, faculty responsibilities, evaluation procedures and student access to appropriate hospital resources and facilities. (Exhibit 6 - Element 11, p.25 and Exhibit 11, Sample Affiliation Agreement). All affiliation agreements are submitted to ACCM.

## **Analyst Remarks to Narrative**

The ACCM's Element 11.2 Hospital and Ambulatory Facilities specifies that the school must have in force at all times affiliation agreements with each health care facility where students are present. The agreements must be in writing and outline the roles and responsibilities of both parties to the contract. The agreements must include educational objectives, faculty responsibilities, evaluation procedures, and student access to resources and facilities.

AUC's sample affiliation agreement addresses: parties to the agreement; backgrounds of the university and the hospital; terms of agreement; clinical curriculum; the clinical clerkship program; hospital responsibilities; university responsibilities; signatures of hospital and university administrators; clerkship schedules; and lists and lengths of available clerkships.

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## **Subsection 6.5: Clinical Teaching Facilities, Question 2**

### **Country Narrative**

The school is required to provide oversight of the learning experience and ensure a structured environment at all clinical sites (Exhibit 6 - Element 4.5, p.11 and 4.6 p.12) The Clinical Deans in US and UK are required visit all clinical sites regularly and to file their site visit reports with ACCM as part of the school's annual survey report (Exhibit 13 - AUC Annual Survey, Appendix 5)

ACCM also inspects and reports on all clinical sites during each period of accreditation, (Exhibit 7 - ACCM Protocol, p.23)

In the USA, approved sites must sponsor an ACGME accredited residency in the specific core specialty area or be a participating institution in an ACGME accredited residency program or have an affiliation with an LCME accredited school and the residents from that school rotate to the hospital. For the UK, the hospital must have a teaching agreement with a medical school and have been assessed as being suitable for teaching by the University Dean's office. (Exhibit 6, Element 11.2, p.24-25)

### **Analyst Remarks to Narrative**

The ACCM's Element 11.2 Hospital and Ambulatory Facilities specifies that the medical school develop and maintain a structured, supervised clinical organization. The clinical program must be under the direct control and supervision of the medical school dean, department chairmen, and faculty. Clinical deans must visit all clinical sites regularly and report on them in the school's annual report. The ACCM also inspects all clinical sites during the school's period of accreditation.

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

#### **Section 1: Site Visit, Question 1**

##### **Country Narrative**

ACCM follows the Protocol for the Accreditation of Colleges of Medicine in evaluating a medical school for accreditation purposes (Exhibit 7 - ACCM Protocol for Accreditation, p.19-27). The Protocol provides the ACCM guidelines on the conduct of site visits to the basic science campus and to the affiliated clinical sites and embodies a comprehensive evaluation of all components of a medical school including curriculum, faculty, administration, student body and facilities.

Documentation which is filed with ACCM by the school prior to granting accreditation includes annual survey reports (Exhibit 13 - AUC Annual Survey) with relevant appendices, and an up-to-date Self Study Report (Exhibit 12 - AUC Self Study) with substantial supporting documentation appended. All documentation is reviewed prior to the on-site visit by an ACCM inspection team.

A campus site visit report for 2009 is included as Exhibit 18. This was submitted to NCFMEA in December 2009 within the Accreditation Report on American University of the Caribbean which reviews compliance with all the Elements of Accreditation. The Accreditation Report, having previously been filed with NCFMEA is not included in the present submission but may be made available electronically on request.

A further campus site visit was undertaken in the week prior to the deadline for this submission and the report on that visit will be available shortly if required.

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

The ACCM's Protocol for the Accreditation of Colleges of Medicine requires that the institution submit a self-study. The self-study is submitted to the ACCM and the convenor of the inspection (on-site review) team for review, and the team then makes an on-site inspection. The AUC's self-study included information regarding: educational goals; corporate organization; college management; curriculum (including clinicals); student evaluation; admissions; fiscal resources; faculty and instructional personnel; library; student services; and facilities and equipment.

Clinical sites are reviewed in conjunction with the review of the curriculum. Clinical sites that are geographically near the campus are visited during the course of the on-site review). Geographically distance sites must be visited within 12 months of the accreditation review if the site has never been visited. If such a site has been reviewed previously, an on-site review must take place at least once during the accreditation period. If a new site is opened during the accreditation period that has not been previously visited, an on-site review must take place within 12 months of students being placed at the site.

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## **Section 1: Site Visit, Question 2**

### **Country Narrative**

The on site reviews encompass the main campus and all locations operated by the medical school including the Administrative Offices in Florida and all affiliated core clerkship sites both in the US and in the UK.

Documentation relating to campus visits is referenced in question 1 above. For affiliated hospital visits, a hospital site visit questionnaire is completed and supporting documentation required prior to or during the visit. (Exhibit 14 - ACCM hospital Site Visit Questionnaire and Exhibit 14a - Sample ACCM hospital site visit report)

### **Analyst Remarks to Narrative**

The ACCM's Protocol for the Accreditation of Colleges of Medicine Section VII, The On-Site Inspection, specifies that the medical college campus, each satellite facility or site where the college maintains an educational presence, and the administrative offices, including those not on-campus, will be inspected during the course of the on-site review. The inspections are conducted according to a predetermined format that is outlined in the protocol document. As stated in the previous section, local clinical sites are inspected during the course of the on-site review. Distant clinical sites are inspected as described previously.

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## **Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

Site visits are conducted by members of the ACCM who are experienced medical educators, as set out in the Protocol (Exhibit 7 – ACCM Protocol, p.7 and Exhibit 17 – ACCM List of Commissioners).

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

Accreditation policy is dictated by the ACCM Protocol which was formulated, and is regularly updated, to ensure adherence to the Guidelines of the LCME and the

NCFMEA. Any proposed changes in the Protocol are pre-circulated to members of ACCM for comment and then brought before a full meeting of ACCM at which decisions to accept, reject or amend changes will be made. A policy has also been formulated to address Complaints (Exhibit 7 - Appendix to Protocol, p.53)

New commissioners undergo induction by the Chairman or Secretary of ACCM and receive training on the standards contained in the Elements and the procedures outlined in the Protocol. There is a mentoring process in place for new commissioners who are 'partnered' with experienced commissioners during the first two campus or hospital site visits.

### **Analyst Remarks to Narrative**

The ACCM's Protocol for the Accreditation of Colleges of Medicine sets forth the qualifications of those involved in the accreditation review process.

#### **Policy-Making and Decision-Making:**

The ACCM is the policy and decision making body that evaluates the one medical school in St. Maarten. Commissioners' qualifications include: an earned M.D. degree from a recognized medical college; postgraduate training; specialty certification from a recognized medical society; experience as a chief medical officer of a medical college; experience as a chief or senior faculty of a basic science department; experience as an administrator at a postgraduate teaching hospital; experience in undergraduate and graduate medical education, teaching, research, and patient care; and experience in the medical school evaluation process. The commission also includes at least one public representative who is not a member of a related profession or association. The number of commissioners is adjusted to the number of accredited medical schools, with a commissioner:school ratio of 3:1.

#### **On-site Review:**

On-site review teams are comprised of ACCM commissioners. There are typically three reviewers on a team. All of the members are qualified by training and experience as medical educators. The convenor (team leader) must have served as a chief academic officer or as the chief of a clinical department at a medical school. The second team member must be a chief of a major clinical department of a medical college or teaching hospital. The third team member must be a physician with teaching experience in the basic sciences. Additional team members are optional, but must be physicians who possess similar qualifications.

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## **Section 3: Re-evaluation and Monitoring, Question 1**

### **Country Narrative**

Accreditation is granted for a fixed time period (Exhibit 7 - ACCM Protocol p.43). The ACCM requires an annual compliance report or survey from the school in accordance with the Protocol. The annual survey must contain all the information for the confirmation of continued compliance with the Elements (Exhibit 13 - AUC Annual Survey).

ACCM visits the medical school basic science campus at least every second year after accreditation is granted and will schedule further visits if required in the light of substantial change. (Exhibit 7 - ACCM Protocol for Accreditation, p.26) All clinical sites must be visited at least once during the accreditation period by the ACCM. Any new clinical sites must be visited by ACCM within 12 months of students being assigned to that site. (Exhibit 7 - ACCM Protocol for Accreditation, p.23)

### **Analyst Remarks to Narrative**

The ACCM's Protocol for the Accreditation of Colleges of Medicine Section X indicates that the maximum period of a grant of accreditation is six years for a college that is in full compliance (unconditional accreditation). For a college that is in substantial compliance (conditional accreditation), accreditation may be granted for up to three years. Schools that are in substantial compliance may be subject to interim reviews and inspections, as well as accompanying progress reports and updates. A college may also receive probationary accreditation for up to two years, during which time it must complete designated sections of the self-study and may be subject to additional on-site reviews. All accredited schools are required to submit annual reports. All accredited colleges must submit a self-study and submit to an on-site review prior to receiving renewed accreditation.

As described previously, the ACCM maintains a record of complaints and has a published complaint review process. However, information was not provided that specifically indicates that complaints are considered during the course of the accreditation review. More information is needed on the requirements of this section.

### **Country Response**

ACCM's policy is to consider promptly any complaint representing a departure from the Elements of Accreditation as outlined in the response to the analyst's query in relation to Section 2, Subsection 5.4, question 5. A complaint would be immediately forwarded to the ACCM Convenor with primary responsibility for the school concerned and s/he would consult fellow commissioners in relation to the matter. ACCM would raise the issue with the school, and if necessary, an interim visit to the campus might be scheduled. ACCM's concern is that a medical school under accreditation reach and maintain the highest standards, and thus a complaint indicating a departure from the ACCM Elements is taken seriously and acted upon without delay and would be evaluated within the accreditation review process at the next scheduled meeting of ACCM as indicated previously.

### **Analyst Remarks to Response**

As noted under Subsection 5:4, Question 5, the agency's complaint procedures do not address how complaints that have been received against a school are considered during the course of the school's reevaluation and ongoing monitoring. Information has still not been provided that specifically indicates that student complaints are considered during the course of the accreditation review.

Staff Conclusion: Additional Information requested

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### **Section 3: Re-evaluation and Monitoring, Question 2**

#### **Country Narrative**

The process for monitoring accredited medical schools is stated above - annual survey reports to be received from the school, inspection visits to the campus at least every second year, and visits to all new and existing clinical sites as prescribed in the Protocol. The most recent annual survey report from the school is provided as Exhibit 13.

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

The ACCM's Protocol for the Accreditation of Colleges of Medicine Section XIII specifies that all colleges must maintain continued compliance with the Elements of Accreditation during the course of their accreditation period. The principal tool for monitoring continued compliance is the Annual Compliance Survey (annual report).

The annual report form requires accredited schools to submit information regarding:

- institutional information
  - admissions
  - enrollment
  - curriculum
  - USMLE
  - clinicals
  - graduation
  - general information
  - faculty
  - administration
- 

### **Section 4: Substantive Change**

#### **Country Narrative**

ACCM requires the school to notify it of any substantial changes in facilities, ownership, student body size in advance and in the case of increase in admissions, to provide documentation demonstrating the capacity of the college to manage the increase in terms of physical and educational resources. Certain notifications e.g. change of ownership, will trigger a site visit to evaluate and ensure continued compliance with the Elements. (Exhibit 6 - Element 6.6 p.18 and Element 11.2, final paragraph, p.25)

### **Analyst Remarks to Narrative**

The annual report requires information related to changes in the  
number of admitted students  
student qualifications  
curriculum  
changes in clinical sites  
graduation and placement rates  
changes in faculty  
changes in administration  
decisions of other accrediting or regulatory bodies

Additionally, the Protocol for the Accreditation of Colleges of Medicine Section XIII specifies that the ACCM must be notified when there is any change in ownership or governance, when a branch campus is being established, or when another accrediting agency or regulatory body takes action against a college.

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 1**

### **Country Narrative**

Members of the ACCM must sign a declaration excluding conflict of interest (Exhibit 20 - ACCM Declaration on Conflict of Interest)

### **Analyst Remarks to Narrative**

The ACCM's Protocol for the Accreditation of Colleges of Medicine addresses the independence of its commissioners in its introduction. Commissioners may not be officers of an accredited college, officers of colleges seeking accreditation, or officers of related professional organizations.

Further, commissioners may not participate in accreditation decisions or site visits if they:

- have been employed by the college seeking accreditation
- have been employed by another institution that has a substantial business relationship with the college seeking accreditation
- have been employed by another institution with the same ownership as the college seeking accreditation

- have been enrolled at the college seeking accreditation
  - have been connected to the chief academic officer of the college seeking accreditation
  - have been employed at a medical college that has maintained a substantive working relationship with the college seeking accreditation
  - have any prejudicial views toward the college seeking accreditation
  - is related by blood or marriage to an employee of the college seeking accreditation
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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2**

### **Country Narrative**

Consistency of standards is maintained by the members of the ACCM who participate in the accreditation process of multiple schools.

### **Analyst Remarks to Narrative**

The ACCM maintains published standards of accreditation which all of its accredited institutions must meet. It has an established review process which includes the submission of an institutional self-study that is directly tied to its published standards. Institutions requesting accreditation or renewed accreditation are subject to on-site reviews by teams of commissioners and are given the opportunity to review the on-site review team's report prior to its review by the commission as a whole. In rendering an accreditation decision, the commission evaluates the institution's profile, its self-study, and the on-site review report before deliberating as a whole body and rendering an accreditation decision.

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## **Section 6: Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

Decisions on accreditation of a school are taken by the ACCM and are based on demonstrated compliance with the Elements. Compliance is determined on the basis of site visits and review of submitted written information in the form of Self Study Profile and Annual Surveys. ACCM reports annually to the Government of St Maarten and to the NCFMEA regarding the school's compliance with the Elements.

### **Analyst Remarks to Narrative**

As stated previously, the ACCM has an established Protocol for the Accreditation of Colleges of Medicine that sets out very detailed procedures to be followed in making grants of accreditation. The documents used in forming an accreditation decision are tied directly to the ACCM's Elements of Accreditation. Further, data are collected in the course of both the institutional self-study and in accredited institutions' annual reports regarding the performance of the school's graduates.

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## **Section 6: Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

The school is required to report annually the achievements of its graduates in NRMP and provide a listing of Residency Appointments. (Exhibit 13 - Annual Survey, p.29-31.) The school is encouraged to collect data on the postgraduate progression of its students and has set up an Alumni Affairs Department to collect data regarding postgraduate placement and offer advice and support to graduates. (Exhibit 12 - AUC Self Study, p.8,9)

### **Analyst Remarks to Narrative**

The AUC submits information on the USMLE Step 2 pass rate (which is required for graduation) as part of its annual report. For the most recent year, the AUC had a first time USMLE Step 2 pass rate of 93% and an overall Step 2 pass rate of 94%. The AUC annual report also included information on the number of students who graduated, the number of students who reported first-early residency appointments in various fields, the acceptance rate of graduates into residency training, the percentage of graduates who were accepted into their first choice of residency, and the percentage of graduates who did not secure a residency. The information from annual reports is monitored on an ongoing basis during the grant of accreditation. Problems that surface in annual reports trigger requests for additional information and monitoring by the ACCM.

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## **Section 6: Accrediting/Approval Decisions, Question 3**

### **Country Narrative**

ACCM has set a target of 85% first time pass rate on USMLE Step 1 as a benchmark for accreditation approval. These data are provided annually to ACCM by the school as part of the school's Annual Survey (Exhibit 13 - AUC Annual Survey, p.16-17).

### **Analyst Remarks to Narrative**

As stated previously, the ACCM has established a a first time pass rate of 85% on Step 1 of the USMLE as a benchmark. The AUC has exceeded this benchmark with a sirst time pass rate of 91%. The overall pass rate was 88%. These pass rates are submitted as a part of the ACCM's required annual report.

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## U.S. Department of Education

Poland: Redetermination of Comparability (deferred from 2009)

Prepared October 2011

### **Background**

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) reviewed Poland in October 1997. At that meeting, the NCFMEA determined that the standards used by the Polish Ministry of Health and Social Welfare to evaluate the medical schools were comparable to those used to evaluate programs leading to the M.D. degree in the United States.

When the country was first reviewed, the Ministry of Health and Social Welfare (MHSW) was the government entity responsible for the accreditation of medical schools. In addition, this ministry reported that it relied upon the Accreditation Committee for Polish University Medical Schools (ACPUMS) to accredit medical schools. In 1997, the Conference of Presidents of Polish Medical Schools established the ACPUMS to also evaluate Polish medical schools. The recommended decisions of ACPUMS were submitted to the Polish Ministry of Health and Social Welfare. At that time, ACPUMS reports on medical accreditation had the full support of the Ministry, although its activities were completely independent of the Ministry, and apparently optional.

The NCFMEA reviewed the country for continued comparability at the September 2003 Committee meeting. At that meeting, the NCFMEA determined that the accreditation process used by Poland to evaluate its medical schools continued to be comparable to those used to evaluate medical schools in the United States.

As part of their decision, the NCFMEA requested that the Ministry submit a report on its activities with respect to its accreditation of the medical schools in Poland for review at its September 2004 meeting. The NCFMEA reviewed the report at its September 2004 meeting and accepted the report. Additionally, the country revealed that its laws were to change and through the Law of Higher Education of 2005 (Law), the Polish State Accreditation Committee (PSAC), a governmental entity was established to accredit universities including medical schools. When the NCFMEA accepted the report, it requested that the responsible Ministry provide an additional report that described its activities with regard to medical schools and to provide additional information clarifying the roles of the PSAC and ACPUMS in accrediting medical schools in its petition for a redetermination of comparability.

The country provided a report for consideration at the September 2005

NCFMEA meeting. The NCFMEA accepted its report and requested the country to reapply for a redetermination of comparability for presentation at its September 2007 meeting. While planning for a fall 2007 NCFMEA meeting, the Department requested the country to provide updated information covering its activities in 2006 and 2007. The Country's updated report restated much of the information provided in its 2005 response. At the fall 2007 meeting, NCFMEA requested the country to provide additional detailed information on the work of the PSAC, by disclosing how it conducted accreditation activities and what standards it used to evaluate medical schools for review for its fall 2008 meeting and a petition for redetermination of comparability at its September 2009 meeting. NCFMEA accepted the country's report at the fall 2008 meeting. At the September 2009 meeting, the NCFMEA deferred a determination of comparability until its spring 2010 meeting to receive a report on nine issues regarding the country's administration of its quality assurance system and standards for evaluating medical education.

However, the Department rescheduled the spring 2010 and fall 2010 meetings pending the appointment of the current members to the NCFMEA, and this meeting is first opportunity to address the issues of concern expressed at the September 2009. This analysis incorporates only the new information the country provided. Please note that the Department has included the previous analyses covering issues of concern that led the NCFMEA to defer the country's application for a redetermination of comparability at your fall 2009 meeting.

### **Summary of Findings**

Based on a review of the responses to the questionnaire and information that the Country provided to the Department, it appears that Poland has two systems to evaluate and accredit medical education. The accreditation/approval system administered by the Polish State Accreditation Committee (PSAC) for the evaluation and accreditation of institutions of higher education with colleges or schools offering medical education fields of study as well as medical universities appears to be comparable to the system used in the United States. The accreditation system administered by the Accreditation Committee of Polish University of Medical Schools (ACPUMS) has an accreditation system that evaluates Polish Medical Universities and has components consistent with the system used in the United States.

The PSAC accreditation system has substantially the same components of the U.S. accreditation system and uses a statutory and regulatory-based accreditation system. This process entails a self-study, site visits conducted by evaluators who are experts and members of ACPUMS, deliberation by PSAC, and decision-making by the Minister of Health or jointly with the Minister of Science and Higher Education against a set of written standards, regulations, and the Higher Education Law of 2005. The PSAC evaluation system covers the institutions of higher education offering medical education programs of study and medical universities.

The ACPUMS accreditation system, on the other hand, has demonstrated that it has some components of the U.S. system and uses a peer-based accreditation system involving the members of the medical universities in Poland. For example, the ACPUMS accreditation process is voluntary and appears to evaluate only medical universities and not the institutions of higher education that offer medical education programs of study. The evaluation includes the analysis of the medical university's self-study, site visit of the program and facilities, and deliberation and decision-making by ACPUMS. The ACPUMS standards encompass many of the same content areas as those in U.S. accreditation of medical programs and appear similar, but do not contain the comprehensiveness and rigor of those in U.S. accreditation.

That said, this Committee might want to explore further with the Country representatives from ACPUMS and the PSAC the differences in their review processes. In particular, the differences in reviews covering the administration of a medical school, the recruitment and admissions processes of each entity regarding U.S. students, whether visits to previously un-examined clinics occur following within 12 months of the accreditation review, and substantive change notifications and reviews. This Committee may want to ask for clarification in these areas to assist in determining the comparability of Poland's medical evaluation process with that of the United States.

### **Staff Analysis**

#### **Outstanding Issues**

**Since the interactions between the statutes (issued by the Ministry of Science and Higher Education) and the related health matters (covered by the Ministry of Health and Social Welfare) likely entail overlapping responsibilities, the NCFMEA inquires further as to how the two distinct Ministries cooperate in practice.**

#### **Country Narrative**

Relevant issues are explained on the page 7 of the Report submitted by the State Accreditation Committee. The Minister of Science and Higher Education is responsible for national strategy and policy in the area of higher education and supervises higher education institutions (hereinafter referred to as the "HEIs") specified in table on page 8 of the Report. Supervision of HEIs' didactic and research activity in the area of medical sciences is performed by the Minister of Science and Higher Education in consultation with the Minister of Health; supervision performed by the Minister of Health relates to medical HEIs only, similarly as supervision of the Minister of Culture and National Heritage to artistic HEIs.

## **Analyst Remarks to Narrative**

The narrative explains that the Minister of Science and Higher Education is responsible for national strategy and policy governing all of higher education institutions in Poland and in conjunction with the Minister of Health, supervision of the didactic education and research in the area of medical sciences. The Minister of Health supervises the medical higher education institutions only, and does so in concert with the Minister of Science and Higher Education. For example, the Minister of Science and Higher Education determines what individual fields of study are included in the educational program based on the authorization granted to the institution. On the other hand, the Minister of Health has the authority to inspect public health care centers established by medical universities. After the inspection, the Minister of Health notifies the university and the Minister of Science and Higher Education about the results of the inspection. In addition, the Minister of Health may also order a university to accept an inspection at the public health care centers and to report those results twice a year.

Education provided by all institutions of higher education and the methods of establishing new field of study must be assessed by the PSAC or upon a request by the Minister of Higher Education. The Minister of Higher Education oversees whether the university's activities conform to established regulations and statutes involving its scope of education or academic teacher training as well as providing adequate funds to implement the activities.

## **Country Response**

The relations between the Ministry of Health and the Ministry of Science and Higher Education exceed the scope of activity of the Accreditation Committee for Polish Universities of Medical Science. Both the role of ACPUMS and the relations between the Ministry of Health and the Ministry of Science and Higher Education were explained in detail in the letter under the reference MZ-NSK-073-22670-1/MF/10, of February 8, 2010 (attachment 1)

## **Analyst Remarks to Response**

The Minister of Health provided a response to address the overlapping responsibilities of the Minister of Health and the Minister of Science and Higher Education (Minister of Higher Education) in relation to medical education accreditation/approval in Poland.

The Minister of Higher Education is responsible for the following activities: the establishment of higher education institutions, authorization for a higher education institution to provide degree programs in a given field and at a given level, the assessment of the quality of education in a given field of study, including the training of teachers, the quality of individual fields of education study at medical universities and institutions of higher education offering the study of medicine, and the compliance with the requirements for the provision of degree programs. According to the 2005 Law on Higher Education, the Minister

of Higher Education regulates the procedures for the establishment, operations and liquidation of higher education institutions.

The Minister of Higher Education authorizes a higher education institution to provide degree programs in medicine in conjunction with the Minister of Health. The Minister of Higher Education in cooperation with Minister of Health supervise teaching and research activity in the scope of medical sciences conducted at institutions of higher education with a medical school or college. The chart in the original submission lists the higher education institutions that offer medical education and the supervisory responsibilities for each Minister. Both the Minister of Health and the Minister of Higher Education supervise the two higher education institutions that have medical schools or colleges within the university. The Minister of Health supervises the seven medical universities. The institutions of higher education that provide medical education also participate in the health care and service to the public by combining their teaching activity with scientific research and active participation in the development of a health care system by setting up regular in-service training of medical staff, providing highly specialized diagnostics and treatment, being committed to the promotion of health and providing expert opinions for state and local government authorities.

The Minister of Health maintains a register of health care institutions and provides funds for teaching tasks performed by institutions, including the provision of health care services offered in relation to medical student education and postgraduate education of physicians, as well as medical research activity. Universities providing education in the medical field of study are authorized to award academic degrees and enjoy the status of public higher education institutions. The Minister of Health is responsible for the liquidation or reorganization of health care institutions.

Staff Conclusion: Comprehensive response provided

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**Evidence that the ACPUMS' process consistently evaluates the adequacy and efficiency of each medical school's administration.**

**Country Narrative**

Attached Report of the State Accreditation Committee (answers for questions 1 – 8 were provided by the State Accreditation Committee - PKA - and regard its' activities as the only legally established Polish accreditation committee performing obligatory assessments on all fields of study) presents a management model of HEIs as well as rules and criteria for assessing activity of HEIs' bodies and administration and internal quality assurance system which constitute significant instrument of quality management. Analysis and assessment of individual elements of the system allows for formulation of conclusions concerning accuracy of applied solutions as well as effectiveness of activities undertaken in relevant areas and their assessment in site-visit report (see Appendix No. 15 and Appendix No. 24).

## **Analyst Remarks to Narrative**

The Polish State Accreditation Committee (PSAC) is the only entity established under Polish law to assess the quality of education and the conditions under which institutions provide education. The PSAC has 11 sections or groups of fields of study; of which medical sciences is one. The PSAC works in plenary sessions and through its section bodies. The bodies include the President, the Secretary, and the Presidium. The Presidium includes the President of the PSAC, the Secretary, the Chairmen of each section (representing the specific fields of study), and the President of the Student Parliament of the Republic of Poland. Each section is composed of at least five members of the Committee representing a group of fields of study including at least three members holding the academic title of professor in the areas or disciplines of science related to a given area of study. The law authorizes the PSAC to have the powers over its organizational structures and procedures for operation, conducting assessments, and methods for appointing reviewers. The PSAC appears to ensure the adequate and consistent review of medical schools administration. They have standards that they use to assess medical schools. The process includes a review of the management model for all HEIs as well as the administrative capacity. The Rector manages the operations of the HEI and represents it in external relations. The Rector's responsibilities include the following:

1. making decisions concerning the assets and business matters of the institution;
2. establishing, transforming and abolishing organizational units;
3. supervising the activities of the institution in the area of teaching and research;
4. supervising the administration of the institution and the management of its business matters;
5. ensuring compliance with the law and security on the premises of the institution; and
6. defining the scope of duties of the vice-rectors.

Rectors are elected from among the academic staff. Additionally, the Rector is the president of the senate. The organizational chart of the institutional structure is provided on page 14 of the PSAC report.

All decisions made by deans (heads of basic organizational units) and resolutions adopted by faculty senates or other collective bodies are subject to the jurisdiction and approval of the Rector, including those pertaining to study plans and curricula developed by faculty boards (board of basic organizational units) after consultation with relevant student government bodies, including decisions on the establishment and removal of individual fields of study.

The Law on Higher Education stipulates only basic rules for the operations of HEIs, but detailed questions about the institutions are answered in the HEI's statutes and internal regulations. Representatives of medical university research staff are members of the senate and faculty boards are collective bodies of HEIs

pertaining to the operation of the HEI and faculty, and make decisions regarding its development. The senate establishes the rules for admissions, as well as admissions conditions and procedures. The limits of students admitted to medical studies at individual higher education institutions are set by the minister for health acting in cooperation with minister for higher education, as discussed in the next section.

State budget subsidies are granted for teaching tasks related to providing education to full-time students (free study programs), to research staff and maintenance of the institution, providing health care services related to education of full time students at institutions, providing postgraduate education to physicians, and laboratory diagnosticians leading to specialization, among other things, in addition to the subsidies for clinical activities from the part of the state budget managed by the minister for health. Public HEIs, including medical universities, manage their finances on their own in accordance with the rules stipulated in the regulation by the Council of Ministers in 2006, based upon detailed rules for financial management of public higher education institutions. They manage their finances based on activity-and-finance plans and in accordance with the legislation on public finance and accounting. Activity-and-finance plans adopted by institutions' senates are submitted to the minister supervising them and minister for public finance. The Minister for Health supervises the appropriate spending of public funds. The Minister for Higher Education grants funds allocated to HEIs providing education in medical sciences. The Rectors of public HEIs present reports on the implementation of activity-and-finance plans (revenue, cost and financial result statements) to ministers supervising their schools. Chartered auditors audit annual financial statements published by HEIs. Additionally, Appendix 15 provides the on site visit procedure members of the evaluation panel should use to analyze the self-evaluation report and decide the agenda of the site visit. Annex I provides the guidelines the panel of experts use when performing the site visit regarding the quality of education provided by the institution, including medical universities.

The sample site visit report of Poznań Medical University demonstrates that the evaluation includes the assessment of the institution, its organizational unit regarding mission and strategy, teacher competencies, the fields of study regarding its scientific and didactic tasks, support to students (by academic staff, including tutors and administrative staff) and student questionnaires concerning administrative services.

## **Country Response**

Evaluation of adequacy and efficiency of medical school administration is subject to the control of the State Accreditation Committee, exceeding thereby the scope of competences of the Accreditation Committee for Polish Universities of Medical Science (act of July 27, 2005 on Higher Education -- Journal of Laws No. 164, it. 1365, as amended)

## **Analyst Remarks to Response**

The Minister of Health reports that in 1997, the Conference of Rectors of Universities of Medical Sciences appointed the Accreditation Committee for Polish University of Medical Sciences (ACPUMS) to formally conduct the evaluation and accreditation procedures for medical universities. In 2005, the Law of Higher Education, however, established the Polish State Accreditation Committee (PSAC) to approve education in institutions of higher education that have medical schools or colleges and included medical universities.

According to the response, the PSAC controls the evaluation of the adequacy and efficiency of medical school administration. The PSAC has developed site evaluation guidelines that include the review of the administration of a medical school (see Appendix 15). The ACPUMS site evaluators, when acting as experts for the PSAC, review the institution's organizational structure of the medical program and determine whether the institution complied with the institution's internal regulations (see Appendix 24). In addition, the PSAC report in Appendix 2 describes its expectations for site evaluators to interview and meet with the administrative staff responsible for maintaining documentation concerning studies and human resources and with the authorities of the basic organizational unit responsible for the provision of the assessed field of study (medicine) and to make an assessment in the site visit report.

According to the Minister of Health, the PSAC has the responsibility to evaluate a medical school's administration.

Staff Conclusion: Comprehensive response provided

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**The medical school faculty, the minister concerned with health matters, and ACPUMS appear to have no input regarding the admission process for medical students.**

## **Country Narrative**

Issues concerning students enrollment are presented in Section 5.1 (p. 27) of the Report submitted by the State Accreditation Committee. Limits of enrollment are set by the Minister of Health in consultation with the Minister of Science and Higher Education, course and rules of recruitment are set by HEIs' Senates and assessed by the State Accreditation Committee on the basis of adopted criteria (see: Appendix No. 24).

## **Analyst Remarks to Narrative**

The medical school faculty, the minister concerned with health matters, and the PSAC have input regarding the admission process for medical students within the authority of their functional responsibilities.

The Polish State Accreditation Committee inspects enrollment and admissions rules and places special emphasis on the enrollment in the medical education program (uniform magister study program). The Law establishes the institution's senate (faculty) as the body responsible for setting the rules and conditions for enrollment and the procedures for student selection in the individual field offered by a university, including the medical university. Admission requirements for the medical education program are set individually by the medical university, but are similar in all institutions. Each medical university places the description of its admission criteria on its website and detailed information on the curricula, standards and languages in which study programs are offered, as well as tuition and fees. Accordingly, the medical program is limited only to the best candidates and receipt of state budget subsidies, which is the main source of funding for development and other needs, such as subsidies for financial assistance to students in medical university, is set each year in the budget law and rules for dividing state budget subsidies among the higher education institutions, including the medical universities. However, the guidelines for these rules are published by the Minister of Education in cooperation with other ministers supervising higher education institutions and in particular to medical universities, by the Minister of Health.

### **Country Response**

The process of student recruitment is clearly defined in Poland and is based on the results of the new MATURA (final secondary school examination). A material role in this process is played by the University Recruitment Committee/Departmental Recruitment Committee. Every time, ACPUMS carries out an evaluation of operations of this Committee during visitation.

A separate issue is the recruitment of English-speaking students admitted to studies conducted in English for foreigners. There is no systemic (statutory) regulations concerning this issue. Senates of individual Universities have full autonomy in this respect. For example, the Pomorska Akademia Medyczna in Szczecin Slaski Uniwersytet Medyczny in Katowice and Gdanski Uniwersytet Medyczny have approved a bylaw of admissions for English language studies. On May 7, 2010 in Lodz, during a conference of Rectors of Universities of Medical Science, ACPUMS Chairman Prof. Leszek Paczek, MD, PhD, proposed adoption of joint similar criteria of recruitment for this group of students.

### **Analyst Remarks to Response**

The Act of July 27, 2005 Law on Higher Education covers rules of enrollment.

Each institution of higher education has an Admission Committee appointed by the faculty senate to make recommendations to the dean/rector concerning the admission of students, based on the institution's internal regulations and those of the PSAC. The admission process involves the faculty and bases the admission determination on several factors related to the institution's capacity to fulfill the educational program. For example, the recommendations and decisions regarding admission consider the impact on size of staff, the space in facilities used for educational purposes, and the availability of required equipment, among other things. The PSAC site visit report on Poznan University of Medical Sciences [an institution supervised by the Ministry of Health], demonstrates on page 20 the description of the medical university's admission and selection process.

The response indicates that ACPUMS also conducts an evaluation of the operations of the medical university recruitment committee/department recruitment committee during site visits. However, there are no statutory regulations to recruit English-speaking students admitted to studies conducted in English for foreigners. Therefore such decisions are left to the senates of the individual medical universities.

It appears that discussions are underway to establish universal criteria for this group of students. ACPUMS chair, a representative who will appear before this Committee is involved in this process. Perhaps this Committee may want to make inquiry about the recruitment process for U.S. students.

This Committee may want to make inquiry about the recruitment process for U.S. students.

Staff Conclusion: Additional Information requested

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**It is unclear whether complaint procedures relating to the areas covered by the accreditation standards must be published, and whether contact information is provided for processing complaints that cannot be resolved at the school level.**

### **Country Narrative**

HEIs may address comments concerning remarks and objections laid down in site-visit reports as well as present relevant documents and clarifications which are taken into consideration in the course of assessment awarding procedure. Moreover, regulations adopted by the State Accreditation Committee provide for filing petition for reconsideration of the matter if given HEI regards assessment adopted by the State Accreditation Committee as unsatisfactory (as stipulated in article 52 /2/ of the Act of Law on Higher Education). Petitions for reconsideration are analyzed pursuant to the procedure described in the Appendix No. 33.

HEIs use abovementioned possibilities to inform about remedial actions aiming at removing deficiencies identified by the State Accreditation Committee. Each procedure, standard and criterion adopted by PKA is posted on Committee's website as well as published in its' publications distributed among HEIs free of charge.

### **Analyst Remarks to Narrative**

According to the narrative, the PSAC addressed the Law of Higher Education provisions that allow each higher education institution to remark upon and object to the site-visit reports to clarify any assessment made during the site visit. This does not address the concern of this committee regarding whether the accreditation process includes provisions for processing student complaints that cannot be resolved the school level. However, subsection 5.4 on page 29 of the PSAC report addresses student complaints provisions through the Law on Higher Education covering rights and obligations of students. Students may present admissions decisions, operations of student organizations, and government through an administrative code procedure, including appeals at the university level. In addition, students may address the Student Ombudsman, appointed by the Student Council, upon a request of the President of the Parliament. The student Ombudsman has the authority to make complaints pertaining to any decision of a higher education institution which affects students and may also represent students before university authorities.

During site visits, members of the panel of experts, mainly the student expert member, investigate the relationships between administration, teaching, staff, students and representatives of student organizations. In addition during the meeting with students their opinions and critical comments are recorded in the site visit reports to which the rector must respond in the replies to the reports.

Department staff reviewed the Law of Higher Education and found several provisions affecting student rights through student organization, but found no provision for the resolution of individual student complaints outside of the institution.

### **Country Response**

The matter of complaints and appeals of students is regulated under the amended Higher Education Law of July 27, 2005, and internal documents of the Accreditation Committee for Polish Universities of Medical Science, which are the Articles and Bylaw of visit of an accreditation team, seconded by ACPUMS for evaluation of realization of accreditation standards, and Study Regulations of each University. This complies with generally accepted law and academic custom observed in Universities in Poland.

Additionally, with respect to Universities of Medical Science, a regulation has been implemented as contained in the aforementioned Bylaw of visits of an accreditation team, adopted by all Rectors of Universities of Medical Science,

and made public, pursuant to which:

"(...) Comments and complaints concerning execution of accreditation standards, reported to ACPUMS by University Employees and Students are processed by the Mediation Committee comprised of members of the ACPUMS." -- Bylaw of visit of accreditation team, seconded by the Accreditation Committee for Polish Universities of Medical Science for evaluation of realization of accreditation of accreditation standards for the medical major, clause 11 (attachment no. 2).

"(...) All Employees and Students of the University/Department may report their comments and complaints concerning realization of the present Standards to the members of the Accreditation Committee for Polish Universities of Medical Science (the current list is available on the site..." Accreditation Standards - Final provisions, clause 1

This allows for resolution of disputable matters in the sphere outside the university, providing an additional path of mediation and problem-solving.

It should also be mentioned that the Parliament of Students of the Republic of Poland has within its structure a Student Ombudsman. The institution of Student Ombudsman was appointed in 2004 for the defense of student rights (including to quality of education) and monitoring nation-wide observance thereof. This function has been performed since the date the institution was created by a graduate of the Warsaw University - Robert Powlowski. The competences of the Student's Ombudsman are set forth by the Articles of the Parliament of Students of the Republic of Poland, and include: launching of information campaigns, organization of training, conferences and debates. The Ombudsman is entitled to file a complaint against any decision of the University, however affecting the students. The Ombudsman is also entitled to represent an interested party, on such party's consent and in his/her name, before University authorities.

Obligations of the Ombudsman include presentation to the Student Council of the Self-government of Students of the Republic of Poland of reports on his activity. Each year, the office of the Ombudsman processes several thousand complaints against decisions of the universities and other institutions connected with the academic environment. Assistance and intervention may be sought from the Ombudsman by as student of a public or private university, regardless of the mode and type of studies. The simplest way is to write to [rsp@psrp.org.pl](mailto:rsp@psrp.org.pl). It is possible to write in any matter affecting students, connected with non-payment of grants, quality of teaching in the country, collection of lawless fees, shutting down a major or related compulsory change, sexual molesting mobbing or discrimination. Students can also always complain to the Ministry of Science and Higher Education, writing to the email address:

[Barbara.Wierzbiicka@nauka.gov.pl](mailto:Barbara.Wierzbiicka@nauka.gov.pl) and [Monika.KWiecien-Miland@nauka.gov.pl](mailto:Monika.KWiecien-Miland@nauka.gov.pl). Informed students of possibility of filing of a complaint and obtaining assistance from the students' Ombudsman is served by advertising posters placed at all universities and information on the Students' Parliament website.

The Accreditation Committee for Polish Universities of Medical Science includes also a student delegated by the Parliament of Students of the Republic of

Poland.

The institutions presented above constitute two ways, in the which ACPUMS and the Parliament of Students of the Republic of Poland resolve problems and process complaints at extra-university level.

### **Analyst Remarks to Response**

The ACPUMS bylaws, adopted by the Rectors of Universities of Medical Sciences, have implemented and made public its provisions regarding complaints in medical universities, as the external entity, involving the accreditation standards. Paragraph 11 of the ACPUMS bylaws provides for comments and the establishment of a mediation committee comprised of ACPUMS members to hear the complaints of university employees and students. According to this response, ACPUMS also addresses complaint matters involving standards at institutions of higher education offering medical programs. In addition, students may submit complaints to the Ministry of Higher Education.

Staff Conclusion: Comprehensive response provided

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**It is unclear who has responsibility for examining and ensuring that the physical facilities continue to be adequate throughout the accreditation period.**

### **Country Narrative**

Responsibility for ongoing auditing of facilities lies with authorities of the HEIs. Detailed information are presented in Part 2 Section 2, Subsection 3.1, points 1 – 2 and Subsection 3.2 as well as Subsection 6.2 and 6.5. Moreover, rectors are obliged to present annual reports on HEI's activity, together with information on the staff resources available for fields of study in which degree programs are offered, as well as to submit detailed information on the adoption of or amendment to the statutes, establishment or abolition of a degree program in a field of study, establishment of an organizational unit in another location, senate's consent for the purchase, sale or mortgage of the university's property, membership in an economic organizations, and the introduction of changes in study regulations. Rectors are also obliged to inform minister responsible for health about results of inspections staged at public health care centers twice a year (as stipulated in art. 67 of the act on health care institutions).

Minister responsible for higher education may request information and clarification from HEIs' authorities, conduct inspections of the HEIs (including didactic matters), as well as assign specific task in the area of education or training of the research staff (upon consulting the Senate of HEI and provision of adequate funding for such purpose). Minister responsible for health matters may also conduct inspection (or assign HEI to perform one-off inspection) of the public health care institutions established by medical HEIs to the extent specified

in the Act of 30 August 1991 on the health care institutions. Results of such inspections are submitted to the HEI that founded the public health care institution.

The State Accreditation Committee conducts reassessment after period of 12 months if deficiencies were observed in the course of the site-visit. There were no reasons to apply such procedure to HEIs offering degree programs in medicine, yet.

### **Analyst Remarks to Narrative**

The narrative report indicates that the higher education institutions have the responsibility to annually audit their facilities. The Rectors of the institutions must report the information in the audit along with information on the staff resources, the degree programs offered in the fields of study etc. to the Minister of Higher Education. Rectors must also inform the Minister of Health about the results of their twice a year inspections conducted at public health care centers. The PSAC reports that it conducts reassessment after any 12 month period if deficiencies were observed during the site visit, but has yet to apply this review to higher education institutions offering degree programs in medicine at this time. It appears that if an institution receives a conditional assessment of less than 8 years, the PSAC will reassess an institution to determine if the institution had taken remedial actions to remove the violation identified during the first assessment through an additional site visit or review of additional supporting documentation. An additional vote on the assessment is taken by the PSAC.

Regarding clinical sites, the Minister of Health also appoints a panel board for accreditation of the clinical sites that operates a similar process to institutional accreditation as show in Appendix 15. In addition to the annual inspection of clinical sites, the accreditation grant is for 3 years (Appendix 13).

### **Country Response**

The Accreditation Committee for Polish Universities of Medical Science examines very carefully the didactic base of the Universities of Medical Science, with particular account and emphasis on visitation and evaluation of this base -- both the Basic Facilities and Clinics and Dispensaries. For example, during the last accreditation visit at the Pomorska Akademia Medyczna in Szczecin, the Committee visited 32 Clinics on site (attachment no. 3). At the same time, it should be added that the case of material changes occurred at a University, the dean is obliged, by virtue of valid Accreditation Standards, to promptly notify the Committee of the same:

"(...) The university must report to ACPUMS all changes in the sphere covered by the present standards, which occur at ta Department in the period of granted accreditation, including plans to increase the limit of admissions or opening of new majors." -- Accreditation Standards -- Standards concerning University and Department, clause 17.

This provision concerns not so much minor changes at the University, but rather material changes principally affected the course of studies or changing the same.

During the last 5 years, the base of Clinical Hospitals of universities of Medical Science has not changed; none of the Clinical Hospitals were closed and a new one has not been opened. Hence, the lack of specification of changes concerning the activities of Clinical Hospitals, which simply follows from the stability of the clinical didactic base. What is subject to change is clear improvement of study conditions over the last 10 years and significant expansion of the didactic base, of practically all Universities of Medical Science in Poland. The conclusion is therefore that if we observe a change, it is only for the better. An example could be the new Didactic Center of the Warsaw Medical University, which was created in 2005, as well as similar in Bialystok and Lublin, and constructed in Gdansk, Poznan, Wroclaw and other cities, where Universities of Medical Science exist. It should also be emphasized that new clinical hospitals are being built in Gdansk, Lodz, Crocow and construction of Pediatric Hospital has commenced in Warsaw. A complete list of investment projects conducted in Medical Universities in Poland is available from the Ministry of Health.

In 2010 a system of half-term visitations was implemented, mandatory for all Universities of Medical Science, during which all issues/problems identified in the course of the previous accreditation visit are reviewed, and a random inspection is carried out of selected clinical hospital (attachment no. 4).

### **Analyst Remarks to Response**

The response indicates that the ACPUMS site evaluation teams examine the didactic base of medical science universities as well as the basic facilities, all of their clinical facilities for ACPUMS accreditation consideration. However, if the review is conducted at an institution of higher education that has a medical program, both the Minister of Health and the Minister of Science and Higher Education considers the adequacy of the physical facilities when making an accreditation/approval status determination. If deficiencies exist, the Ministers will require additional monitoring until the institution complies.

ACPUMS reports that it monitors material changes, based on the obligation of the dean to report changes covered by the ACPUMS accreditation standards if any changes occur during the period of accreditation. However, in 2010, ACPUMS initiated a system to visit university of medical sciences with issues or problems identified in a previous accreditation visit and demonstrated implementation with a copy of an interim report of a site visit conducted on December 6, 2010. The site visit included visits to 13 didactic facilities, addressed whether the medical university fully implemented the recommendations from the 2008 ACPUMS report, identified the recommendation the institution continues to address, and the university's plan to address the remaining recommendations. It appears that both the ACPUMS, as an independent accrediting body and the PSAC, the state accrediting authority, examine and monitor the physical facilities throughout the accreditation period.

Staff Conclusion: Comprehensive response provided

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**It appears that ACPUMS makes no judgment regarding the adequacy and effectiveness of medical school faculty. With regard to faculty conflicts of interest, ACPUMS does not require medical schools to address these matters.**

### **Country Narrative**

Assessments of the State Accreditation Committee relate to the whole didactic process with consideration of all factors influencing its' course and quality, starting with the concept of education and identification of its' relation to HEI's mission, rules for students enrollment, study programs and curricula, practical placements, learning outcomes (term / midterm and final), academic staff providing courses, its' scientific and international activity as well as facilities in which courses are provided, ending with students matters. Composition of panels of experts (academic teachers, experts for formal and legal issues and students) allows for conducting external assessment with consideration of different points of view but based on procedures, criteria and standards set by the State Accreditation Committee.

In accord with the law in force the State Accreditation Committee performs program – based accreditation. Amendments to the relevant provisions of the Act on Law on Higher Education allowing to introduce combined program and institutional accreditation are expected in 2011.

### **Analyst Remarks to Narrative**

Analyst Review Status:

Analyst Remarks to Narrative:

The narrative indicates the assessment by the PSAC relate to the entire didactic process in which panels of experts use the procedures, criteria and standards established by the PSAC to assess the institution.

However, the PSAC accreditation standards include the following selected attributes regarding faculty:

- Staff resources: core staff resources (scientist responsible for the education) - number and qualifications and the staff/students ratio
- Teaching resources: teaching facilities, labs, equipment; library and electronic resources
- Internal quality assurance system: staff evaluation system, students' course evaluation system
- Curriculum: analysis of lecturers qualification/course program compliance, quality of class teaching (random class observations), and workload per semester (per day, per course)

Note: The above attributes were selected by staff from excerpts from tasks of

the PSAC presented to the Minister of Higher Education relating the new objective of the PSAC under the 2005 Law on Higher Education concerning the assessment of the quality of education in a given field of study including teacher training.

The Poznań University of Medical Sciences report of the panel of experts of the State Accreditation Committee (see appendix no. 16) includes an assessment of the number of staff (academic teachers, scientific and technical staff, and in-house medical practitioners), a section of information on the academic staff, a chart listing the academic teachers by name, degree, field of study of and student/teacher ratios, experience, and specializations); and a section assessing whether the staff resources met the minimum staff resource requirements in the field of medicine. However, there is no indication that the PSAC assessment of medical education programs includes a conflict of interest policy regarding teachers, lecturers, or other teaching staff.

Although the PSAC narrative suggests changes to the Law on Higher Education will occur in 2011 that will combine program and institutional accreditation, no other information was offered to indicate that a conflict of interest policy among the teaching staff would be included. This is an area for which the NCFMEA may wish to seek additional information from the country.

### **Country Response**

The scope of activities covered by this item lies within the authority of the State Accreditation Committee and they are contained in the broader notion of review of teaching staff quality in all universities in Poland.

As for the issue of conflict of interest, this is regulated by appropriate provisions in the Higher Education Law, indicating a requirement for an academic teacher to specify his primary employment, as well as permitting work at a maximum of two universities.

ACPUMS Standards also regulate this matter:

"(...) The University/Department must possess a faculty warranting appropriate level of knowledge and services (in the scope of education at least one independent scientific worker responsible for teaching of each of the major subjects), featuring no conflict of interest. It is necessary to maintain the valid ratio of academic teachers, constituting a faculty minimum for a major, to the number of students." -- Accreditation Standards -- Standards concerning University and Department, clause 3.

"(...) The University/Department must define and publish principles of prevention of employee conflicts of interest and procedure in the scope of the teacher-student relation, as well as procedures in case of a breach of these standards -- Accreditation Standards -- Standards concerning University and Department, clause 13.

The amended Act of July 27, 2005 -- Higher Education Law (Journal of Laws No. 164, it. 136, as amended ) introduced:

- 1) mandatory evaluation of teaching quality effected by the SAC (ART.8 sec.4)
- 2) Operation of an internal teaching quality assurance system in the scope of analysis of teaching results (Art.9 sec.3 item 4 c).
- 3) mandatory periodic evaluation of all academic teachers: "All academic teachers are subject to periodic evaluations (...)" -- Art. 132. sec 1.

### **Analyst Remarks to Response**

The response indicates that the 2005 Law of Higher Education requires the mandatory evaluation of teaching quality, internal teaching quality assurance systems, and mandatory periodic evaluation of all academic teachers governs the adequacy and effectiveness of medical faculty. The conflict of interest provision, by statute, requires an academic teacher to specify his/her primary employment, and limits their work at a maximum of two universities to avoid a conflict of interest.

ACPUMS, as an independent accrediting body, applies standard 13 to regulate conflicts of interest. The standard states "the University/Department must define and publish principles of prevention of employee conflicts of interests and procedure in the scope of the teacher-student relation, a well as procedures in case of a breach of these standards." In addition, standard 3 requires the medical university/department to have faculty with the appropriate level of knowledge and services with no conflicts of interest. Poland has two accreditation entities that describe the requirements for faculty and conflict of interest.

Staff Conclusion: Comprehensive response provided

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**It appears that ACPUMS does not specifically visit previously un-examined core clinical clerkship sites within 12 months of the accreditation review. As well, ACPUMS does not specifically re-visit (within the current period of accreditation) those sites that were visited under a previous accreditation cycle.**

### **Country Narrative**

Clarification is presented in point 5.

### **Analyst Remarks to Narrative**

As stated above, the PSAC report indicates that regulations of the Minister of Higher Education and the resolutions of the Presidium of the PSAC require the assessment of teaching and research facilities of higher education institutions providing education in medicine. In addition, pursuant to the act on health care, the rector of those medical universities and institutions with teaching hospitals that perform didactic and research tasks together with providing health care must provide a report to the Minister of Health annually. The report must comply with the premises and equipment requirements in the regulation of the Minister of Health of November 10, 2006 (see appendix no.11).

Although the Minister of Health conducts inspections of the health care facilities that provide a resource for clinical clerkships, it is not apparent from the material provided by the PSAC, whether each clinical clerkship facility is reviewed and evaluated by the Ministry of Health during the accreditation evaluation process or whether the rector's annual report to the Accreditation Center includes an assessment of each clinical facility offering service to the medical education clinical program. This committee may want additional information from the country regarding whether each clinical site used by the medical university is visited at least once during the accreditation period, and whether any new clinic site is visited within 12 months of contracting with the medical education program.

### **Country Response**

Since 2010 the Committee has been very particular about inspecting clinical clerkship sites. As has already been mentioned, the appropriate provision of the ACPUMS Accreditation Standards reads:

"(...) The university must report to ACPUMS all changes in the sphere covered by the present standards, which occur at a Department in the period of granted accreditation, including plans to increase the limit of admissions or opening of new majors." Accreditation Standards -- Standards concerning University and Department, clause 17.

"(...) Halfway through the term for which accreditation was granted, ACPUMS is obliged to verify how University Authorities implement in daily activities the recommendations contained in the final reports" -- Articles of ACPUMS -- Chapter V Accreditation, item 8.

Let me reiterate that during an accreditation visit the Committee visits a minimum of 30 Clinics.

### **Analyst Remarks to Response**

In the response item 5, ACPUMS refers to standard 17 and Chapter V, item 8 regarding changes the dean must report and the initiation of mid term reviews to determine whether the medical university implemented the recommendations from the last accreditation review. However, these standards address interim reports conducted to review the implementation of recommendations or changes

reported to ACPUMS. The standards and documentation provided does not indicate whether ACPUMS visits previously un-examined core clinical clerkship sites within 12 months of the accreditation review or whether ACPUMS revisits within current accreditation period those sites that were visited under a previous accreditation cycle.

It is unclear whether the 2010 visit that included visits to nearly 30 clinics occurred within 12 months of the last accreditation grant and included clinical sites not previously examined or whether ACPUMS conducted the site visit at the midterm of an accreditation period to determine whether the medical university had implemented recommendations. The NCFMEA may want the country representatives to provide additional information regarding the frequency in which ACPUMS or the PSAC makes clinical site visits during the accreditation term and whether it makes visits to previously un-examined clinics within 12 months of the accreditation review.

Staff Conclusion: Additional Information requested

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**As previously noted, ACPUMS does not specifically consider student complaints.**

### **Country Narrative**

It should be emphasized that students play important role in the activities of the State Accreditation Committee. They analyze student matters (i.e. if students privileges are respected; if HEI authorities fulfill duties in a proper manner). Students – experts also take part in meetings with students organized during site-visits and through personal contacts (in conditions ensuring freedom of speech) collect opinions concerning specific aspects of HEI’s activity, didactic and administrative staff, as well as general studying conditions.

Panels of experts check if procedures enabling students to lodge complaints and comments concerning organization of work in units where clinical courses are provided, teaching matters as well as work of clinical staff (with special regards to issues referring to mobbing, discrimination and molesting) were implemented (see also Subsection 5.4).

### **Analyst Remarks to Narrative**

It remains unclear that the evaluation process includes consideration of assessment of individual student complaints. However, the PSAC narrative indicates that its evaluation activities include the analysis of student matters. For example, the site evaluation report provided evidence that the evaluators found that students complained that they lacked receiving practical training within the scope of the course, among other things. The report summary identifies the evaluation team’s activities and states its conclusions and opinions regarding the medical university's conditions for providing education and education quality. One of the recommendations included the students’ complaint regarding the

scope of the practical training course.

### **Country Response**

Item 4 describes the complaint system valid in Poland. I point out that the valid Higher Education Law does not provide for the accreditation environmental community to resolve disputes and issue decisions. The undertaken actions and interventions must be based on and limited by the canons of valid laws. Therefore, student complaints are processed by institutions legally empowered in this respect. As follows from the already described complaint filing system, let me reiterate the fact that in spite of lack of statutory right to resolve disputes, every member of the Accreditation Committee for Poland Universities of Medical Science is an agent of confidence for students and in cases of occurrence of specific problems assists in mediation, clarification and resolution of problematic situations or events at hand. Following a decision in ACPUMS, a way of resolution of a conflict may be proposed, and in view of the fact that ACPUMS is an institution independent of the individual Universities of Medical Science -- it is an extra-university way - not school level.

The Committee considers complaints and proposed resolutions, but does not issue decisions.

The top rank document, which is universally available and binding on all Universities of Medical Science, is the Accreditation Standards. The already mentioned and cited twice clause 17 of the standard contains the statement that:

"(...) The university must report to ACPUMS all changes in the sphere covered by the present standards, which occur at a Department in the period of granted accreditation, including plans to increase the limit of admissions or opening of new majors." -- Accreditation Standards -- Standards concerning University and Department, clause 17

### **Analyst Remarks to Response**

In this response, ACPUMS defers to the Higher Education Law and the internal regulations of the institution or medical university regarding student complaints. In addition, ACPUMS does not have authority to issue decisions regarding student complaints. However, as an outside agency of confidence, it provides a mediation committee for this purpose.

Staff Conclusion: Comprehensive response provided

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**It remains unclear why ACPUMS' written policies cannot clearly indicate ACPUMS' requirements regarding substantive change notifications."**

### **Country Narrative**

Rectors of HEIs are obliged to inform the Minister responsible for higher education (within the time limit of three months) about every change which ceases HEI's ability to fulfill requirements stipulated in the Act Law on Higher Education and / or implementing regulations. The Minister suspends authorization of the given organizational unit to provide degree programs in a given field of study if that unit fails to remove any delinquencies within the time limit of 12 months. Such procedure has not been applied yet to any HEI providing education in the medicine.

### **Analyst Remarks to Narrative**

Appendix 6 cites the PSAC regulation that lists the approved and elective courses an institution of higher education can offer. Procedurally, the PSAC report indicates that the higher education institution (including medical universities) requires the faculty board and senates to pass resolutions on the establishment of a new field of study within these institutions. The law requires that the resolutions include teaching standards and levels of study that outline degree program requirements, including duration of the degree program, total number of classes, educational profiles of graduates, framework curriculum contents, duration and organization of student placements. Additional requirements include active forms of training in its total time or number of hours for professional training, including practical clinical training. Any changes must fall within the total number of hours required in a medical education program to obtain a degree.

The Law of Higher Education requires the Rectors of each higher education institution that offers a medical education program to inform the Minister of Higher Education within three months about every change that affects the establishment of a new program of study. The PSAC report indicates that if the changes fall within the remaining 690 hours available to the faculty board, it would not be considered a major change. However, any changes introduced between particular accreditation processes must be assessed by the PSAC during subsequent assessments. Usually the changes are reported by the Rector in the annual reports and include information such as staff changes, changes of the statute, the establishment or deletion of a field of study, the establishment of an organization unit in another location, senate's consent for the purchase, sale or mortgaging the university's property, and the introduction of changes in the study regulations.

### **Country Response**

The Accreditation Standards precisely state the obligation to report all changes in a University, which has already been mentioned several times.

### **Analyst Remarks to Response**

The ACPUMS standard states "the university must report to ACPUMS all changes in the sphere covered by the present standards, which occur at a Department in the period of granted accreditation, including plans to increase the limit of admissions or opening of new majors." This standard requires the medical university to report these substantive changes to ACPUMS. Although the standards require the medical university to notify ACPUMS of the two specific changes, no implementing policies accompanied the standards. Unlike US accreditation, for example, there are no statements as to when the ACPUMS expects the medical university to notify ACPUMS of the change, whether ACPUMS has established a time frame for medical universities to submit notification of plans to initiate a change, whether ACPUMS requires the medical university to submit the notification before or after the change occurs, or what information it requires to review the notification or what circumstances must exist to grant or deny the change. The NCFMEA may want to ask the representatives about procedures it follows to clarify how it applies the substantive notification standard.

Staff Conclusion: Additional Information requested

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U.S. Department of Education

Philippines: Redetermination of Comparability

Prepared October 2011

**Background**

In March 1999, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Medical Education Accreditation Council (MEAC), the accrediting body that evaluates medical schools in the Philippines, were comparable to those used to evaluate programs leading to the M.D. degree in the United States.

At its September 2002 meeting, the NCFMEA was informed that the MEAC was no longer the accrediting body for the country and that the accrediting function was being performed by the Commission on Medical Education (CME), a review entity for medical education within the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). Concerned about the ability of the Philippines to continue to have comparable standards for the accreditation of medical schools, the NCFMEA requested that the Philippines submit a report on the accreditation activities involving Philippine medical schools since June 2002 [the date of the last report submitted by the Commission on Higher Education (CHED), the governmental regulatory body], and information on the standards and processes used by PAASCU to accredit Philippine medical schools for review at its March 2003 meeting. The NCFMEA also requested that it be given an opportunity to observe PAASCU conduct an accreditation review.

In March and September 2003 the NCFMEA questioned the agency about the standards and processes used by PAASCU in its accreditation activities, and the roles and responsibilities of the various entities involved in Philippine accreditation, which included the CHED, PAASCU and the CME. NCFMEA members also wanted to know more about PAASCU's review process to discover whether it focused on quality improvement, compliance with established standards, or both. The NCFMEA voted to defer acceptance of the agency's report and again requested a detailed description of PAASCU's standards and processes used in accrediting Philippine medical schools. It also requested once again that NCFMEA be invited to observe an accreditation review of a Philippine medical school in order to gain first hand knowledge of how the agency's standards and processes are implemented.

At the NCFMEA March 2004 meeting, the NCFMEA determined that the Philippines has, in operation, a system for the evaluation and accreditation of its medical schools that is comparable to the system used in the United States. It was understood after reviewing the separate roles of CHED and PAASCU in the

medical school evaluation process, that PAASCU was the designated body that is responsible for recurrent evaluation of the quality of medical education in the Philippines. The NCFMEA requested a report on PAASCU's accreditation activities for review at its September 2005 meeting. However, the NCFMEA would not meet again until March 2007.

At the NCFMEA March 2007 meeting, Dr. Munoz reported that his observation of the July 2005 site visit by PAASCU to the University of Santo Tomas Faculty of Medicine and Surgery in Manila was satisfactory and without issues.

Since the NCFMEA did not meet in September 2005 to consider the report requested at its March 2004 meeting, that report was reviewed at the NCFMEA September 2007 meeting. At that time, the country also provided updated information on their report to include its accreditation activities from 2005 to 2007.

Again at the NCFMEA January 2009 meeting the country submitted a report regarding the accreditation activities of its Commission on Medical Education, from September 2007 through December 2008. The NCFMEA accepted the report and determined that the country's accreditation activities during that period appeared to be consistent with NCFMEA guidelines.

### **Summary of Findings**

Based on a review of the responses to the questionnaire and information that the country provided to the Department, it appears that the Philippines has a system for the evaluation and accreditation of its medical schools that is comparable to the system used in the United States.

The accreditation system has substantially the same components of U.S. accreditation. The process entails a self study, site visit by peer evaluators, deliberation and decision-making against a set of written standards on a cyclical basis. In addition, the agency has and applies written standards that encompass the same content areas that appear to be of similar comprehensiveness and rigor as those in U.S. accreditation. That said, the Committee may want to explore further with agency representatives why the agency does not have a structured and recurring monitoring system in place to review medical schools' continued compliance with agency expectations between accreditation visits nor, in the same vein, no process to stay abreast of substantive changes that may occur at medical schools between accreditation visits. It is not clear that the PAASCU/CHED addresses the requirement for the humane care of animals when animals are used in teaching and research, faculty involvement in admissions, the review of student complaints, and the review of affiliation agreements with the same emphasis as is done by U.S. accreditors. The committee may want to ask for clarification in these areas.

## Staff Analysis

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

#### Section 1: Approval of Medical Schools, Question 1

##### **Country Narrative**

In the Philippines, there is only one entity whose consent must be obtained in order to open a medical school. A higher education institution that intends to offer the Doctor of Medicine program must first secure proper authorization from the Philippine Commission on Higher Education (CHED) and comply with existing rules and regulations before it can commence operations. The existing rules and regulations are found in Article II, page 2 of Exhibit 1 - CHED Memo Order No. 10, series of 2006 entitled "Policies, Standards and Guidelines for Medical Education"

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

The Commission on Higher Education (CHED) is the governmental body authorized to grant authority to operate State and Private medical schools in the Philippines. It does this via the issuance of a permit (registration). CHED's requirements, outlined in its Manual of Regulations for Private Higher Education of 2008, describe a process where the school applying for registration in the country must first provide a self-evaluation and undergo a site-evaluation by CHED. The permit is renewed annually until the first class is graduated in five (5) years then becomes permanent barring its being rescinded by CHED. The Country provided its Policies, Standards and Guidelines for Medical Education and its Manual of Regulations for Private Higher Education of 2008 that outline the country's approval and licensure process for Institutions of Higher Education in the Philippines.

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#### Section 1: Approval of Medical Schools, Question 2

##### **Country Narrative**

Yes, the CHED is the regulatory body that grants the medical school the license to operate.

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

The country's Policies, Standards and Guidelines for Medical Education identify CHED as the regulatory body for the approval and licensure of medical schools in the Philippines.

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## **Section 1: Approval of Medical Schools, Question 3**

### **Country Narrative**

CHED is the only entity in the Philippines authorized to close or revoke the license of a medical school.

### **Analyst Remarks to Narrative**

The country's Policies, Standards and Guidelines for Medical Education identify CHED as the sole authority for closing medical schools in the Philippines.

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## **Section 2: Accreditation of Medical Schools**

### **Country Narrative**

The entity responsible for conducting an in-depth evaluation of the quality of medical education in the Philippines is the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). PAASCU reviews the medical school's compliance not only with government's policies and standards but also the standards contained in the PAASCU Evaluation Instrument for Accrediting Medical Schools. PAASCU is a private, non-governmental accrediting agency established in 1957 and is recognized by the the Philippine Commission on Higher Education(CHED) as the entity that accredits medical schools in the country. The PAASCU Primer outlines the history of the organization.

### **Analyst Remarks to Narrative**

Article XIV (Accreditation) of CHED's Manual of Regulations for Private Higher Education (Exhibit 5) identifies the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU) as one of the designated bodies that is responsible for recurrent evaluation of the quality of higher education in the Philippines.

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

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

### **Country Narrative**

The main purpose of medical education in the Philippines is to produce physicians for the Philippine health care system. The graduates are expected to be health care providers to satisfy the health human resource needs of the country. The graduate of the Doctor of Medicine program is a primary physician who can go into different types of medical practice or undergo further training

and become a medical specialist.

Article I, page 1 of the CHED Memo Order No. 10, series of 2006: "Policies, Standards and Guidelines for Medical Education" requires that a medical school provide students with the knowledge, skills and attitudes in consonance with the concept of a primary care physician. The public is served by inculcating in the students an appreciation of the use of community and indigenous resources to promote health. The integration of health services into the training of medical students is part of the educational mission of the institution. The medical education program also seeks to develop in the students such habits and attitudes that will enable them to engage in lifetime continuing medical education responsive to changing needs and developments.

### **Analyst Remarks to Narrative**

The country policies emphasize that it requires institutions that provide medical education to produce physicians that satisfy the health human resources needs of the country. The country also provided a site visit report (Exhibit 10) verifying that PAASCU's site visiting team evaluates the institution's mission and objectives specifically if the institution has an educational mission that serves the public interest. PAASCU's evaluation guidelines (Exhibit 4) also require its site team evaluators to consider how a medical school determines its goals and objectives in admitting students and in offering them instruction, and if they are determined in the light of the needs of the community in which it exists. The purposes and objectives should be clearly stated in a catalog or prospectus readily available to prospective students and other persons concerned. Each medical school should include among its objectives the development of competence in the students at the time of completion of the medical course. These competencies should include those needed for the various roles of the physician, such as medical practitioner, academician/teacher, researcher, administrator, and social mobilizer, and should aim to foster awareness of social needs and involvement in social projects and to develop responsible citizens. The purposes and objectives should be in harmony with the goals of the whole institution, with national development goals and with desirable Filipino cultural values. There should be demonstrated evidence that the faculty subscribes to the purposes and objectives of the medical school and that the school orients new members to these purposes and objectives prior to their appointment. The country also provided an evaluation team chair report (exhibit 13) that addresses the medical school's stated purposes and objectives and how its educational program is appropriate to the mission of producing physicians needed in the country.

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## **Section 1: Mission and Objectives, Question 2**

### **Country Narrative**

All medical schools in the country are mandated to comply with Exhibit 1 which is the CHED Memo Order No. 10, series of 2006, pertaining to the Policies and Standards for Medical Education and Exhibit 3 which contains the Medical Act of 1959, as amended. In addition, a school applying for accreditation with PAASCU should also comply with the standards contained in Exhibit 4 which is the PAASCU Evaluation Instrument for Accrediting Medical Education.

### **Analyst Remarks to Narrative**

The country's criteria for the education and licensure of its medical students and MD graduates are outlined in the Country's Medical Act of 1959 and CHED's Policies, Standards and Guidelines for Medical Education which together provide for the standardization, regulation and evaluation of medical education; the examination and licensure of physicians; and the supervision, control and regulation of the practice of medicine in the Philippines.

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## **Section 2: Governance, Question 1**

### **Country Narrative**

Only schools, colleges and universities, duly authorized by the Philippine Commission on Higher Education are allowed to operate medical education programs in the country. All curricular programs in medical education must have prior authorization from the Commission before it can start offering the Medical Education program. The requirements for medical schools to be legally authorized are found in Exhibit 1 - Policies, Standards and Guidelines for Medical Schools.

### **Analyst Remarks to Narrative**

In accordance with the country's Higher Education Act and the Policies, Standards and Guidelines for Medical Education (Exhibit 1) CHED is the country's body responsible for the authorization and licensure of medical schools within the Philippines. CHED requires that medical schools and teaching hospitals be incorporated as non-stock, non-profit corporations governed by a board of trustees/regents and have prior approval from CHED of the schools medical education programs and its curriculum.

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## **Section 2: Governance, Question 2**

### **Country Narrative**

Administrators involved in the operation and success of the medical schools are accountable to the CHED which is mandated by law to regulate and supervise all institutions in the country. The CHED serves as the regulatory body for all institutions in the country. Exhibit 5 which is CHED Memo No. 40, s. 2008 serves as the Manual of Regulations for Private Higher Education Institutions in

the country.

### **Analyst Remarks to Narrative**

CHED policies and the country's Manual of Regulations for Private Higher Education Institutions require that the medical schools board of trustees/regents oversee the schools administration, finances and operation and be accountable to CHED for setting policies for the medical school and the teaching hospital; to approve the budget for the school and teaching hospital upon recommendation from the dean of the school; to confirm appointments or separations of administrators, faculty; and to ensure the viability of the medical school. CHED regulation and PAASCU policies require that the members of the board of trustees/regents have the appropriate academic credentials and experience and that they meet on a regular basis to involve themselves in the policy making and governance of the medical school.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 1**

#### **Country Narrative**

An educational institution should have an administrative organization and sufficient personnel to facilitate the attainment of its goals and objectives. Academic and professional qualification of administrators should be meet the requirements of the CHED.

The Board of Trustees/Regents shall govern a medical school in accordance with its incorporation papers. The Board/Regents have the responsibility of formulating the general policies of the institution. The policies should be implemented through an adequate number of regularly constituted and qualified officials. Article VI, Section 9, pages 8-9 of CHED Memo No. 10 entitled Academic Organization of Exhibit 1 outlines these requirements.

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

CHED requires that the country's medical schools be under the immediate supervision of a Dean, who is the chief academic officer of the medical programs and is appointed by the board of trustees/regents and by training and experience demonstrates an understanding of prevailing medical standards and the authority to implement them. The medical school dean's responsibilities are documented in CHED's Policies, Standards, and Guidelines for Medical Education. The PAASCU accreditation process includes standards and criteria that address the administrative organization of the medical school. However, documentation is insufficient to assess CHED and PAASCU's application of its requirements in this area of a medical school's operation.

#### **Country Response**

Every medical school applying for accreditation is required to submit an Administrative Manual which includes the organizational chart, the duties and responsibilities of the Governing Board, the Dean, Department Chairs and other administrative personnel. This is a basic requirement for accreditation. Exhibit 6 contains excerpts from the Administrative Manual of the Cebu Institute of Medicine which the school submitted to prove compliance with these standards.

In addition, the medical school should respond to PAASCU's standards and criteria which are found in the area of Administration of the Evaluation Instrument for Accrediting Medical Education. Attached is Exhibit 7 which is a copy of the Self-Survey Report of De La Salle College of Medicine for the area of Administration. The accreditors use all these materials to assess the school's compliance with the requirements in this subsection.

### **Analyst Remarks to Response**

In response to the staff's draft analysis the agency provided additional documentation to demonstrate their application of this requirement. The agency's petition includes site team reports of medical school programs (University of the East-Ramon Magsaysay; University of the Philippines, and De La Salle College of Medicine). The agency also provided a completed survey report of De La Salle demonstrating CHED and PAASCU's application of the review and evaluation of the country's medical schools administrative leadership and operations.

Staff Conclusion: Comprehensive response provided

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### **Subsection 3.1: Administrative Personnel and Authority, Question 2**

#### **Country Narrative**

Article VI, Section 9, pages 9-10 of CMO 10 (Exhibit 1) states that the "medical school shall be under the immediate administration and supervision of a Dean, who acts as its Chief Academic Officer and ... possesses sufficient authority to implement them. The Dean shall be appointed by the Board of Trustees/Regents or by the President/CEO of the college or university. The tenure of the Dean shall be determined by the Board of Trustees/Regents." The comprehensive list of duties and responsibilities of the Dean are outlined in the CMO and includes the preparation and recommendation of the annual budget, appointments of medical and teaching personnel of the medical school and its teaching hospital and many others.

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

CHED's Policies, Standards and Guidelines for Medical Education outline the authority and the processes available to the medical school's dean to access the school's President and its governing body and appropriately administer the duties of the school's chief medical officer as described in the country's narrative. The PAASCU accreditation process includes requirements pertaining to administrative organization lines of authority and communication between the medical school and the university. However, documentation is insufficient to assess CHED and PAASCU's application of its requirements in this area of a medical school's operation.

### **Country Response**

The job description of the Dean of the Cebu Institute of Medicine and the West Visayas State University (Exhibit 8) says that the Dean is given the authority to prepare and administer the budget for the College of Medicine. The Self-Survey Report of the De La Salle College of Medicine also attests to this fact. A copy of the Budget of the College is also attached as documentation to prove that accredited medical schools in the country comply with this criterion(Exhibit 9).

### **Analyst Remarks to Response**

In response to the staff draft analysis the agency provided a self survey report and visiting site team report of De La Salle Medical School demonstrating that PAASCU accreditation process assess the medical school's administrative organization lines of authority and communication between the medical school and the university. It also verifies CHED and PAASCU's application of its requirement in determining that the school's chief medical officer has the proper authority to administer the school's medical education program.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.1: Administrative Personnel and Authority, Question 3**

### **Country Narrative**

Article VI, Section 9, page 11 of CMO 10 (Exhibit 1) outlines the duties and responsibilities of the Heads of Clinical Departments/Units and Departments. Included among these are the selection of the staff of the unit or department, coordination and supervision of all activities in the unit or department, preparation of the budget for the department and periodic review of the curriculum as well as teaching methods and evaluation techniques.

### **Analyst Remarks to Narrative**

CHED's Policies, Standards and Guidelines for Medical Education outline the authority and the processes available to the medical school's department heads and senior clinical faculty members to access resources in order to appropriately administer their duties. These may include, for example, the selection of the staff of the unit or department, coordination and supervision of all activities in the unit or department, preparation of the budget for the department and periodic review of the curriculum as well as teaching methods and evaluation techniques.

The PAASCU accreditation process includes requirements pertaining to department heads and senior clinical faculty lines of authority. However, documentation is insufficient to assess CHED and PAASCU's application of its requirements in this area of a medical school's operation.

### **Country Response**

Exhibit 10 - The Far Eastern University Administrative Manual, (pp. 21 and 22) outlines the duties and responsibilities of the Department heads and senior clinical faculty members in the selection of staff of the department, coordination and supervision of all activities, preparation of the budget of the department and periodic review of the curriculum as well as teaching methods and evaluation techniques.

### **Analyst Remarks to Response**

In response to the staff's draft analysis, the agency provided additional documentation attesting to their compliance with this section. The agency's petition also includes site team reports of medical school programs from the University of the East-Ramon Magsaysay, University of the Philippines, and De La Salle College of Medicine. The agency also provided a completed survey report of De La Salle demonstrating that CHED and PAASCU assess their accredited medical schools compliance with the requirements of its Policies, Standards and Guidelines for Medical Education that there is the authority and processes available to the medical school's department heads and senior clinical faculty members to access resources in order to appropriately administer their duties.

Staff Conclusion: Comprehensive response provided

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### **Subsection 3.2: Chief Academic Official, Question 1**

#### **Country Narrative**

Article VI, Section 9, page 9 of CMO 10 (Exhibit 1) requires that the chief academic officer must be a licensed doctor of medicine with a minimum teaching experience of five (5) years in a college of medicine and holds at least the rank of Assistant Professor; must have leadership qualities; must have experience in administrative positions; and must possess professional standing commensurate

with the position.

### **Analyst Remarks to Narrative**

CHED's Policies, Standards and Guidelines for Medical Education outline the qualities and qualifications of those considered for the position of deans of the country's medical schools as-- a licensed doctor of medicine, having teaching experience, holding the rank of Assistant professor (at least) with leadership qualities, experience, and professional standing. . The PAASCU accreditation process states that the "academic and professional qualifications of the administrators should normally meet the requirements of the CHED. However, documentation is insufficient to assess CHED and PAASCU's application of its requirements in this area of a medical school's operation.

### **Country Response**

Page 8 of the Cebu Institute of Medicine Administrative Manual explicitly indicates that it is the Board that appoints a qualified dean and that appointment is made on the basis of merit. The curriculum vitae of the dean is submitted by every medical school applying for accreditation. This way, the accreditor can validate the academic credentials of the Dean. The CV forms part of the Self-Study Report submitted to PAASCU.

### **Analyst Remarks to Response**

In response to the staff's draft analysis the agency provided additional documentation clarifying its requirements for its medical schools chief academic officer. The agency's La Salle School of Medicine site team report and the schools self survey and report demonstrate that CHED/PAASCU assess the qualifications of the school's Chief Academic Official, such as the requirements to be-- a licensed doctor of medicine, having teaching experience, holding the rank of Assistant Professor, have leadership qualities, experience, and professional standing. The agency site team report verifies that the agency reviews the Curriculum Vitae of the Dean and his or her experience.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.2: Chief Academic Official, Question 2**

### **Country Narrative**

The selection process for the chief academic official usually starts with the creation of a search committee composed of various stakeholders. All sectors of the academic community and various stakeholders are consulted prior to the committee's recommendation to the Board. The chief academic officer is appointed by the Board of Trustees/Regents or by the President/CEO of the college or university.

### **Analyst Remarks to Narrative**

The country provided a brief explanation of a process in selecting the deans of its medical schools. However, it did not provide any documentation verifying that PAASCU has standards and expectations regarding the selection of deans and assesses that institutions adhere to a process that is consistent with PAASCU requirements.

### **Country Response**

Exhibit 11 include excerpts from the Minutes of a Meeting of the Board of Regents of the University of the Philippines which contain the policies and guidelines for the selection of deans.

### **Analyst Remarks to Response**

In response to the draft staff analysis the country provided documentation demonstrating that the Board of Regents has established guidelines for the qualifications and the selection process of the country's medical school's chief academic officers. These guidelines which are created by statute are included in PAASCU review of the school's administrative leadership. The agency also provided a site team report, self survey and survey report of De La Salle School of Medicine demonstrating that it evaluates the process for selecting the school's Chief Academic Official.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.3: Faculty**

### **Country Narrative**

The faculty members play a pivotal role in the decisions relating to admissions, curriculum, hiring, retention, promotion and the discipline of faculty. Article VI, Section 10, page 12 CMO 10 (Exhibit 1) mentions all these areas and focuses on the active participation of the faculty in decision making relative to all these areas. Page 16 of Exhibit 4 - The Evaluation Instrument for Accrediting Medical Education also requires that evidences be presented to show faculty participation in decisions related to curriculum development and evaluation and admission of students. The selection of faculty members is a cooperative process involving the administration, department heads and other faculty members.

### **Analyst Remarks to Narrative**

The focus of this section is to assess the extent to which medical school faculty are engaged in decisions related to student admissions, faculty hiring, retention, promotion and discipline of peer faculty members and in all phases of curriculum including clinical education. The citations provided in the narrative do not address the focus of this section. The documentation does not confirm that CHED or PASCU has standards/expectations or that it assesses the extent to which medical school faculty are engaged in decisions related to student admissions, faculty hiring, retention, promotion and discipline of peer faculty members and in all phases of curriculum including clinical education.

### **Country Response**

Faculty members are actively engaged in decisions relating to admissions, curriculum, hiring, retention, promotion and the discipline of faculty. Page 35 of Exhibit 12 which is the La Salle Catalog indicates the various committees within the school, e.g Committees on Admissions, Curriculum and Faculty. Minutes of the Admissions Committee meetings at De La Salle College of Medicine are also attached(Exhibit 13).

In instances where the school does not have a Curriculum Committee, the team includes this in the list of recommendations. Page 2 of the 2009 PAASCU Team Report to the University of Santo Tomas recommends the establishment of a Curriculum Committee (Exhibit 14) This recommendation appears in two areas - Faculty and Curriculum. Area reports pertaining to this issue are also attached. Page 7 of the Area Report on Faculty further recommends "vigilance in the selection of faculty with desirable professional values...".

### **Analyst Remarks to Response**

In response to the staff draft analysis PAASCU provided site evaluation team reports, a self study and a self study report from De La Salle College of Medicine demonstrating that it evaluates its accredited medical schools for their faculty participation in the areas required by this section.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.4: Remote Sites**

### **Country Narrative**

Article VI, Section 9, page 8 of CMO 10 (Exhibit 1) requires that a medical school and its teaching hospital shall be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation. However, when a school does not own its training hospital, it shall be required to enter into an affiliation arrangement with an accredited hospital in the same geographic area and shall be responsible for planning, controlling and monitoring or evaluation of the activities of its students.

The heads of the clinical units/departments supervise the corresponding clinical department/services, as well as the staff and student activities, in its own teaching/affiliated hospital. They are responsible for developing and maintaining an accredited residency-training program. The evaluation instruments used are comparable to those being used in the main campus.

In 2009 and 2010, PAASCU conducted site visits to the Oceania University of Medicine (OUM), which has a main campus in Samoa and also has clinical training sites for some of its students in Australia, New Zealand, and the United States. Prior to PAASCU considering OUM's application for accreditation, PAASCU hired specialists in distance education to work on the evaluation instrument and include the elements that were required of OUM, such as the following:

It is absolutely critical that the institution has a strong leadership team that is in constant communication with faculty and students. Development and implementation of robust policies, systems and procedures ensure consistency across sites and safeguard the quality of the program. Use of learning and management software and technologies, such as Skype and Elluminate for conferencing, Central Desktop for documents, Moodle for curriculum content, using Web 2.0 technology and document repository, and PEPi for student accounts and records ensure that faculty, administration, and students in each site are in step with the central campus. Faculty and administrators can access and share data online, regardless of geographical location, using products that guarantee security of online data. Furthermore, senior administrators make regular visits to the various locations to confirm compliance with systems and procedures. There is a person in charge in every site to coordinate activities and learning experiences with the main campus.

Arrangements made with local physician mentors ensure uniform student exposure to research opportunities as well as clinical skills instruction and experiences. Student performance is monitored consistently in the student's location by utilizing a 'gold standard' assessment service such as Pearson Vue, and preparing students to meet the criteria for standardized licensing exams, such as AMC and USMLE. , .

### **Analyst Remarks to Narrative**

The CHED has a requirement that a medical school and its teaching hospital shall be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation. However, when a school does not own its training hospital, "it shall be required to enter into an affiliation arrangement with an accredited hospital in the same geographic area and shall be responsible for planning, controlling and monitoring or evaluation of the activities of its students." PAASCU did not provide any documentation of application of this requirement.

PAASCU provided a team report of the evaluation of Oceania University of Medicine, an on-line medical school that is located and operated outside the

boundaries of the Philippines. The school is established and operated from Samoa to provide instruction to individuals and locations around the globe. As such, it is not an institution under the jurisdiction of the Philippines and cannot serve as documentation for the operation of institutions in the Philippines.

That said, this team report did not provide sufficient information to demonstrate how PAASCU assesses remote sites against its criteria to ensure the educational experiences at all sites are of comparable quality; that faculty in each discipline and at all sites are functionally integrated; and that there is consistency across student evaluations.

### **Country Response**

No medical school offers the curriculum in geographically separated locations.

### **Analyst Remarks to Response**

In response to the staff draft analysis the country reported that there are no parts of a medical education program offered in geographically separated locations. The agency's site team report of De La Salle Medical School demonstrates that it evaluates medical school programs and its clinical training service facilities for offerings only in community based facilities within the country, The agency's evaluation instruments do not allow for the evaluation of medical programs outside of the community or in remote sites..

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.1: Program Length, Question 1**

### **Country Narrative**

Article V, Section 6, p.6 of CMO No. 10 (Exhibit 1) states that the medical course leading to the M.D. degree is at least four (4) years. The course is offered in two semesters of seventeen weeks each in the first three (3) years and a full year (12 months equivalent to 52 weeks) of rotating clinical clerkship in the fourth year.

Section 8, p. 8 of the same CMO defines internship as the last phase of the basic training of the physician. It goes on to explain that this is a shared responsibility of the medical school and the hospital and consists of one calendar year, the nature of which is prescribed by the Board of Medical Education in the Philippines. As embodied in the Medical Act of 1959, the Doctor of Medicine degree shall be given after the fourth year. Postgraduate internship is a requirement before licensure.

### **Analyst Remarks to Narrative**

The country provided CHED policies and the Medical Act of 1959 (Exhibit 3) verifying the requirements for the established length of the MD degree program within the country's medical schools as a four year program that includes a 12-month rotating clinical clerkship in the 4th year. There was no documentation provided verifying that CHED and PASCU assess the program length of the medical program.

### **Country Response**

Every medical school that applies for accreditation is required to submit a copy of their curriculum which indicates the length of the medical program, the subjects and units taken per semester, including the course descriptions. Usually, this is contained in a catalog which the medical school submits to PAASCU together with the Self-Survey Report. The accreditors evaluate the program of studies using the documentation submitted by the school. Documentation in this subsection are the following: The University of La Salle College of Medicine catalog (pp. 47-61) and Exhibit 16 - Cebu Institute of Medicine (pp. 29-31). These exhibits indicate the subjects offered every semester for the 4-year program, units per semester and course descriptions.

### **Analyst Remarks to Response**

In response to the draft staff analysis the PAASCU provided supporting documentation of its evaluation of medical programs to determine if the MD programs are of proper length and rigor. The agency petition includes "The Medical Act of 1959" which also specifies the required length of Philippine medical school programs that is compliant with this section. The agency also included a site team report, a self study and self study report from its review of De La Salle medical school demonstrating its application of this requirement.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.1: Program Length, Question 2**

#### **Country Narrative**

Not applicable

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

The country does not need to respond to this section.

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### **Subsection 4.2: Curriculum, Question 1**

#### **Country Narrative**

The curriculum consists of 1) basic sciences, 2) clinical sciences, and 3) community medicine. The subject/discipline requirements are enumerated in Article 2, p. 402 of the Medical Act of 1959, and in Article V, Curriculum, pp. 6-7 of CMO 10. The specific requirements for each subject/discipline are set by the association of teachers of the discipline or practitioners of the specialty.

### **Analyst Remarks to Narrative**

The CHED outlines clear terminal competencies for graduates of medical education programs and allows institutions to adopt curricula design consistent with its mission and the expectation for research, scientific inquiry, and community service. The PAASCU has established clear expectations and requirements for the quality of the curriculum; however the documentation provided (summary section of a self study, team report of a Samoan on-line medical education institution, and the PAASCU survey instrument template) was insufficient to demonstrate its assessment of its quality expectations for curriculum in the accreditation process.

### **Country Response**

Pages 48-49 of the De La Salle College of Medicine Catalog indicates the various subjects being offered in the curriculum. The Basic Sciences components are all included in the curriculum and the course description for these subjects can be found from pages 49-61. These are explained in great detail: what the course consists of, how the topics are delivered, methodologies used, requirements for the course and terminal competencies expected of students. Another example comes from the Cebu Institute of Medicine Student Manual, pp 35-51.

In the PAASCU Evaluation instrument, there is an area for Curriculum and Instruction which medical schools must respond to. Attached is a sample Self-Study Report (Exhibit 16) which was submitted to PAASCU and which the accreditors used as the primary document to evaluate this area in tandem with the relevant materials such as catalogs and brochures. The accreditors review these materials thoroughly to assess whether the standards are being met and they observe classes, review syllabus and test questions to determine how these standards are carried out in actual instruction and evaluation of students.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional supporting documentation which includes a survey report of De La Salle medical school, and a site team report of the University of Santo Tomas demonstrating its assessment of its quality expectations for curriculum in the accreditation process.

**Staff Conclusion: Comprehensive response provided**

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## **Subsection 4.2: Curriculum, Question 2**

### **Country Narrative**

Article V-Curriculum, Section 6, p. 7 of CMO No. 10 lists down the subjects required for the basic sciences. The list is presented as Exhibit 6.

### **Analyst Remarks to Narrative**

The CHED has identified specific curricular content it expects to be included in all medical education programs that include the courses of the NCFMEA guidelines. However, there was insufficient documentation provided to verify that CHED and the PAASCU assess whether the medical education program includes all of the required subject areas.

### **Country Response**

Pages 48-49 of the De La Salle College of Medicine Catalog indicates the various subjects being offered in the curriculum. The Basic Sciences components are all included in the curriculum and the course description for these subjects can be found from pages 49-61.

The curriculum of the University of the Philippines is also sent as an attachment to show the various subjects that are included in the basic sciences (pp. 137-143).

The PAASCU requires that all schools applying for accreditation submit a copy of their curriculum including catalogs with course descriptions. The PAASCU team reviews these document thoroughly to ensure that all the required subjects are included in the curriculum. A review of the syllabi are also done to insure that the Basic Sciences components are covered.

### **Analyst Remarks to Response**

In response to the draft staff analysis, CHED reports that it requires all of the country's medical schools to include in their curriculum those basic science courses required by the NCFMEA guidelines. It provided specific documents where basic science curricular content required by the NCFMEA guidelines is listed. The agency's self study and site team evaluation report of De La Salle Medical School also demonstrates that CHED and PAASCU assess whether the medical education program includes all of the required subject areas.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.2: Curriculum, Question 3**

## **Country Narrative**

Enumerated below are the requirements for the laboratory portion of the basic sciences curriculum: Anatomy- Laboratory – cadaver dissection; microscopy of normal tissues; study of X-ray plates, disarticulated skeleton, models, intact and sectioned human brain and living human body; Physiology- human and animal experiments, case study; Biochemistry, Molecular Biology, Genetics and Nutrition Laboratory – human and animal experiments; Microbiology, Parasitology and Immunology Laboratory – culture, serology, microscopy, case study; Pathology (Anatomic & Clinical)Laboratory – case study, study of gross specimen, microscopy; Pharmacology & Therapeutics Laboratory – animal experiments, case study, herbal experiments; Preventive and Community Medicine Laboratory – statistics and epidemiology exercises

## **Analyst Remarks to Narrative**

While the country provided a list of the laboratory portion of the medical schools basic science curriculum it did not provide any documentation that verifies that the courses listed are required by PAASCU or CHED. The country needs to provide documentation verifying that these courses are a required component of a medical schools basic science curriculum and evidence of the nature of PAASCU's assessment of the laboratory component as part of the accreditation process.

## **Country Response**

Section 7.2 on the Method of Instruction(page 48 of the De La Salle College of Medicine Catalogue) states that "the 32-36 weeks per year of structured teaching-learning activities usually consist of morning didactic and afternoon laboratory or ward preceptorship sessions".

Section 7.3 on the Structured Curriculum of the same document shows the number of hours per week that are allocated for both lecture and laboratory components. All medical schools are required to follow these requirements. The PAASCU team verifies compliance with these requirements by reviewing the documents presented including syllabi of the various subjects. Assessment includes actual observation of laboratory classes in the various basic sciences subjects.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional information on what its accredited medical schools require in their laboratory portion of the curriculum. However, after review of CHED and PAASCU documents and the country's statutes, it is still not clear what the country's requirements for the laboratory portion of the basic science curriculum are. The NCFMEA may want to inquire further into the agency's requirements and review of laboratory courses in the basic sciences curriculum.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 1**

#### **Country Narrative**

The required clinical subjects for the Medical Program are the following: Internal Medicine, Surgery, Pediatrics, Ophthalmology and Otorhinolaryngology, Neurosciences, Psychiatry, Family and Community Medicine (including Preventive Medicine).

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

The PAASCU listed Internal Medicine, Surgery, Pediatrics, Ophthalmology and Otorhinolaryngology, Neurosciences, Psychiatry, Family and Community Medicine (including Preventive Medicine) as required by CHED clinical subject standards areas. However, verification of this could not be found in the documentation provided, nor is there documentation demonstrating PAASU's review of an institution against these standards.

#### **Country Response**

Pages 48-49 of the De La Salle College of Medicine Catalog indicates the various subjects being offered in the curriculum which includes the clinical subjects. The course description for each subject can be found from pages 49-61. These are explained in great detail: what the course consists of, how the topics are delivered, methodologies used, requirements for the course and terminal competencies expected of students. In addition, Section 8 of the De La Salle Catalog explains in detail the Clinical Clerkship Program. Page 65 lists all the subjects that should be included in clinical sciences and the duration of each rotation.

The CIM Student Manual (pp. 29-51) is another example of materials submitted to PAASCU so it can assess whether standards are being met.

In the PAASCU Evaluation instrument, Area 3 is devoted to Clinical Training and the medical school must prove it is meeting the requirements in this area. Attached is a Self-Survey Report (Exhibit 17) which was submitted to PAASCU. This serves as the primary document used by the accreditors to evaluate this area in tandem with the relevant materials, such as catalogs, syllabus and other documents presented by the institution as evidences.

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

In response to the draft staff analysis the agency provided additional documentation verifying that the clinical subjects listed in this section are required by CHED's clinical subject standards areas. The agency's petition also contains the country's Policies, Standards and guidelines for Medical Education which list those courses required by this section as the minimum curricular content for all the country's medical schools. The agency also provided self study documents and site evaluation reports demonstrating the agency's review and its assessment of an institution against these standards.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.3: Clinical Experience, Question 2**

#### **Country Narrative**

Medical schools in the Philippines require 12 full months of clinical experience for their students in their 4th year of study. Facilities where students gain clinical experience represent a variety of settings that are similar to the actual place of medical practice. It includes community-based and ambulatory case facilities as well as in-patient care facility. Evaluation of clinical clerkship is done through written departmental examinations, clinical notations, practical skills & OSCE. Clinical experiences ensure and equip them with knowledge and clinical abilities to enter any field of graduate medical education. Please see pp. 24-28, Exhibit 4, PAASCU Evaluation Instrument for Accrediting Medical Education.

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

As noted in CHED requirements, the fourth year of the medical education program is a full clinical clerkship. CHED requires that clinical instruction be primarily case-based utilizing the problem solving approach and emphasizing direct patient care under the guidance of a preceptor. CHED establishes that a clinical training program be housed in, at least, a secondary care hospital with at least 100 beds and have at least, four major clinical departments functioning- internal medicine, pediatrics, obstetrics and gynecology and surgery. No documentation was provided to assess CHED application of its requirements in this area of a medical school's operation.

PAASU survey instrument states that clinical training facilities are an essential component of the medical education program. The school must implement the major components of its clinical training program in at least a secondary care hospital accredited by PAASCU. The document includes specific student expectations of three types of clinical experiences; community-based health facilities, ambulatory care facilities, and in-patient care facilities. All facilities are to demonstrate adequate student supervision by competent faculty and sufficient logistic support. However, no documentation was provided to verify and illustrate, with specificity, the review conducted by PAASCU of the clinical portion of the curriculum.

## **Country Response**

Section 8 (pp. 62-65) of the De La Salle Catalog has a whole section on the Clinical Clerkship Program which describes the hospitals where students go for training, the organizational chart for training, the objectives of the program, including a table which shows all the clinical departments and the duration of each rotation. The PAASCU Team reviews and validates this document thoroughly together with the school's Self-study report for Area 3: Clinical Training and Service Facilities. In addition to reviewing the documents presented to the accreditors during the visit, the accreditor visits the hospitals and institutions where the students go for training. Interviews are done in the various facilities to verify whether the institution has met the requirements for the clinical experience of students.

Appended to this report is the Self-Study Report for Clinical Training submitted by De La Salle for its Formal on-site visit. The first part of the report contains the previous recommendations of the survey team and indicates the action taken by the school on these recommendations. The accreditors validate compliance with these recommendations. This is followed by the accomplished survey instrument and the school's own best features and recommendations. Since accreditation by PAASCU is evidence-based, the school is required to append documentation to prove that they have complied with standards set by PAASCU. The self-survey report is reviewed by the accreditor for a month. During the actual visit, more documentation is presented by the school to the Team. New recommendations are given during the on-site visit.

Attached are copies of the PAASCU Team Reports for St. Louis University (Exhibit 18) and Xavier University (Exhibit 19) which include recommendations given by the PAASCU teams for the improvement of the clinical training program. The reports contains specific recommendations to improve the clinical experiences of the students.

## **Analyst Remarks to Response**

In response to the draft staff analysis the PAASCU provided site evaluation team reports demonstrating the review and evaluation conducted by PAASCU of the clinical portion of the curriculum.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.3: Clinical Experience, Question 3**

## **Country Narrative**

Organ system is implemented using discipline based and PBL (problem based learning). Curricular innovations and multidisciplinary approaches are also being used.

### **Analyst Remarks to Narrative**

While the country identified the approach to clinical instruction in organ systems, it did not provide any documentation demonstrating its review of the quality of the medical education clinical instruction with respect to organ systems and aspects of acute, chronic, continuing, preventive, and rehabilitative care.

### **Country Response**

The UP College of Medicine's curriculum focuses on Organ System Integration (INTARMED) Exhibit 20. The Cebu Institute of Medicine also uses this approach as explained in the CIM Student Manual, pp. 35-51.

The PAASCU team report for St. Louis University (p.1, pp 6-8) contains recommendations pertaining to the organ system approach.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided supporting documentation including the self study and self study report of De La Salle Medical College of its review and evaluation of the requirements of this section.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.3: Clinical Experience, Question 4**

### **Country Narrative**

Clinical instruction in the Medical schools takes many forms such as ambulatory experiences, emergency room and operating room cases and adopted community experiences. Please see pp. 24-28, Exhibit 4, PAASCU Evaluation Instrument for Accrediting Medical Education.

### **Analyst Remarks to Narrative**

The PAASCU has standards and criteria for evaluating the quality of the clinical experience. Exhibit 12 includes an assessment of the clinical portion of the educational program, however it is a self study conducted by the institution. Therefore, there was not sufficient evidence of PAASCU's application of its clinical standards and criteria in its assessment in the clinical education component of the medical education.

## **Country Response**

The De La Salle Catalogue, Section 8, pp 64-65, explains the Clinical Clerkship Program its objectives, competencies and learning activities undertaken by the clerks. There are also general policies and guidelines set by the school. All schools are required to prepare a Clinical Clerkship Program to ensure that students are equipped with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine. During the on-site visit, the PAASCU Team scrutinizes the program and verifies implementation of the program. Recommendations are then made when the Team discovers gaps or weaknesses in the program.

Every PAASCU Team report has a section which focuses on Clinical Training and recommendations are indicated in this area. Attached are five official PAASCU Team reports which serve as evidence for this subsection. The medical schools and the pages where the recommendations are found are as follows:

University of Santo Tomas, pp. 13-14; St. Louis University, p. 2, pp. 9-11 ; Xavier University, p.2., pp. 11-12; De la Salle, p. 2, pp. 10-12 (Exhibit 21); University of the Philippines, p.2. p.9 (Exhibit 22).

## **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional documentation which includes the site evaluation team report demonstrating its application of its clinical standards and criteria in its assessment in the clinical education component of the medical education.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.3: Clinical Experience, Question 5**

### **Country Narrative**

Each medical student in the out-patient department and emergency room is assigned to directly administer and supervise a patient. This way he/she gains first- hand experience in handling patients. Rotation and return demonstration skills are done.

### **Analyst Remarks to Narrative**

The PAASCU has standards and criteria for evaluating the quality of the clinical experience. Exhibit 12 appears to be an assessment of the clinical experience, but appears to be a self study conducted by the institution, not a PAASCU assessment. Therefore, there was insufficient evidence provided of PAASCU's application of its clinical standards and criteria in its assessment in the clinical

education component of the medical education program.

### **Country Response**

Five PAASCU Team Reports serve as evidences that PAASCU applies its clinical standards and criteria in its assessment of the clinical education component of the medical program. The medical schools and the pages where the recommendations can be found are:

University of Santo Tomas, pp. 13-14; St. Louis University, p. 2, pp. 9-11; Xavier University, p.2., pp. 11-12; De la Salle, p. 2, pp. 10-12; University of the Philippines, p.2, p.9.

### **Analyst Remarks to Response**

In response the draft staff analysis PAASCU provided site evaluation team reports demonstrating the assessment of the clinical experience, and application of its clinical standards and criteria in its assessment in the clinical education component of the medical education program.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.3: Clinical Experience, Question 6**

#### **Country Narrative**

Specific patients having major and common types of diseases are assigned to each student to enable him/her to thoroughly study the cases and learn from them.

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

While PAASCU has criteria for assessing that medical programs provide students with opportunities to conduct a thorough study of a broad scope of medical conditions and services and different patients; it did not provide documentation of its assessment.

#### **Country Response**

The course descriptions for the core clinical subjects found in the De La Salle catalog indicate that exposures are required of the students to undertake a thorough study of selected patients having the major and common types of disease problems. The accreditors verify these practices when they visit the medical schools through actual observation and interviews of the interns.

An area report on Clinical Training submitted by the West Visayas State University in preparation for their preliminary survey visit on November 17-18,

2011 explains thoroughly the Training Program which follows the concepts and principles of primary health care, grounded on intended learning outcomes. Explanations cover Community Based Facilities, Ambulatory Care Facilities and In-Patient Care Facility (Exhibit 25)

The PAASCU Team reviews various documents and checks these against the criteria. Should the Team discover certain weaknesses, recommendations are made which the school should take action on and report compliance in the succeeding visit. Exhibit 10 is the De La Salle Self-Survey Report which was submitted for its Formal on-site visit.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided supporting documentation of its criteria for assessing that medical programs provide students with opportunities to conduct a thorough study of a broad scope of medical conditions and services and different patients. Site evaluation team reports demonstrate its assessment of the requirements of this section.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.4: Supporting Disciplines**

### **Country Narrative**

Varied educational opportunities are available through the basic sciences which are theoretical and the laboratory courses which are experiential and hands-on.

### **Analyst Remarks to Narrative**

The response was not sufficient to ascertain the extent and nature of education provided to students in disciplines that support the clinical subjects. The Department could not assess or verify the information provided.

### **Country Response**

Varied educational opportunities are available through the basic sciences which are theoretical and the laboratory courses which are experiential and hands-on. Teaching strategies include lecturettes, audio-visual presentations, hospital visits, performance and interpretation of laboratory procedures. Attached are course descriptions from pp 13-33 of Exhibit 24 which is the Bulletin of Information of West Visayas State University which describes the extent and nature of the educational experience provided to students.

### **Analyst Remarks to Response**

In response to the staff draft analysis the agency provided some clarification about the extent and nature of education provided to students in disciplines that support the clinical subjects. However, the Department is still unable to verify information that the requirements of this section are part of CHED and PAASCU requirements for accreditation, or how they are assessed during the accreditation process. The NCFMEA may wish to inquire further regarding the supporting disciplines and their review by CHED and/or PAASCU.

Staff Conclusion: Additional Information requested

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### **Subsection 4.5: Ethics, Question 1**

#### **Country Narrative**

Medical ethics and human values are part of the curriculum. Lectures, case discussions, readings, case scenarios and other materials are provided in all year level (4 years).

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

The CHED includes medical ethics in the curriculum requirements; it is unclear how CHED and PAASCU assess that the educational offering in this area (medical ethics) is of sufficient quality. More information is needed.

#### **Country Response**

Pages 48-49 of the De La Salle College of Medicine Catalog shows that Bio-ethics is offered every year as part of the curriculum. The course descriptions explain what is offered in the various subjects. The PAASCU team reviews the syllabi for these courses and goes into the classes to observe how these courses are delivered and assess its effectiveness. Page 49 of the Cebu Institute of Medicine Student Manual indicates clearly that Bio-ethics is offered and includes how student evaluation is done.

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

In response to the draft staff analysis the agency verifies that CHED includes medical ethics in the curriculum requirements; it also verifies that schools require ethics in the medical education program. In the site team evaluation report of the University of the East-Ramon Magsaysay Memorial medical Center, the evaluation team addresses the schools Ethical Review Board.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.5: Ethics, Question 2**

### **Country Narrative**

Each medical school has its own evaluation scheme which includes written examinations, oral examinations, observation sheets on students' behavior and role playing.

### **Analyst Remarks to Narrative**

While PAASCU does have a standard on ethics in research, it is unclear to the Department that PAASCU evaluates that its accredited medical schools monitor and evaluate the success of instruction in medical ethics and human values. More information is needed.

### **Country Response**

The course descriptions found on pages 48-49 of the De La Salle College Catalog and pages 49-50 of the Cebu Institute for Medicine Student Manual includes how monitoring and student evaluation is done through written examinations, small group discussions, participation in group activities, and conferences. The PAASCU team also reviews the syllabi for these courses and goes into the classes to observe how these courses are delivered and assess its effectiveness.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional information clarifying how medical schools classes deliver and assess the success of the instruction in medical ethics and human values. Department staff notes that Legal Medicine, (which includes jurisprudence, medical economics and ethics) is required by CHED in all medical school programs within the country and is a required part of the final exams. However, it is still unclear to the Department that PAASCU evaluates how its accredited medical schools monitor and evaluate the success of instruction in medical ethics and human values. The NCFMEA may wish to inquire further regarding the assessment of ethics instruction.

Staff Conclusion: Additional Information requested

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### **Subsection 4.6: Communication Skills, Question 1**

### **Country Narrative**

In the Philippines, our medium of instruction is English. Varied methodologies such as case reporting, discussions and case presentations in class and in conferences are provided to develop the communication skills of students.

### **Analyst Remarks to Narrative**

The Department could not verify that CHED or PAASCU requires and evaluates whether its accredited medical schools teach communication skills related to a physicians relationship with his or her patients.

### **Country Response**

The following subjects in the INTARMED Curriculum of the UP College of Medicine focus on the development of communication skills as these relate to patient care. The subjects are: IDC 191 - Introduction to Patient Care, Communication III, IDC 192 - Introduction to Patient Care: Awareness of Others, IDC 202 - Art of Medicine 3 - The Making of a Physician.

Clinical Medicine 1 (pp. 40-41) of the CIM Student Manual also focuses on the development of the communication skills and relationships between physicians and their patients. The course descriptions for each of these subjects are described in the catalog. The attachment Module 3 on Communication Skills and Establishing Rapport deals with a similar topic (Exhibit 25).

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation that demonstrates that its medical schools include instruction in communication skills as they relate to a physician's responsibilities and that students are trained in the ability to communicate with patients, other doctors and the community. The agency also requires its site evaluation team members to assess students' communication skills during review and evaluation of compliance with the agency's curriculum and instruction standards. This requirement is outlined in the agency's survey instrument for accreditation visits.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.6: Communication Skills, Question 2**

#### **Country Narrative**

There are course examinations and assessments to monitor this area. Each medical school has its own device and mechanisms to keep strengthening the communication skills of the students and to monitor and evaluate student progress in this area.

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

The Department could not verify that CHED or PAASCU has requirements for and evaluates whether the schools have processes for evaluating the success of its instruction in communication skills.

## **Country Response**

Exhibit 26 is a form used by West Visayas State University to evaluate interpersonal and communication skills, attitude and behavior of students. Exhibit 27 also shows a sample Rating Scale for Interpersonal Behavior of students. Accreditors review these forms when they visit the medical schools.

As seen in the course descriptions, students are also given quizzes, oral and written examinations to evaluate how well they have developed their communication skills. Discussions, case studies, role-playing are done to monitor and assess their communication skills. Module 3 entitled Communication Skills and Rapport also serves as a documentation for this subsection.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation that demonstrates that its medical schools monitor and evaluate progress of their students in communication skills as they relate to a physician's responsibilities. These evaluation methods seem to be specific to the institution and not as a result of any standard or expectation of CHED or PAASCU. As mentioned in the prior section analysis, the agency requires its site evaluation team members to assess students' communication skills during review and evaluation of compliance with the agency's curriculum and instruction standards. This requirement is outlined in the agency's survey instrument for accreditation visits

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 1**

### **Country Narrative**

Article VI, Section 9, pp. 10-11 of CMO 10 requires that the medical school implement an organizational structure that reflects the design of the curriculum in order to efficiently implement the educational program and achieve the objectives of medical education. It is recommended that academic units are organized in such a manner to assure integration of the curricular components. An office of medical education is highly desirable for supervision and coordination of the implementation of the program. Moreover, each medical school should have a committee to oversee the design (objectives, content, teaching/learning strategies and evaluation tools), implementation and evaluation of the curriculum. This group is composed of faculty with formal training and/or experience in medical education matters.

### **Analyst Remarks to Narrative**

CHED establishes that the Dean and the Department Head must periodically review the curriculum and make the necessary recommendations for its improvement. PAASCU standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. However, there was insufficient documentation provided to assess CHED or PAASCU's application of its requirement in this area.

### **Country Response**

Every medical school is required to have a Curriculum Committee that will take charge of the design, implementation and evaluation of its program of study. The minutes of a meeting at De Salle College of Medicine speaks of the need to formalize the Curriculum Committee (Exhibit 28) while Exhibit 29 is a Memorandum from the West Visayas State University containing the names of the Chair and members of the Technical Curriculum Review Committee.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation verifying that PAASCU standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. The agency also provided a self survey report and site evaluation reports demonstrating that CHED and PAASCU's application of its requirement in this area.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 2**

### **Country Narrative**

Yes, each medical school is required to have its own system for evaluating the effectiveness of its curriculum as indicated in Article VI, Section 9, p.11 of CMO 10 A curriculum committee exists in every medical school to ensure continuous curricular review and innovation. The curriculum is evaluated regularly and changes or innovations for improvement are done as it deems necessary.

### **Analyst Remarks to Narrative**

While CHED requires that Department Heads have a responsibility to review periodically or upgrade the curriculum, it is not clear that either CHED or PAASCU have requirements for the conduct of a systematic evaluation of the effectiveness of the curriculum based on student performance outcome data or other internal/external measurements. There was no documentation provided that illustrated or verified any assessment by medical schools or curriculum committees for program effectiveness.

## **Country Response**

The Self-Survey Report on the area of Curriculum and Instruction of De La Salle (Exhibit 19) has a whole section on the design, implementation and evaluation of the curriculum. Pages 8-15 of the same document contains the recommendations of the PAASCU Team pertaining to the curriculum committee. De La Salle submitted the minutes of meetings conducted where the Curriculum Committee discussed policies and guidelines (Exhibit 12).

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency clarifies CHED's requirements that institutions have a responsibility to periodically review and upgrade the curriculum. The agency evaluation instruments require PAASCU site evaluation team members to review whether or not an evaluation of the curriculum by the institution is done regularly. The agency provided a self study survey and site evaluation reports verifying the assessment by medical schools for curriculum effectiveness.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

The role of the faculty is to ensure that the curriculum is properly implemented and regularly evaluated in order to be able to achieve the course objectives in line with the school's vision/mission. The faculty should keep abreast with new developments in medical science to have an updated and living curriculum.

### **Analyst Remarks to Narrative**

CHED establishes that the Dean and the Department Head must periodically review the curriculum and make the necessary recommendations for its improvement. PAASCU standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. However, there was insufficient documentation provided to assess CHED and PAASCU's application of its requirement of faculty involvement in the review of the curriculum process.

### **Country Response**

Page 35 of the De La Salle catalog explicitly states that faculty members are included in the Curriculum Committee. The West Visayas State University Memo Number 44 contains the names of faculty members who are part of the Technical Curriculum Review Committee.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation verifying medical school faculty involvement and participation in the periodic review of the medical school's curriculum. PAASCU standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. The agency provided site evaluation reports and self study survey reports demonstration that CHED and PAASCU's application of its requirement of faculty involvement in the review of the curriculum process.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.7: Design, Implementation, and Evaluation, Question 4**

#### **Country Narrative**

Yes, the CHED sets policies and standards for all schools to follow and mandates the evaluation of the curriculum as indicated in Article VI, Section 9, pp. 10-11 of CMO 10. The institution then creates its own curriculum committee. Each department selects the faculty members who will be part of the curriculum committee. The committee regularly reviews, monitors and evaluates the implementation of the curriculum. For example, at the end of each training module, both the teaching faculty and the students do their evaluation of the just-concluded subject. The results of the evaluation are then submitted to the curriculum committee which analyses these and proposes solutions to address the various concerns.

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

In addition to CHED establishing that the Dean and Department Head conduct a review of the curriculum periodically, PAASCU standards/criteria include requirements that medical schools conduct regular evaluation of the curriculum and include the participation of faculty, students, and other stakeholders in the process. However, there was insufficient documentation provided and staff is unable to assess CHED and PAASCU's application of its standards and criteria regarding the regular evaluation of curriculum in the review of the curriculum.

#### **Country Response**

The Self-Survey report of De La Salle for the area of Curriculum and Instruction (pp. 8-11) is a proof of how PAASCU monitors the implementation of standards pertaining to the design, implementation and evaluation of the curriculum. Recommendations were given to De La Salle pertaining to this subsection and the school took action on the recommendations. The school's action of the creation of a Curriculum Committee is well documented.

## **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided supporting documentation verifying that its medical schools are required to conduct regular evaluation of the curriculum by a centralized body within the institution (Curriculum Committee) that include the participation of faculty, students, and other stakeholders. The agency also provided a self study survey and site team evaluation reports demonstrating the application of its standards and criteria regarding the regular evaluation of curriculum in the review of the curriculum.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 1**

### **Country Narrative**

Section 13, p. 15 of CMO No. 10 outlines the requirements for admission to medical school It states that a student seeking admission to medical schools should be a holder of any baccalaureate degree and must have taken the National Medical Admission Test (NMAT) and obtained a score above the percentile cut-off set the CHED as recommended by the Technical Panel for Medical Education on a yearly basis. Each medical school is expected to meet the general requirements specified by the CHED.

### **Analyst Remarks to Narrative**

CHED establishes a set of admissions requirements that all medical schools must adhere to and the Technical Committee for medical education establishes quotas for admissions for each school as outlined in the narrative. The authority for selecting entrants, within the parameters established by CHED is delegated to each medical school. It is unclear without further documentation, what is the role, if any, of the faculty in the admissions process. While PAASCU has standards and criteria for assessing the quality of the admissions process, it does not require faculty participation in the admissions process. The documentation does not provide sufficient evidence of CHED or PAASCU's application of its standards/criteria in this area as part of the accreditation process.

### **Country Response**

Medical schools set up their own Admissions Committee composed of faculty members. The Committee determines the the criteria for the selection of students. Page 45 of the De La Salle catalog also states that the Admissions Committee is composed of 8 faculty members. Minutes of the meetings of the Admission Committee are attached as Exhibit 30.

In the evaluation instrument of PAASCU, there is an entire section devoted to students. PAASCU indicates the standards and criteria for assessing the quality of the admission process and schools are required to respond to these criteria and submit documentation to meet the requirements. Attached is the self-study of the De La Salle for this area on Students (Exhibit 31).

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation verifying that its accredited institutions are guided by CHED requirements for admission to its medical schools. The agency reports that its admission committees must include faculty members. However, Department staff could not identify any agency standard or expectation if any, of the faculty's role in the admissions process. Faculty involvement in US medical school admissions is a standard activity. The NCFMEA may want to inquire further regarding the participation of faculty in medical school admissions.

Staff Conclusion: Additional Information requested

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

Medical schools in the Philippines are allowed to establish their own standards for catalogues, publications and other advertising materials to promote its educational programs as long as these comply with CHED regulations pertaining to this matter.

### **Analyst Remarks to Narrative**

The Department was not able to verify that CHED or PAASCU have any guidelines for assessing medical school catalogs, publications, or advertising material.

### **Country Response**

Schools applying for accreditation submit Catalogues, Student Handbooks, Brochures and other publications and the accreditors review these documents to ensure that what is written therein is accurate and consistent with the policies and practices in the institution. Attached are samples of the catalogs of the De La Salle College Catalog, the Cebu Institute of Medicine Manual and the West Visayas State University Bulletin of Information.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation of its evaluation of student services and a school catalog. The agency reports that it reviews these documents to ensure that what is written therein is accurate and consistent with the policies and practices in the institution. However, Department staff could not identify any standards or expectations for assessing medical school catalogs, publications, or advertising material. The NCFMEA may wish to inquire further on PAASCU's review of these types of materials and their impact on the accreditation decision.

Staff Conclusion: Additional Information requested

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

Yes, students have access to their respective academic records. As provided for in Exhibit 7: Batas Pambansa 232, otherwise known as the "Education Act of 1982", medical schools must release the diploma, transcript of records and all other credentials upon request of a student within thirty (30) days after completion of all requirements for graduation

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

The country's polices and laws require that students have access to all their academic records. Specifically, the Education Act of 1982, Section 9. Right of Students in School states, "In addition to other rights, and subject to the limitation prescribed by law and regulations, and student and pupils in all schools shall enjoy the following rights: ...4. The right of access to his own school records, the confidentiality of which the school shall maintain and preserve." There was no documentation provided that illustrated or verified any assessment by CHED or PAASCU of institutions adherence to this requirement.

#### **Country Response**

This is covered by a law so it is mandated that students have access to their academic records. The Catalogs and Brochures mention the process of getting their transcripts. Some schools already have automated systems where students can gain access to their grades by logging into the system.

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

In response to the draft staff analysis the agency provided clarification on CHED requirements that students have access to all their academic records. Specifically, the Education Act of 1982. The agency also addresses this requirement in their Policies, Standards and Guidelines for Medical Education.

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

The Education Act of 1982 provides that a student shall have the right to access to his own records, the confidentiality of which the school shall maintain and preserve. These rights are individual rights, which means that they are rights conferred by law upon the student only. The CMOs Nos 10 and 40 (Exhibits 1 and 4) also contains provisions for access and confidentiality of student records.

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

The country provided a copy of its Education Act of 1982 which specifically prescribes a process in which its medical schools establish a process for students to access their academic records. PAASCU has standards for administration of the medical program that requires that the school have policies and procedures to protect the confidentiality of student records. However, PAASCU's application of this requirement in the assessment of a school for accreditation is not evident.

#### **Country Response**

The Education Act of 1982 provides that a student shall have the right to access to his own records, the confidentiality of which the school shall maintain and preserve. These rights are individual rights, which means that they are rights conferred by law upon the student only. CMO Nos 10 contains provisions for access and confidentiality of student records

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

In response to the draft staff analysis the agency clarified its Education Act of 1982 which specifically prescribes the way in which its medical schools establish a process for students to access their academic records. PAASCU has standards for administration of the medical program that require that the school have policies and procedures to protect the confidentiality of student records.. The NCFMEA may wish to inquire further on the country's monitoring of compliance with the law pertaining to confidentiality of student records.

Staff Conclusion: Additional Information requested

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### **Subsection 5.2: Student Achievement, Question 1**

#### **Country Narrative**

Exhibit 5 - Article XXII of the Manual of Regulations for Private Higher Education of 2008 states that the grading system of any higher education institution shall be based on existing institutional academic policies. The final grade or rating given to a student should be based solely on his scholastic performance in any subject/course. This means therefore that institutions in the country are given the freedom to evaluate student achievement.

### **Analyst Remarks to Narrative**

Review of the PASSCU narrative and supporting documentation suggest that while institutions are required to have grading systems, institutions are free to establish the grading scale. PAASCU's standards and criteria for student evaluation focus on an institution having policies regarding student evaluation that includes periodic evaluations that are both formative and summative, they are applied fairly and consistently on all students, and that there is effective communication to students regarding their academic progress. However, there is no documentation of PASSCUs' application of these requirements in its accreditation assessment of a medical school.

### **Country Response**

The Student Manuals and Catalogs contain information about academic policies and the grading system. Every student is given a copy of the student manual or handbook. The CIM Student Manual contains the grading system on pp. 13-16 while the De La Salle Catalog has the information on pp. 43-46. During the visit, the accreditors are able to assess compliance with the requirements regarding student achievement. Some of the Team Reports contain recommendations about this criterion.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation verifying that PAASCU has standards and criteria for student evaluation, and that the agency evaluates its institutions for compliance with its requirements. The agency also provided a self study survey and site evaluation team report demonstrating its application of these requirements in its accreditation assessment of a medical school.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.2: Student Achievement, Question 2**

### **Country Narrative**

Yes, medical schools are free to establish their own methods of evaluating student achievement. The medical school provides its own systematic plan of evaluation of student progress through a grading system, consistent and congruent with the educational objectives set by the medical school. Methods of formative and summative assessments include examinations (written, practical, oral, clinical, etc.), term papers, research projects, field activities and others. Institutional policies are made known to medical students to serve as their guide in preparing for their courses.

### **Analyst Remarks to Narrative**

The agency's policies (Exhibit 1) and PAASCU's evaluation instrument (Exhibit 4) demonstrate that the country allows its institutions to establish their own systems for evaluating student achievement. However, there is no evidence that/how PAASCU is assessing its requirements in its accreditation review.

### **Country Response**

Schools applying for accreditation have to submit a Student Handbook or Catalog which contains the explanation of their grading system. The accreditors review the grading system in the light of the agency's norms and standards. The grading systems of the following schools are found in their manuals or catalogs: CIM - pp. 13-16; and De La Salle - on page 43-46.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency clarifies the process of allowing its institutions to establish their own systems for evaluating student achievement. It cites those documents from the schools where they explain the student achievement process and includes self study surveys and evaluation team reports demonstrating how PAASCU is assessing its requirements in its accreditation reviews.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.2: Student Achievement, Question 3**

### **Country Narrative**

In the Philippines, there is a licensure board examination for Medicine which the medical school students must successfully hurdle before they can engage in the practice of medicine. The Professional Regulation Commission is the national government agency charged with the regulation and supervision of the professions. The tests are conducted by this entity and they take care of collecting, analyzing and disseminating the results of the licensure examinations. The results of the Board examinations are also now posted on the CHED website. PAASCU has an existing policy which states that a school that is

seeking accreditation should have a track record which shows that the performance of its graduates has been at par with or above the national passing average for a period of three to five years. A school that does not comply with this policy cannot be granted accreditation.

### **Analyst Remarks to Narrative**

Review of the documents suggests that CHED does not establish minimum student performance outcome standards; however, CHED does collect and publish licensure pass rate data. PAASCU has established a licensure exam pass rate threshold that it applies in the accreditation decision-making process. PAASCU's existing policy states that a school that is seeking accreditation should have a track record which shows that the performance of its graduates has been at par with or above the national passing average for a period of three to five years. However, there is no evidence of licensure pass rate data in any of the accreditation materials provided nor any documentation of PAASCU's application of its requirement in the accreditation review and decision-making process.

### **Country Response**

Exhibit 32 pertaining to the minutes of the 2008 PAASCU Board meeting record the decision that the De La Salle College of Medicine is eligible to apply for a formal survey visit only after it has improved its passing rates in the national licensure examinations for Physicians. Only schools which are above the national passing rate can be accredited by PAASCU.

The Consultancy Visit Report to De La Salle College also records the decision of the team not to grant accreditation until this requirement has been met (Exhibit 33).

It might be interesting to include in this section a research initiated by the Foundation for Advancement of International Medical Education and Research (FAIMER) on the Accreditation of Medical Education Programs in Mexico and the Philippines: Impact on Student Outcomes which was conducted last year (Exhibit 34). The results of the study showed that "for the sample that took at least one USMLE exam, first attempt passing rates on all USMLE exams were generally higher for individuals attending accredited schools, although there were differences in pass rates among the exams and between the two countries. The distinction was greatest for USMLE Step 1, where attending an accredited school was associated with a 15% increase in first attempt passing rates for Mexican citizens and 23% for Philippine citizens. For the sample that took all three exams, attending an accredited medical school was also associated with increased success of obtaining ECFMG certification for the Philippine cohort". The study concluded by saying "that the findings support the value and usefulness of accreditation in Mexico and the Philippines by linking these activities to improved student outcomes".

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided documentation demonstrating it reviews and evaluates student outcomes and exam pass rate data provided by the institution.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.3: Student Services**

### **Country Narrative**

There is a whole section in Exhibit 4 which is Evaluation Instrument for Accrediting Medical Schools which is entitled Students. This area covers support services offered to students so they are properly advised and counseled as to the directions they are supposed to take and the timetables to meet. Each school is expected to have a functional academic advising system, as well as grievance mechanism for medical students; a competent referral system to deal with the necessary services for all kinds of issues and problems; opportunities for financial assistance; satisfactory support for student organizations and available services such as guidance, dental, medical and others.

### **Analyst Remarks to Narrative**

PASSCU has standards and criteria regarding student support services. Each school is expected to have a functional academic advising system, as well as grievance mechanism for medical students; a competent referral system to deal with the necessary services for all kinds of issues and problems; opportunities for financial assistance; satisfactory support for student organizations and available services such as guidance, dental, medical and others.. However, no evidence of how the agency defines its expectation for those student services is provided nor is there any evidence of the assessment of student services in the accreditation review and decision-making process.

### **Country Response**

The Self-Survey Report for Students has a special section on p. S-8 which shows how La Salle College meets the standards set by PAASCU. The Narrative Report from pages 17-23 explains the various student services offered. The CIM Manual p. 28 mentions the health services, e.g. dental and medical and others which are offered to students. The accreditors review the documents presented and include recommendations for Student Services in instances where the standards are not met.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional documentation of its student services standards. The agency clarifies some of the student services offered by its medical schools and how the institutions provided this information to PASSCU. The agency provided its survey instrument that addresses what student services documentation the site evaluation team members need to verify. The agency also provided a self study survey and site evaluation team report which demonstrate that it assesses student services in the accreditation review and decision-making process.

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.4: Student Complaints, Question 1**

#### **Country Narrative**

Every higher education institution shall have the right to promulgate reasonable norms, rules and regulations it may deem necessary and consistent with the maintenance of school discipline. These norms, rules and regulations are found in Student Handbooks which every school is required to have. The procedures for filing complaints are also outlined in the Student Handbook. A copy of the Student Handbook is submitted to the accrediting agency, together with school's self-study report. The accreditors review the contents of the handbook and verify compliance with procedures through interviews with students and perusal of documents pertaining to student complaints. Exhibit 9 is an example of a student handbook.

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

PAASCU has a standard/criterion requiring institutions to have grievance mechanisms in place. However, it is not clear how this criterion is applied to institutions nor is there evidence of its inclusion in the accreditation review process. More information is needed.

#### **Country Response**

Pages 78-79 of the De La Salle catalog outlines the grievance procedure that the school has in place for filing, investigating and resolving complaints from students.

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

In response to the draft staff analysis PAASCU provided additional information and documentation clarifying its requirements that its accredited medical schools have grievance mechanisms in place. The agency also provided self study reports and site evaluation team reports demonstrating its application of this requirement in the accreditation review process.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.4: Student Complaints, Question 2**

### **Country Narrative**

During the on-site visit, the procedures for filing complaints by the students and the school's actions towards these are verified by the accrediting team through individual and group interviews with students.

### **Analyst Remarks to Narrative**

While PAASCU does require that its accredited medical schools have in place a grievance system in which its students may address any issues or problems with the institution, there is no evidence that PAASCU has a policy or procedures in place to accept complaints from students regarding an institution or that any other mechanism is provided to students that may enable students to refer complaints to a higher government entity for review and adjudication as is common practice in US accreditation.

### **Country Response**

During the interview with students which happen on the second day of the visit, the accreditors are able to listen to students and their concerns. Very often recommendations are made to address these concerns. Examples of these are found in the UE PAASCU Team Report, pp. 3 and 15 (Exhibit 35) and UST's Team Report, pp. 3 and 18.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional supporting documentation of its required grievance system within its accredited medical schools and that it meets with students during site reviews to hear their concerns. . The agency also provided site evaluation reports demonstrating that it evaluates student grievance procedures in the evaluation and accreditation process. However, there is no evidence that PAASCU has a policy or procedures in place for it to accept formal complaints from students regarding an institution or that any other mechanism is provided to students that may enable students to refer complaints to a higher government entity for review and adjudication as is common practice in US accreditation. The NCFMEA may wish to inquire further regarding the agency's thoughts on affording students the opportunity to address complaints against the institutions to PAASCU itself or to CHED.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 3**

#### **Country Narrative**

It is the Commission on Higher Education that has a written procedure for investigating student complaints. Page 7931 of the Manual of Regulation for Private Higher Education Institutions states that it is the CHED's role to resolve all conflicts in the academic community and establish an effective system for the resolution of disputes.

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

It is not clear that the reference cited in the narrative applies to student complaints. The Department staff could not verify that the language of the regulation identifying CHED's role in adjudicating complaints against private institutions of higher education also applies to public institutions and particularly to student complaints. No additional CHED procedures or other documentation are provided to clarify and inform the response.

#### **Country Response**

It is the Commission on Higher Education that has a written procedure for investigating student complaints. Page 7931 of the Manual of Regulation for Higher Education Institutions states that it is the CHED's role to resolve all conflicts in the academic community and establish an effective system for the resolution of disputes. Both public and private schools are covered by this regulation.

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

In the response to the draft staff analysis the agency reiterated its initial report that CHED is responsible for adjudicating student complaints. However, the Department could not clearly identify CHED's role in adjudicating complaints against the country's medical schools by the school's students. The NCFMEA may wish to inquire further to clarify CHED and PAASCU's role in receiving and adjudicating student complaints against the country's medical schools.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 4**

#### **Country Narrative**

During the panel interviews with the students and the accrediting team, the students speak up and inform the accreditors about some of their complaints, e.g. lack of computers, more current books in the library, availability of housing on campus, need for more consultation hours, etc. The accreditors write these up in their reports as recommendations to see to it that these issues are addressed.

### **Analyst Remarks to Narrative**

While the narrative lists the types of complaints made by students during the on-site review, it did not provide any documentation verifying the application and documentation of this process or any evidence that PAASCU assesses an institution on its record of student complaints in the accreditation review process.

### **Country Response**

We have not received any complaints the past year.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency reports that it has not had the opportunity to receive or review any complaints from medical students in the past year.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.4: Student Complaints, Question 5**

### **Country Narrative**

The accreditors review the record of student complaints and evaluates the effectiveness of the procedures used, including the time frame within which the school addresses these complaints. The recommendations made by the team in the various areas, e.g. Curriculum and Instruction or Student Services are monitored through progress reports submitted by the medical school to the accrediting agency.

### **Analyst Remarks to Narrative**

While the country explained the process PAASCU uses in monitoring an institution's timely resolution of complaints, it did not provide any documentation of the agency's monitoring of the process or evidence of its consideration of an institution's record of student complaints in the reaccreditation process

### **Country Response**

The accreditors review the record of student complaints and evaluates the effectiveness of the procedures used, including the time frame within which the school addresses these complaints. If the matter is serious, a recommendation will be made. The school is expected to address this issue in the next visit or if it is a matter of grave concern, the school may be asked to submit a progress report.

### **Analyst Remarks to Response**

In response to the draft staff analysis the country provided some specific scenarios for reviewing student complaints. However, the Department was unable to identify any agency processes or evidence that the agency reviews its institution's record of student complaints in the reaccreditation process. The NCFMEA may wish to inquire further regarding PAASCU's assessment of student complaints in its accreditation, reevaluation, and/or monitoring of its medical schools.

Staff Conclusion: Additional Information requested

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### **Subsection 6.1: Finances, Question 1**

#### **Country Narrative**

Privately owned medical schools are operated through tuition fees and miscellaneous expenses collected from students. The CHED has oversight on financial matters and the Securities and Exchange Commission is the government regulatory body which requires all institutions to submit annual audited Financial Statements.

During an on-site visit the accrediting team requires to school to submit copies of its audited financial statement for the last 3-5 years. These documents are analyzed and reviewed by the Team Chair to ensure there is fiscal responsibility and accountability on the part of the medical school.

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

While the narrative provides a brief statement on financing, the CHED documents do not address institutional financing. PAASCU does have standards and quality criteria regarding financial management, that include the clear delineation of business functions, the qualifications of the financial managers, preparation of the budget, and the expectation of effective financial management in carrying out the educational objectives. However, it is not clear how these expectations are defined in qualitative terms and applied to institutions nor is there documented evidence of their inclusion in the accreditation review process.

## **Country Response**

Attached is Exhibit 36 which contains some recommendations about budget preparation and budget performance reports while Exhibit 37 is a budget from De La Salle College that was submitted to the PAASCU team to show that the College of Medicine prepares its own budget.

## **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional supporting documentation of its review and evaluation of medical schools financial management operations. The agency demonstrates that it reviews financial documents and financial management procedures required by its Policies, Standards and Guidelines. Site evaluation team members evaluate the institutions budgeting, accounting process, auditing, requisitions and purchase of supplies and the preparation of financial reports. The agency provided self study reports and site evaluating team reports that also verify the agency's application of this requirement.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.1: Finances, Question 2**

### **Country Narrative**

There are certain guidelines to follow when it comes to the size and scope of the educational program. CMO No. 10 contains all these guidelines, policies and standards.

### **Analyst Remarks to Narrative**

CHED policies outline the minimum requirements (size/scope) for establishment and operation of a medical school. For example, a clinical program must be located in a secondary care hospital with a minimum capacity of 100 beds, for every 100 students in the clinical program there must be at least 3 specialty-board certified faculty members in each of the four major clinical departments. There is no evidence of how a review of these requirements is included in the accreditation review process.

### **Country Response**

All schools that are visited by PAASCU Teams are required to submit this information. In most cases, this information is included in the Catalog or Bulletin of Information. See Section 8, p. 62 of the De La Salle Catalog. The team reviews these documents to verify whether the CHED minimum requirements are met. In instances when the CHED minimum requirements are not met, accreditation cannot be granted. The case of St. Louis University (SLU) is an

example.

The CHED requires that at least one faculty member be full-time in each department. At the time of the visit in March 2011, the PAASCU Team discovered that only the Dean was full-time. Page 3 of the Chair's Report of SLU states that accreditation cannot be granted due to non-compliance with a CHED minimum requirement. The SLU Medical school was not granted accreditation. Minutes of the PAASCU Board meeting attest to this.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation verifying how the agency reviews and determines compliance with this section. A completed self study report from De La Salle College of Medicine which is included in the petition provides evidence of the schools self analysis. The report of compliance and various site evaluation team reports provided by the agency demonstrate how PAASCU reviews and evaluates CHED policies outlining the minimum requirements (size/scope) for establishment and operation of a medical school and its programs.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.2: Facilities, Question 1**

#### **Country Narrative**

Section 12, pp 14-15 of CMO 10 entitled Facilities and Equipment outlines all the requirements needed for a medical school. It states that the medical school shall have adequate physical plant and other resources to support the various educational activities. It shall have not only classrooms but also adequate laboratory spaces for the conduct of basic laboratory exercises. The laboratory should have the necessary instruments and equipment to support the instructional needs of the students.

The teaching-learning activities shall be held in variety of appropriate settings. These shall include adequately lighted, ventilated and equipped classrooms and laboratories, ambulatory care clinics, hospital wards and other units, community and family settings, etc. Overcrowding in the classroom, laboratory and other venues for instruction, needless to say, is not conducive to learning, and must not be allowed. For practicum in the clinical departments and Community and Family Medicine, the setting shall be as similar as possible to actual intended future places of practice.

Audio visual equipment and software should also be provided. The medical school should also have a skills laboratory.

## **Analyst Remarks to Narrative**

The CHED has identified facilities and equipment requirements it expects of an authorized medical school. PAASCU also has standards/criteria for library and clinical facilities. However, it is not clear that the CHED and PAASCU standards include the criteria (ii) and particularly (iii). Further, there is no evidence provided that demonstrates the application of CHED and PAASCU facility standards in the accreditation review process.

## **Country Response**

Exhibit 38 is the Self-Study Report of De La Salle on Facilities.(pp.1-33) which includes a comprehensive coverage of criteria ii and iii. In the PAASCU Team Report, a special section is devoted to Facilities and recommendations are always given to address issues in this area. Documentation for this subsection include the following: De La Salle, p. 3 and p. 23; St. Louis University, p.2 and 3, pp. 22-24; UST, p. 4, pp. 23-25.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation of its review and evaluation of the requirements of this section. The evaluation documentation provided demonstrates that CHED and PAASCU have specific facilities and equipment requirements it expects of an authorized medical school, and that it reviews and evaluates its medical schools for compliance with these requirements during the accreditation process. The agency also provided documentation demonstrating its review and evaluation of the medical school biomedical programs. However, the Department could not identify an agency standard or expectation for criteria (iii), " facilities for the humane care of animals when animals are used in teaching and research". The NCFMEA may wish to request that the country provided additional clarification on the requirement for the humane care of animals when animals are used in teaching and research

Staff Conclusion: Additional Information requested

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## **Subsection 6.2: Facilities, Question 2**

### **Country Narrative**

In the Evaluation Instrument for Accrediting Medical Schools, a whole section is devoted to Facilities. A school applying for accreditation fills out the forms in the process of conducting the self-study and submits the report to the accrediting agency. During the on-site visit, an accreditor takes charge of the area on Facilities and conducts an ocular visit of all facilities to determine whether the school complies with the requirements. In instances where improvements have to be done, recommendations are given by the visiting team which should be

attended to by the institution.

### **Analyst Remarks to Narrative**

The CHED has identified facilities and equipment requirements it expects of an authorized medical school. PAASCU also has standards/criteria for library and clinical facilities. However, it is not clear that these criteria are applied to institutions nor is there evidence of their inclusion in the accreditation review process.

### **Country Response**

The PAASCU Team Reports contain separate sections for the Library, Clinical Facilities and Other Resources. The medical schools are required to submit their Self-Survey Reports for these areas as seen in the preceding sections. The Library is considered a separate section. Attached is the Self-Survey Report for the Library Area (Exhibit 39). The accreditors review the Area Reports submitted to them and make the determination whether the standards are met.

Documentation for this subsection include the following: CIM Report, p. 3 and pp.23-26; De La Salle, p. 3 and p. 23; St. Louis University, p.2 and 3, pp. 22-24; UST, p. 4, pp. 23-25, University of the East, p.3, pp. 16-17, pp 20-21.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency clarified its process for the review of its facilities and equipment requirements including library facilities and clinical facilities. The agency's petition contains self evaluation studies of library facilities (included as support documentation for this section) and clinical facilities. The agency also provided site evaluation team reports demonstrating it review and evaluation these criteria in the accreditation review process.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.3: Faculty, Question 1**

#### **Country Narrative**

Section 14, p. 17 entitled Instructional Standards of CMO No. 10, indicates the faculty-student ratio for the following: For every 100 students, there must be at least 3 specialty-board certified faculty members in each of the four major clinical departments. For lecture classes the ratio is 1:100; for laboratory sessions - 1:25, small group tutorials or preceptorships - 1:10.

### **Analyst Remarks to Narrative**

CHED establishes the student to faculty ratio of its medical schools in proportion to its mission. However, there is no evidence of any review for adherence with the requirement during the accreditation review and decision process.

### **Country Response**

Every medical school is required to submit a Catalog/Manual or Bulletin which contains a list of the current faculty members. In addition, schools submit the Self-Survey report for Faculty (Exhibit 40) which contains data on the number of faculty members in the various departments. During the visit, the accreditors verify the data submitted and should it happen that the minimum standards for Faculty are not met, accreditation cannot be granted.

The case of St. Louis University is an example here. The CHED requires that at least one faculty member be full-time in each department. At the time of the visit in March 2011, the PAASCU Team discovered that only the Dean was full-time. Page 3 of the Chair's Report of SLU states that accreditation cannot be granted due to non-compliance with a CHED minimum requirement. The SLU Medical school was not granted accreditation.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation including self study reports and site evaluation team reports on faculty qualifications, size and ethical responsibilities demonstrating its review and evaluation of the requirements of this section.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.3: Faculty, Question 2**

#### **Country Narrative**

The minimum requirements needed to be appointed as faculty in a medical school are indicated in Section 10, pp 12-13 entitled Faculty of CMO No. 10. The minimum qualifications for the position of Instructor are: a licensed Doctor of Medicine or a graduate of a relevant or related discipline with at least a Master's Degree; Assistant Professor – at least three years successful tenure as Instructor; ; Associate Professor – at least three years successful tenure as Assistant Professor or an equivalent training and experience and must be a co-author of at least one publication in a peer reviewed scientific journal; Full Professor – at least three years successful tenure as Associate Professor or an equivalent training and experience and must have shown outstanding achievement in scholastic and research as evidenced by being author of at least three scientific papers published in a peer reviewed scientific journal or book.

The appointment of a faculty member at any level of the abovementioned

academic risks may be without passing through antecedent ranks if warranted/justified by the applicant's training, productivity including research publications, demonstrated ability, maturity or eminence in the particular field of study without violating existing rules and regulations of the medical school.

### **Analyst Remarks to Narrative**

Both CHED and PAASCU have standards and criteria regarding faculty qualifications. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

### **Country Response**

Every medical school is required to submit a Catalog/Manual or Bulletin which contains a list of the current faculty members and their qualifications. In addition, schools submit the Self-Survey report for Faculty(Exhibit 40) which contains data on the qualifications of the faculty. During the visit, the accreditor in charge of Faculty reviews the transcript and credentials of each faculty member. All data submitted pertaining to the faculty members are verified and recommendations are given to improve this area. Team reports of the following schools are appended as documentation - UST, p.3 and pp. 6-8. UE, p. 2, pp.5-6, and XU ppp. 1-2 and pp. 5-7.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation of its review and evaluation of CHED and PAASCU standards and criteria regarding faculty qualifications. The agency site evaluation reports document the agency application of this requirement in the accreditation process.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.3: Faculty, Question 3**

### **Country Narrative**

Conflict of interest by the faculty between personal and professional interests are prevented through a stringent selection process. Many people are consulted during the selection process and the procedures are airtight to ensure that conflict of interest issues are avoided. Every school has a Faculty Manual which contains the ethical norms for faculty to observe and sanctions for erring faculty members after due process are also included in the Faculty Manual which is prepared by a committee in consultation with the faculty members.

### **Analyst Remarks to Narrative**

The narrative describes how conflict of interest is prevented within the faculty. However, PAASCU did not provide any documentation demonstrating that it has written requirements guarding against conflict of interest among its medical school faculty.

### **Country Response**

Conflict of interest by the faculty between personal and professional interests are prevented through a stringent selection process. Many people are consulted during the selection process and the procedures are airtight to ensure that conflict of interest issues are avoided. Every school has a Faculty Manual which contains the ethical norms for faculty to observe. Exhibit 41 is the FEU Faculty Manual.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided a faculty manual that reflects the school's expectations of medical school faculty regarding ethical behavior.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.4: Library**

### **Country Narrative**

Section 11, p. 14 on Library Resources of CMO No. 10, mention the standards related to the quality of a medical school's library. It states the library should be administered and operated by qualified, competent librarians assisted by trained support personnel, adequate in number. The medical school library should have journals, textbooks and other reference materials adequate to meet the curriculum and research needs of its students and faculty. Computer based reference systems shall be provided and Internet access made available.

The Evaluation Instrument for Accrediting Medical Schools also has a separate section devoted to the area of Library which contains the standards related to the quality of the medical school's library.

### **Analyst Remarks to Narrative**

Both CHED and PAASCU have standards and criteria regarding library resources. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

### **Country Response**

The Self-Survey report of De La Salle on the Library area serves as the documentation for this subsection. The PAASCU Team Reports contain the results of the on-site visit. There is a separate section on the Library which includes recommendations which focus on compliance with standards related to the quality of the medical school's library. Documentation for this area include the PAASCU Team Reports for De La Salle, pp. 18-20, XU, pp. 16-18, UST, pp. 19-20 and UE, pp. 13-15.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation of its review and evaluation of both CHED and PAASCU standards and criteria regarding library resources. The agency provided site evaluation team reports demonstrating the application of these requirements during the accreditation review process.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.5: Clinical Teaching Facilities, Question 1**

### **Country Narrative**

Yes, affiliation agreements between medical schools and clinical teaching sites are required. These affiliation agreements are approved by the Board of Trustees. Section 14, p. 17 of CMO 10 states that "to provide for more clinical materials, other duly accredited hospitals formally affiliated with the medical school may be utilized. However, the clinical program in such affiliated hospitals must conform with the course objectives set forth by the medical school. The medical school shall be responsible for planning, controlling, monitoring/evaluation of the students therein.

### **Analyst Remarks to Narrative**

CHED establishes the requirement regarding affiliation agreements; PAASCU has no requirements regarding affiliation agreements. There is no evidence of review of affiliation agreements as a part of the accreditation review process.

### **Country Response**

Schools are required to show the affiliation agreements to the accreditors during the visit itself. The accreditors review the affiliation agreements and do ocular inspection of clinical training sites and interview the people concerned. If some weaknesses are noted, recommendations are made and written out in the Team Reports for Clinical Training and Services.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency describes its review of affiliation agreements during the evaluation process. It provided documentation demonstrating that it reviews and evaluates the schools clinical teaching facilities, however, there is no evidence of review of affiliation agreements as a part of the accreditation review process. This is an area that is typically reviewed by U.S. accrediting agencies. The NCFMEA may wish to inquire further regarding the agency's requirements and evaluation of these CHED requirements.

Staff Conclusion: Additional Information requested

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## **Subsection 6.5: Clinical Teaching Facilities, Question 2**

### **Country Narrative**

Section 9, p. 11, of CMO 10 states that "Heads of clinical departments or units should also head the corresponding clinical department/services in its own teaching/affiliated hospital and supervise the staff and student activities in the corresponding services of affiliated hospitals. Furthermore, Section 14, p. 18 of CMO 10, mandates that "Faculty members or clinical coordinators shall be assigned to supervise the clinical clerks." Faculty members or clinical coordinators shall be assigned to supervise the clinical clerks. In obstetrics, for example, it is required that at least ten (10) maternity cases shall be followed through to delivery by each clinical clerk who must have actual charge of these cases under the supervision of a clinical preceptor.

In addition, the PAASCU Evaluation Instrument for Accrediting Medical Schools has a special section on Clinical Training/Service Facilities. The standards for the clinical training sites are outlined from pp. 24-28.

### **Analyst Remarks to Narrative**

Both CHED and PAASCU have standards and criteria regarding clinical training resources. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

### **Country Response**

The PAASCU Team Reports include a section on Clinical Training and Service Facilities and recommendations are made when the school does not meet the standards required for clinical teaching facilities. Documentation for this subsection are the PAASCU Team Reports for CIM, p.2, pp.10-11 (Exhibit 42) and UE, p. 2 and pp. 10-12.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional documentation demonstrating that it reviews and evaluates a schools compliance with both CHED and PAASCU standards and criteria regarding clinical teaching facilities. The agency site evaluation team report provides evidence of the application of these requirements during the accreditation review process.

Staff Conclusion: Comprehensive response provided

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

#### **Section 1: Site Visit, Question 1**

##### **Country Narrative**

PAASCU conducts a two-day site visit to the medical school prior to granting it accreditation. The evaluation of a medical school covers eight areas, namely: Faculty; Curriculum and Instruction; Clinical Training/Service Facilities; Research; Students; Library; Administration; and Physical Plant and Other Resources. The visit includes a comprehensive review of the school's admission's process, its curriculum, its faculty, the achievement of its students and graduates, the facilities and the support services available to the students.

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

This section requests information and evidence of PAASCU's policies, procedures and evidence of its conduct of on-site reviews as part of the accreditation review and decision-making process. While the narrative provides some brief description of a site visit it is not sufficiently comprehensive to assess its similarity to US accreditation. The excerpts from self studies do not address the information requested regarding site visits. The site team report from an institution not under the jurisdiction of the Philippines is not valid for assessing PAASCU's evaluation of Philippine medical schools, as it is not exemplary of traditional medical education as offered at Philippine schools resident medical schools.

No assessment can be made from the information provided.

##### **Country Response**

The site visit reports of seven medical schools show how extensive are the site visits undertaken by PAASCU. The evaluation of each medical school covers in depth the standards and requirements in eight areas, namely Faculty, Curriculum and Instruction, Clinical Training/Service Facilities, Research, Students, Library, Administration, and Facilities and Other Resources. Best Features and Recommendations are given for each of these areas, including a follow-up of the action taken by the school on previous recommendations. The visit includes a

comprehensive review of the school's admission process, its curriculum, clinical training, its faculty, the achievement of its students and graduates, the facilities and the support services available to the students. The reports of the following schools are appended as documentation for this section: University of the Philippines, University of the East, University of Santo Tomas, Cebu Institute of Medicine, De La Salle University, St. Louis University and Xavier University.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided specific documentation addressing the Department's concerns and verifying that the agency policies, procedures and evidence of its conduct of on-site reviews as part of the accreditation review and decision-making process are sufficiently comprehensive to assess its similarity to US accreditation.

Staff Conclusion: Comprehensive response provided

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### **Section 1: Site Visit, Question 2**

#### **Country Narrative**

Yes, the on-site reviews include both the main and branch campuses, the training hospital, clinical training sites, and the community where students stay for sometime. The PAASCU Evaluation Instrument requires that the school in its self-study include both the main campus and its satellite campuses, if any. The Section on Clinical Training covers all the sites, including those sites affiliated with the medical school. Ocular inspection is done by the accreditor assigned to the area and documentary evidence is required from the school.

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

While it is understood that a function of the site team may be to validate the information of the self study, it remains unclear what is the nature of the assessment the site team does against the PAASCU and CHED standards and requirements to verify that the information is accurate and reflects the quality expected by PAASCU for granting accreditation and how that assessment is documented by the site team . For example, do site team evaluators complete worksheets describing how the institution meets or does not meet accreditation requirements? More specific information and more comprehensive documentation is needed to assess its similarity to US accreditation which is a thoroughly documented process.

#### **Country Response**

Exhibit 43 on How to Use the Evaluation Instrument gives the guidelines for using the Instrument for Accrediting Medical Schools. The Instrument comes in three parts. Part 1 is the Basis of Evaluation, which serves as the Introduction. Part 2 is the Survey Form. Part 3 is the Appendix containing exhibits and other supporting documentary materials.

Part 1 explains the concept of each survey area, e.g Faculty, Curriculum, Clinical Training, etc. It lays down in essay form the criteria for evaluating the medical school's characteristics, the traits of excellence and the levels of performance, which are to be observed and rated. The accreditor is expected to rate the school on the basis of whether it satisfies the criteria and the extent of compliance or implementation.

Part 2 is the form which the accreditor uses as worksheet to assess the different areas. Each area is subdivided into sections. Both area and section are assigned weights which indicate their relative importance in relation to the total evaluation. The weights are shown in the instrument.

Part 2 also consists of a series of statements delineating traits or conditions which pertain to the aspect being evaluated. Each statement will be scored in a scale of 1 to 5, with 1 being the least desirable condition and 5 the most desirable. A rating of 3 is considered "good" and therefore passing for accreditation purposes. The letter M indicates that the provision is missing but needed. The term "Does not apply" (0) rating is also used when necessary.

The accreditor must rate all statements without exception. Failure to do so may distort the statistical perspective of the evaluation. The scale of 1 to 5 has been adopted for statistical convenience; that is, computation work. The range is used both for weighing the area and section as well as for rating the individual statements in the Survey Form.

The list of materials substantiating the observations or ratings appear separately in Part 3. A system of cross-references makes it easier for the accreditors to locate the pertinent data. Normally, each area requires additional information in the form of exhibits and other supporting documentary materials. At the end of each section of the Survey Form, the team reviews the materials supplied by the medical school for purposes of the evaluation.

In the Survey Forms are spaces where the accreditor can write the rating for each item. After the Chair's Report is the General Comparative Statistical Summary which contains the ratings for each of the areas of survey. On the 5th to 7th columns are the self-survey ratings of the medical school. The reports of the following schools are documentation for this subsection: UST, Xavier University and Cebu Institute of Medicine.

### **Analyst Remarks to Response**

In response to the draft analysis the agency provided a detailed summary of its evaluation process. The agency also provided its survey instrument for site team evaluation visits that includes instructions to the team members on what information and documentation to review and validate. This process allows for consistent and accurate documentation of information required by the agency in its decision-making process. The site team report is a standardized document that ensures a review of the areas in the Survey instrument; it is the basic assessment tool during the site team visit. The agency site evaluation process and documentation demonstrates that its process is similar to US accreditation site team reviews.

Staff Conclusion: Comprehensive response provided

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## **Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

The accreditation process uses competent and knowledgeable individuals who are qualified by training, experience and expertise to handle the various areas during the team visit. The Commission on Medical Education sends invitations to various individuals and requests them to fill out the data form. The forms are then screened by the Commission and prospective evaluators undergo a two-day training workshop. There are cases when some individuals do not pass the training workshop and are therefore not invited to serve as evaluators. The results of the team visit are reviewed by the Commission on Medical Education and then transmitted to the Board of Directors. Only the PAASCU Board may grant accreditation to an institution.

The Guidelines for Accreditors are attached.

### **Analyst Remarks to Narrative**

Apart from providing the Evaluator Guide, PAASCU did not provide evidence of any additional training of its evaluators on PAASCU standards. Also, it did not provide any resumes of evaluators and Commissioners, to demonstrate the qualifications of its site team members or decision making body. The NCFMEA may wish to request that the country provide more documentation verifying the qualification of the agency's site team members and decision making body.

### **Country Response**

The accreditors meet once a year during the PAASCU General Assembly to discuss issues and concerns. Exhibit 44 includes the biodata of some accreditors and members of the Commission on Medical Education. The accreditors and members of the PAASCU Board are eminent persons in the educational arena. Dr. Patricia Licuanan served as a member of the PAASCU Board for four years prior to her appointment as CHED Chair.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation consisting of the bios and resumes of some of its site team members and decision-making body members. This somewhat verifies the qualification of its team members and decision-makers. The agency reports that its team members and decision-makers are trained annually at its meeting. However, the Department was not able to verify that process. The NCFMEA may wish to inquire about the training provided by the agency to its site evaluators and decision makers.

Staff Conclusion: Additional Information requested

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### **Section 3: Re-evaluation and Monitoring, Question 1**

#### **Country Narrative**

Initial accreditation is given for a period of three years. Before the end of the third year, another self-study is done followed by a site visit. This time, a 5-year accreditation period may be given. Periodic reevaluation is done every three to five years to determine compliance with the standards for accreditation. Should the accreditation team discover deterioration in academic standards, some sanctions such as deferment of accreditation status or interim visits will be required.

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

It appears from the self study documentation, that accreditation is a recurring process, however, unlike US accreditation, there is no evidence of comprehensive written policies and procedures to guide the accreditation process.

#### **Country Response**

The Accreditation Manual pp. 10-12 (Exhibit 45) contains the policies pertaining to the accreditation process and the granting of accreditation status. Pages 13-16 explains the different accrediting decisions that may be given to a school. The decisions can range from full accreditation to deferment. There is an appeal process in place as explained on page 16 of the same document.

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

In response to the draft staff analysis the agency described its accreditation process and that it is a recurring process. The agency also provided its Accreditation Manual; it contains comprehensive written policies and procedures to guide the accreditation process.

Staff Conclusion: Comprehensive response provided

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### **Section 3: Re-evaluation and Monitoring, Question 2**

#### **Country Narrative**

A medical school is required to submit periodic reports to PAASCU which focus on the implementation of the recommendations given by the previous PAASCU team. In some instances, focused visits are required within the five year accreditation period to ensure the school's compliance with academic standards.

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

PAASCU's did not provide written policies, procedures and documented evidence of its monitoring of its accredited institutions during their accreditation period.

#### **Country Response**

The Accreditation Manual (page 15) explains the circumstances when a progress report or interim visit is conducted as a monitoring device to check on the school's compliance with accreditation standards. Exhibit 46 is a sample Progress Report.

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

In response to the draft staff analysis the agency provided additional clarification of its monitoring processes and provided an Accreditation Manual and a sample progress report demonstrating the application of this requirement. It is not apparent that the PAASCU conducts regular and recurring monitoring of all of its accredited programs as is the standard practice in U.S. accreditation. The NCFMEA may wish to inquire further into the agency's philosophy regarding monitoring of its programs to ensure continued compliance with its standards.

Staff Conclusion: Additional Information requested

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### **Section 4: Substantive Change**

#### **Country Narrative**

In instances where the medical school undergoes a substantive change, it is imperative that the PAASCU Commission on Medical Education is notified about the change. There is an existing policy regarding this matter

### **Analyst Remarks to Narrative**

PAASCU did not provide documentation of PAASCU's substantive change policies and procedures or their application.

### **Country Response**

Exhibit 46 is an example of an email exchange regarding substantive change which is self-explanatory. It does not involve a medical school but this proves that there is a policy on substantive change.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided an email referencing a substantive change procedure. The agency also reports that it has substantive change requirements. However, the Department was unable to identify any PAASCU requirement that medical schools report substantive changes prior to their implementation. As recognized accreditation in the U.S. does expect institutional accreditors to have effective mechanisms for reviewing substantive changes at the institutions it accredits between accreditation reviews, the NCFMEA may wish to inquire how CHED and/or PAASCU stay informed on changes undertaken by medical schools between accreditation reviews.

Staff Conclusion: Additional Information requested

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 1**

### **Country Narrative**

The Commission on Medical Education carefully scrutinizes the proposed team of evaluators who come from various institutions. The evaluation committee, which accredits a medical school, works as a team. During the wrap-up session, team members are free to speak out and comment on the report of the other team members. Consensus is sought on the key areas. This way, objectivity is maintained.

### **Analyst Remarks to Narrative**

Insufficient information and documentation was provided to demonstrate the application of effective conflict of interest policies and procedures.

### **Country Response**

Exhibit 48 is a copy of the Policy on Conflict of Interest. Page 13 of the Accreditation Manual also has something on conflict of interest issues.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided its conflict of interest policies that its Board members must adhere to and the conflict of interest statement that applies to site team evaluators found in its accreditation manual.

Staff Conclusion: Comprehensive response provided

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2**

### **Country Narrative**

The three layers of decision-making within the organization – the PAASCU accrediting team, the Commission on Medical Education and the Board of Directors ensure that standards are applied consistently across all schools. The accreditation process which PAASCU does covers both qualitative and quantitative norms. Ratings are also given to the various areas. When a school falls below the passing mark, it does not get accredited. Through these various mechanisms, standards for accreditation are applied consistently to all schools seeking accreditation or re-accreditation.

### **Analyst Remarks to Narrative**

While the country provided a summary of the decision making process it did not provide any documentation demonstrating the application of the process to demonstrate its safeguards against conflicts of interest or the inconsistent application of standards.

### **Country Response**

The two-day training that PAASCU gives to its accreditors ensures that they are well-trained and are able to apply the standards consistently. Not all those who participate in the Training are invited to join survey teams. The talk on PAASCU: Its Purposes and Processes (Exhibit 49) gives a comprehensive view of PAASCU and its expectations of accreditors. The Commission on Medical Education reviews each Team Report and passes it on to the Board.

### **Analyst Remarks to Response**

In response to the draft staff analysis the PAASCU provided its Purposes and Processes document, a training instrument on the accreditation process for site evaluation team members. It also references its multiple levels of review - site team, Commission on Medical Education, and the Board. The agency has written standards, evaluation materials, and policies and procedures to guide the process, and it uses standardized formats based on the agency's standards to focus the review and decision based on consistent application of the agency's

standards. These effective mechanisms are commonly accepted practice in U.S. accreditation.

Staff Conclusion: Comprehensive response provided

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## **Section 6: Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

The visiting team submits the report to the Commission on Medical Education which reviews the report prior to submission to the Board of Directors. These three layers of decision-making within the organization –ensure that the accreditation/approval decisions are based on accreditation standards. PAASCU also uses both quantitative and qualitative norms in evaluating schools. Ratings are also given to the various areas. When a school's rating falls below the passing mark, it does not get accredited. Through these various mechanisms, standards for accreditation are applied consistently to all schools.

### **Analyst Remarks to Narrative**

The PAASCU narrative outlines procedures that may help to ensure that decisions are based on standards. However, no documentation of PAASCU's assessment and decisions to support and verify the narrative was provided. More information and documentation, as appropriate, of its application of its decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

### **Country Response**

The Team Reports of the De La Salle Consultancy Visit and St. Louis University are documentation which prove that when standards are not met, accreditation is not granted. The Minutes of the Board are also appended.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided PAASCU Board minutes and site evaluation team reports to demonstrate how accreditation decisions are based on the agency's standards and student performance data. .

Staff Conclusion: Comprehensive response provided

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## **Section 6: Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

In the Philippines, the licensure exams for physicians (board exam for doctors) are administered by the Board of Medicine, a professional regulatory body under the general control and supervision of the Professional Regulation Commission. PAASCU uses the results of the Board exams to determine whether or not to grant accreditation to medical schools. There is an existing policy which states that a school seeking accreditation should have a track record of good performance in the Board exams in order to get accredited. The policy is found in Exhibit 8.

### **Analyst Remarks to Narrative**

The PAASCU has a policy that establishes licensure pass rates thresholds; however, it provided no evidence of its application of the policy in the accreditation decision-making process. More information and evidence of how this information is used in the decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

### **Country Response**

Exhibit 50 - Results of Licensure Examinations are some examples of documentation that PAASCU requires before it conducts an on-site visit. Accreditation cannot be granted if a school's passing rates are not at par with or above the national passing rates. The Consultancy Visit Report to De La Salle clearly shows that for as long as the licensure pass rates are not at par with the national passing rates, the school is not eligible to apply for formal survey. It took De La Salle six long years to go from applicant school to accredited school.

### **Analyst Remarks to Response**

PAASCU has a policy that establishes licensure pass rates. In addition, it provided licensure pass rate data and a visit report demonstrating the review of this data in making its accreditation decision.

Staff Conclusion: Comprehensive response provided

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## **Section 6: Accrediting/Approval Decisions, Question 3**

### **Country Narrative**

PAASCU uses as benchmark the national passing average in the licensure examination for Physicians. The Board exams are given by the Board of Medical Education and the results are released after the exams. PAASCU requires schools to submit the official documents showing the percentage of passing of its graduates. This information is critical to the school's application for accreditation or re-accreditation because PAASCU has an existing policy which states that a school seeking accreditation should have a track record showing that the performance of its graduates have been at par with or above the national

passing rate for three to five years. A medical school that does not comply with this requirement is not granted accreditation. Attached is a copy of the policy as Exhibit 8.

### **Analyst Remarks to Narrative**

The PAASCU has a policy that establishes licensure pass rates thresholds; however, it provided no evidence of its application of the policy in the accreditation decision-making process. More information and evidence of how this information is used in the decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

### **Country Response**

The case of Our Lady of Fatima University College of Medicine proves that PAASCU adheres to this policy. Our Lady of Fatima applied for accreditation with PAASCU but it could not be visited because its pass rates in the licensure exams are very low.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided results of licensure examinations. The PAASCU has a policy that establishes licensure pass rates thresholds to be a licensure pass rate that at least equal to or above the national average rate. The agency provided documentation of its application of this policy.

Staff Conclusion: Comprehensive response provided

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U.S. Department of Education

Staff Analysis of the Report Submitted by The Netherlands

Prepared October 2011

**Background**

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) initially determined that the Netherlands' medical education accreditation/approval process was comparable to that used in the United States at its fall 1998 meeting.

In 2003, the country submitted an application for a determination of continued comparability for consideration at the NCFMEA's March 2004 meeting. At that meeting, the NCFMEA deferred, until September 2004, a decision on whether the Netherlands' accreditation process continued to be comparable to that used in the United States. For the September 2004 NCFMEA meeting, the Netherlands provided additional information regarding its accreditation process and reported that beginning in 2004, the Ministry of Education, Culture, and Science delegated the responsibility for accrediting its medical schools to the Netherlands-Flemish Accreditation Organization (Dutch acronym: NVAO). However, the Committee again deferred its decision until the country could provide three documents for review at the NCFMEA's Spring 2005 meeting.

However, the Committee's subsequent meetings were suspended until fall 2007. In a May 1, 2007 letter, the country was asked to provide a full response to the Committee's updated guidelines. The Netherlands appeared next before the NCFMEA at its September 15, 2008 meeting, and after testimony from Dutch representatives, the NCFMEA formally reaffirmed the prior determination that the standards and processes used by the Netherlands to accredit medical schools were comparable to those used in the United States. In the November 17, 2008 letter notifying the country of the NCFMEA decision, the country was requested to submit an update report of its activities by June 15, 2010. This analysis represents a report on the country's accrediting activities through June 15, 2010.

**Summary of Findings**

Based on its review of the information submitted by the country, Department staff concludes that the Netherlands addressed the NCFMEA's request for a report of its accrediting activities. However, anticipated activities involving the Netherlands Antilles may have an impact on the current accreditation of the medical school located in Saba. Currently, the Accrediting Commission of

Colleges of Medicine, acting on behalf of the government of Saba, accredits the Saba School of Medicine enabling the U. S. medical students in attendance to receive federal student financial assistance.

The Department would request the NCFMEA to inquire about the anticipated changes in the government structure and the impact the changes will have on U. S. students enrolled in Saba University. In support of the anticipated changes, the Department suggests that the NCFMEA may want the NAVO to submit documentation of the dissolution of the Netherlands Antilles and documentation concerning the status of the Saba government with the Accreditation Commission on Colleges of Medicine (ACCM). The Committee may also want the country to provide updated information regarding any training activities it has or will conduct, specifically with regard to the assessment of the medical institutions in the Netherlands Antilles.

### **Staff Analysis**

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

##### **Country Narrative**

Medical school Programme Level (academic) Date of most recent NVAO accreditation decision Accreditation valid until

Universiteit Utrecht

Geneeskunde (medicine) Bachelor

Master

2006-12-14

2006-12-14 2012-12-13

2012-12-13

Universiteit Maastricht Geneeskunde (medicine) Bachelor

Master

2006-12-14

2006-12-14 2012-12-13

2012-12-13

Rijksuniversiteit Groningen Geneeskunde (medicine) Bachelor

Master

2006-12-14

2006-12-14 2012-12-13

2012-12-13

Radboud Universiteit Nijmegen Geneeskunde (medicine) Bachelor

Master

2007-01-09

2007-01-09 2013-01-08

2013-01-08

Vrije Universiteit Amsterdam Geneeskunde (medicine) Bachelor

Master  
2007-01-09  
2007-01-09 2013-01-08  
2013-01-08  
Erasmus Universiteit Rotterdam Geneeskunde (medicine) Bachelor  
Master  
2009-01-01  
2009-01-01  
2014-12-31  
2014-12-31  
Universiteit Leiden Geneeskunde (medicine) Bachelor Master  
2009-01-01  
2009-01-01  
2014-12-31  
2014-12-31  
Universiteit van Amsterdam Geneeskunde (medicine) Bachelor Master  
2009-01-01  
2009-01-01  
2014-12-31  
2014-12-31

### **Analyst Remarks to Narrative**

The Netherlands reported that it has evaluated eight medical schools between December 14, 2006 and January 9, 2009. During this period, the country accredited five medical schools and each medical school received accreditation for six years. In 2009, the country accredited three additional medical schools, each receiving a grant of accreditation for five years. These timeframes appear congruent with practices in US accreditation (3-10 years) and more stringent even than LCME accreditation which is for up to eight years.

### **Country Response**

No Response Provided

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### **Overview of accreditation activities**

#### **Country Narrative**

Since the last update report the bachelor and master programs in medicine of the Erasmus Universiteit Rotterdam, Universiteit Leiden, and Universiteit van Amsterdam have been accredited by NVAO. Committees of independent experts visited the institutions and wrote their reports according to the framework of NVAO. NVAO made its accreditation decisions on the basis of these reports and in some cases there were additional questions from NVAO which were answered satisfactorily. The accreditation decisions are valid for a period of 6 years commencing on 1st January 2009 and ending on 31st December 2014.

At the request of the Minister of Education, Science and Culture of the Netherlands, following consultations with the government of the Netherlands Antilles, the NVAO has assessed five medical schools on the Netherlands Antilles. These assessments do not constitute accreditations according to Dutch law but should be seen as assessments aimed at the improvement of the quality of these medical schools. Of the five medical schools that were visited and assessed in Autumn 2008 by a NVAO committee of independent experts only the medical school on Saba has been assessed positively by NVAO. The positive NVAO decision applies to the Doctor of Medicine (MD) program from the Saba University School of Medicine and is valid from 15 June 2009 until 14 June 2015. The NVAO decision and the committee's report can be downloaded from: <http://www.nvao.net/assessed-programme/detail/2959>

### **Analyst Remarks to Narrative**

Specifically, the NVAO based its accreditation decisions on the reports prepared by teams of independent experts that visited the institutions and prepared reports according to the NVAO requirements. The grants of accreditation of the bachelor and master programs in medicine at the three institutions are valid for six years beginning on January 1, 2009 and ending on December 31, 2014.

The Minister of Education, Science and Culture of the Netherlands after consultations with the government of the Netherlands Antilles, requested NVAO to assess five medical schools on the Netherlands Antilles (five islands consist out of: Curacao, Bonaire, St. Maarten, Saba and St. Eustatiu). Although the assessments of medical schools on the Netherlands Antilles do not equal accreditations according to Dutch law, NAVO reports that its relevance is to establish the improvement of the quality of the medical schools. Of the five medical schools (listed in part I of the country's narrative) visited and assessed in the fall 2008, only the medical school on Saba received a positive assessment by NVAO, that is valid from June 15, 2009 until June 14, 2015. The NAVO did not discuss whether it held training sessions for its independent experts who visited and reported their assessment of the medical schools.

### **Country Response**

No Response Provided

### **Analyst Remarks to Response**

The country did not provide a response to this element of the report. The Committee may want the country to provide updated information regarding any conferences and training activities it has or will conduct specifically with regard to possible assessment activities at the medical schools in the Netherlands Antilles.

Staff Conclusion: Additional Information requested

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## **Laws and regulations**

### **Country Narrative**

There have been no changes in the Netherlands' laws and regulations that would affect the accreditation of medical schools.

### **Analyst Remarks to Narrative**

Since its last appearance before this committee, the NVAO reports that no changes in the Netherlands' laws and regulations have occurred that would affect the accreditation of medical schools.

### **Country Response**

No Response Provided

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## **Standards**

### **Country Narrative**

There have been no changes in the accreditation standards that the NVAO uses to evaluate and accredit medical schools

### **Analyst Remarks to Narrative**

Since its last appearance before this committee, the NVAO reports that no changes in the Netherlands educational standards have occurred that would affect the evaluation and accreditation of medical schools.

### **Country Response**

No Response Provided

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## **Processes and procedures**

### **Country Narrative**

There have been no changes in the NVAO accreditation processes and procedures.

### **Analyst Remarks to Narrative**

Since its last appearance before this committee, the NVAO reports that no changes in the Netherlands processes and procedures used by the approval body have occurred that would affect conducting site visit, selecting and training of independent experts, periodic reevaluation and monitoring of medical schools, etc.

### **Country Response**

No Response Provided

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

#### **Country Narrative**

There are no accreditation activities planned in the near future.

The dissolution of the Netherlands Antilles is expected to take place on 10 October 2010. The islands of Bonaire, St Eustatius and Saba will then come directly under the jurisdiction of the Netherlands. After a transitional period it is foreseen that the Dutch recognition and accreditation regulations will apply on these islands. It is expected that NVAO accreditation of the medical schools on the islands of Bonaire, St Eustatius and Saba will not become legally possible before the Summer of 2011.

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

The NVAO reported in its narrative that it has not planned any accreditation activities in the near future.

However, the NVAO has reported that the dissolution of the government of the Netherlands Antilles will eventually expand its accreditation activities to include its oversight of medical education programs on the islands of Bonaire, St Eustatius, and Saba. As noted in its report, the NVAO did already conduct an assessment of the five medical schools on the Netherlands Antilles in 2008, and reported that "while the assessments do not constitute accreditations according to Dutch law, they were aimed at the improvement of the quality of these medical schools. Of the five medical schools that were visited and assessed in Autumn 2008 by a NVAO committee of independent experts only the medical school on Saba has been assessed positively by NVAO. The positive NVAO decision applies to the Doctor of Medicine (MD) program from the Saba University School of Medicine and is valid from 15 June 2009 until 14 June 2015."

According to the NVAO, formal accreditation of the medical schools on those islands will not occur before the summer of 2011.

### **Country Response**

No Response Provided

**Analyst Remarks to Response**

The country did not provide updated information regarding its plans for accrediting the entities in the Netherlands Antilles. The committee may want the country to discuss the current and future status of the medical schools on the islands of Bonaire, St. Eustatius and Saba. This status of Saba is of concern since the government of Saba has delegated to the Accrediting Commission of Colleges of Medicine (ACCM) the country's medical school accreditation function. The changes in the government's structure may have an impact on U.S. students and their access to federal student assistance.

Staff Conclusion: Additional Information requested

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