

U.S. Department of Education

Redetermination of Comparability

Prepared October 2012

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 the COMAEM's application for a redetermination of comparability was considered at the Fall 2011 meeting of the NCFMEA.

At its Fall 2011 meeting the NCFMEA determined that 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, and deferred its decision. The NCFMEA asked COMAEM to 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 at its Fall 2012 meeting.

Since the NCFMEA Fall 2011 meeting decision to defer a comparability decision for Mexico's accreditation system, the COMAEM's Executive Director has retired and the agency's professional support staff have been reassigned to different roles within the agency. The application submitted for this meeting was prepared by the new Executive Director and his new staff.

Summary of Findings

Based on a review of the responses to the questionnaire and information that the country provided to the Department, the country appears to have substantially the same components as the U.S. accreditation system. However, there was insufficient description and documentation of a number of the agency's application of its policies, processes, and practices.

The Committee may want to request that the COMAEM submit a more comprehensive updated report with descriptions and supporting documentation

of its accreditation/approval standards; in the areas of administrative personnel and authority; remote sites; curriculum; clinical experience; supporting disciplines; ethics; design, implementation and evaluation; student achievement; student services; student complaints; finances; and clinical teaching facilities as well as COMAEM's review processes and procedures for review at its Fall 2013 meeting.

Staff Analysis

The Country provided its narrative and supporting documentation in English and through the electronic application system. However, the agency also provided a site evaluation report and its supporting documentation in hard copy. None of the site evaluation report was submitted through the electronic application due to its size. The self study report was reviewed by Department staff. Therefore, the Department was able to verify that the agency had applied its required processes in the evaluation of medical schools within the country. The agency also provided a detailed report on its accreditation activities from 2009 through 2011 and 2012 up to the date of its submission of this application.

Since the NCFMEA Fall 2011 meeting the COMAEM Executive Director has retired and her professional support staff has been reassigned within the agency. This application for comparability being reviewed by the NCFMEA at this meeting was prepared by the new Executive Director and his staff.

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

Approval of Medical Schools, Question 1

Country Narrative

The Secretariat of Public Education (SEP) authorizes and approves the operation of public and private universities and their academic programs. Secretariat of Health control the clinical fields for medical school students.

The only entity for accreditation is the Mexican Board for the Accreditation of Medical Education (Consejo Mexicano para la Acreditación de la Educación Médica, COMAEM) recognized by SEP through the Council for Higher Education Accreditation (Consejo para la Acreditación de la Educación Superior, COPAES).

Instrument gives autoevaluation 2008. Pages 4 -6

Analyst Remarks to Narrative

The country's narrative and its self-study 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. According to the narrative, the country's Secretary of Health (SSA) is responsible for the approval of the "clinical fields for medical school students." It is not clear whether the approval is limited to just the clinical components or whether it encompasses the entire medical school curriculum.

Additional information is requested regarding the scope of the approval granted by the Secretary of Health of a school's medical education program.

Country Response

The legal framework for higher education in Mexico is mainly constituted by the General Law of Education and the Law for the Coordination of Higher Education in Mexico. However, these laws do not directly define the conditions and procedures for authorization in building schools and medical programs.

In the public and due to the conditions of autonomy of universities, are the internal rules (Statutes and Internal Regulations) that permit the emergence of schools, colleges and medical curricula.

For institutions operated by private arrangements 243 and 279 of the Ministry of Education, define the basis for the approval and recognition of official validity of studies (RVOE) and the processes and procedures related to registration.

However, when defined interest in creating a medicine program, the Ministry of Health and Ministry of Education, through the Evaluation Committee of the Interagency Commission for the Development of Human Resources for Health plans evaluated and curricula through the "Criteria for evaluating plans and programs of study for opening a medical career." This instrument assesses from 9 criteria: academic discipline, professional profile, clinical, student profile, curriculum, Bibliohemerography, teacher profile, infrastructure and equipment, and Evaluation System.

Finally, once the program is in operation, it is up to the Ministry of Health and Health Sector Institutions authorization clinical fields considering exclusively the clinical component designed to ensure patient comfort interacting with students. The applicable legislation is the NOM-234-SSA1-2003 Using clinical fields for clinical courses and undergraduate internship.

The educational component curricular consider medical schools and based on it, asking the Health Sector clinical fields.

See:

Essential Standards for assessing plans or programs of study in medicine.
CIFRHUS
SEP. Agreement 243

SEP. Agreement 279
Official Mexican Standard NOM-234-SSA1-2003
Ruling of SEP giving the grade of University
Sub secretary Of SEP Dictum. Westhill

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM provided additional information and documentation that clarifies the Secretary of Health's (SSA) scope of approval for the "clinical fields for medical school students", and the Secretary's role in the approval of the entire medical school curriculum.

It appears from the documentation provided that the SSA is responsible for the approval of all clinical fields of study per the country's requirement, while the primary role for the development and oversight of the curriculum is granted to the institution itself and its governing bodies. However, the SSA also has a role in granting authority for private as well as public institutions and programs to award M.D. degrees. The Validity Research Officer (RVOE), who serves in the Secretary's Office, in conjunction with the Interagency Committee for the Training of Human Resources for Health (CIFRHS), utilizes a standards-based process (Essential Standards for Assessing Plans and Programs of Study in Medicine)to guide in the Secretary's evaluation of institutional plans, curricula and operation of new education programs in health and medical education within the country. This process is used to ensure that the programs developed by the medical institutions are within the country's expected range of quality and rigor.

The agency also provided agreements between the country and private medical institutions and programs (Exhibits 243 and 279) which establish the general basis for the approval of those institutions and programs and is the instrument of the authority to operate within the country.

The documentation provided by COMAEM verifies the country's authorization and approval process of medical education programs within Mexico

Staff Conclusion: Comprehensive response provided

Approval of Medical Schools, Question 2

Country Narrative

The Secretariat of Public Education (SEP) is, in federal and state orders, responsible to do.

The aim of the Mexican Council for Accreditation of Medical Education (COMAEM) is to evaluate the quality with which medical schools train their students and provide them the necessary elements for a good professional practice.

Instrument gives autoevaluation 2008. Pages 4 -6

Analyst Remarks to Narrative

The country's Accreditation Self-study 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.

Approval of Medical Schools, Question 3

Country Narrative

The same government agency, SEP, that grants the Recognition of Official Validity of Studies (RVOE) to the medical schools, can remove from them the right to operate.

Ministry of Health may force the closure of medical schools for poor quality, not to authorize the clinical field where students are doing their training, using the article 5.1 of the Official Mexican Rule 234 (NOM 234) for using clinical fields for clinical courses and undergraduate internship.

There is no official English translation of NOM 234

Analyst Remarks to Narrative

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

Accreditation of Medical Schools

Country Narrative

The Secretariat of Public Education (SEP) in federal and state orders, valued the conditions for opening medical schools through the implementation of Secretarial Agreement 279 of the SEP for the granting of RVOE (Record of Official Validity of Studies) and rely on COPAES (Accreditation Council for Higher Education) - COMAEM (Mexican Council for the Accreditation of Medical Education) to monitor educational quality with which they work.

Secretarial Agreement 279 define the steps and procedures related to the official recognition of validity of higher education. SEP not have an official english language translation.

COPAES is the only instance validated by SEP to give formal recognition for organizations whose purpose is to accredit higher education programs, professional and higher technical college associate, as COMAEM, after

assessing their technical, operational and structural capabilities. Autonomous Universities regulate the opening and operation of medical schools by the regime of Incorporation

Analyst Remarks to Narrative

The agency' Self-study 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. The Secretarial Agreement 279 is the official documentation of COMAEM's authority. The agency states that it does not have a copy of the agreement translated into English.

Part 2: Accreditation/Approval Standards

Mission and Objectives, Question 1

Country Narrative

Yes, the self-study instrument considers the mission, vision and objectives as the started point and the pivot axis of the schools actions. Mission, vision and objectives of schools should be explicit and must be proved to have been communicated to all levels of schools.

Standard: 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.

Indicators

1. The mission is known by the community.
2. The vision is known for community.
3. The mission and vision are consistent with the educational aims.

Instrument Gives Autoevaluation 2008 page 10
West Hill Self Study pages 34 to 38

Analyst Remarks to Narrative

The agency provided narrative and its Self-Study 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.

Mission and Objectives, Question 2

Country Narrative

Educational objectives and / or curriculum skills terminals must be clearly established and conduct the training of general practitioners able to:

1. Contribute to preserving and / or restore health of individual and collective through a competent professional practice, humanistic and scientifically sound,
2. Continuously updated in accordance with advances in medical knowledge
3. Continue where appropriate, training in research and graduate level.
4. Allow the formation of general medical practitioners

The objectives must be known by the community.

Instrument Gives Autoevaluation 2008 pages 17 and 18
West Hill Self Study pages 58 to 62

Analyst Remarks to Narrative

The agency's Self-Study handbook and its quality standard 8 (Educational Objectives and/or Skills, handbook page 17) and standard 19 (Educational Model, handbook page 19) provide the agency's guidance in defining the objectives and the curriculum content of the medical education program. Standard 8 (Curriculum, handbook page 16) directs the participation of the institution's faculty as part of the institution's elected committees in defining those objectives and the development of the schools medical education curriculum.

The agency provided a completed self study that address the faculty role in the requirements of this section.

Mission and Objectives, Question 3

Country Narrative

The objectives of the educational program must be approved by the collegiate bodies, backed by his corporate law and consistent with the mission of the institution.

The school or faculty must have academic authorities in the form of representative collegiate bodies, representative of the academic community and in a regular operation.

The design, actualization and approval of the curriculum and academic programs are the responsibility of the collegiate bodies or their equivalents.

Instrument Gives Autoevaluation 2008 page 14 and 23
West Hill Self Study pages 47 to 50 and 72 to 73

Analyst Remarks to Narrative

Institutions are required to have elected academic committees that are responsible for the design, approval and implementation of the curriculum. COMAEM's Self-study Handbook (Instrument Gives Autoevaluation 2008) and the Westhill Self-Study document that the agency requires the institution to describe its process of establishing its program's mission and objectives and that it requires its academic committees, in which faculty participate, to develop and implement the medical education program.

Mission and Objectives, Question 4

Country Narrative

Educational objectives and / or curriculum skills terminals must be clearly established and conduct the training of general practitioners able to:

1. Contribute to preserving and / or restore health of individual and collective through a competent professional practice, humanistic and scientifically sound,
2. Continuously updated in accordance with advances in medical knowledge
3. Continue where appropriate, training in research and graduate level.
4. Allow the formation of general medical practitioners

The objectives must be known by the community.

Instrument Gives Autoevaluation 2008 pages 17 and 18
West Hill Self Study pages 58 to 62.

Analyst Remarks to Narrative

The agency requires the institution to provide within its self-study the medical education program's specific objectives and outcomes that are based on broadly-stated competencies (identified in the narrative) and specific indicators. These competencies and indicators are included in the agency's standard 8 (Educational Objectives and/or Skills). COMAEM's Self-study Handbook and Evaluators Manual also provide the agency's expectation for its accredited institutions on how to articulate these outcomes and for its evaluation teams to review and verify that the institution's program objectives and expected outcomes are clearly defined and show how the student is prepared to practice medicine within the country. The agency provided a self-study which includes detailed responses to each of the indicators as well as references to supporting documents.

Mission and Objectives, Question 5

Country Narrative

The academic programs integrate the curriculum and include undergraduate internship and social service and contain health science and basic and clinical levels. All include objectives and/or skills, content, teaching and learning strategies , updated magazines and newspaper library and evaluation criteria. The development of programs is consistent with the theoretical approach, methodology and/or practice.

Students must:

1. Demonstrate by passing examinations, the fulfillment of educational goals that lead to the acquisition of the graduate profile and professional profile established by the school, ensuring very competent medical education.
2. Having obtained all the education credits determined by the school, fulfill graduation requirements and pass the professional examination.
3. Acquire bachelor's degree in medicine from the federal government entity (General Directorate of Professions of SEP).

Instrument Gives Autoevaluation 2008 pages 24 and 25
West Hill Self Study pages 74 to 77

Analyst Remarks to Narrative

The agency's narrative and documentation provide an overview of the curriculum requirements of the medical education programs leading to receiving an MD degree within the country. It also provides an overview of the requirements for obtaining the authority to be a practicing physician and mentions that the MD degree is conferred by the authority of the General Directorate of Professions of the Secretary of Public Education's Office. However, it is not clear to the department if the country requires its medical school graduates to pass a licensure exam, and how the country establishes the requirements for its medical school graduates to prepare for and take a licensing exam (if any) in

order to obtain authority from the country to become licensed practicing doctors of medicine.

The country is asked to provide more detailed description and supporting documentation of the country's policies and procedures for licensure of medical school graduates to practice medicine. Documentation might include, for example copies of laws, regulations and specific policies and procedures established by the agency regarding licensure.

Country Response

The fourth section of the General Law of Health is directed explicitly to the "Human Resources for Health Services. In Article 79 states that: "In the exercise of professional activities in the field of medicine, (...) and others established other applicable laws, it requires professional degrees or certificates of specialization have been legally issued and registered by the competent educational authorities "and that" For the exercise of ancillary activities requiring technical and specialized knowledge in the field of pre-hospital care, medicine, (...) histopathology and embalming and its branches, are required to corresponding diplomas have been legally issued and registered by the competent educational authorities.

For its part, Article 81 of the same Act provides that the issuance of diplomas of medical specialties for the institutions of higher education and health officially recognized with the appropriate authorities and to perform medical procedures surgical specialty requires that the specialist is trained to perform them in officially recognized health institutions to the authorities, in the terms set forth in the NOM 234 "Using clinical fields for clinical courses and undergraduate internship.

The National Regulatory Committee of Medical Specialties Tips will assist agency nature of the Federal Government in order to monitor the training, skills and qualifications of the expertise that is required for certification and recertification of the same in the different specialties of medicine recognized by the Committee and the officially recognized health institutions to the appropriate authorities. Meanwhile, the Board of Medical Specialties that have the declaration of suitability and are recognized by the National Standards Committee for Proprietary Medical Advice, constituted by the National Academy of Medicine of Mexico, the Mexican Academy of Surgery and Specialty Boards members are empowered to issue certificates in their respective specialty.

For the issuance of the certificate of specialist education authorities shall request the opinion of the National Standards Committee of Councils of Medical Specialties.

Within the training process, as stated in Article 84 of the General Law of Health, all students of the health professions and branches must provide the service as established by the higher education institutions, in coordination with the health

authorities and educational and involving corresponding to other relevant (General Law of Health, Articles 85, 86 and 87).

Each medical school established in accordance with the laws university academic requirements and procedures for assessing students who have earned all the credits specified in the curriculum to be considered graduates, among them writing professional exam (Basic Sciences), with patient clinical and clinical performance (Standard 46 Professional Exam). If the graduate is qualified and approved exams, college grants a medical degree at the undergraduate level. It is now licensed physician. The title must register with the Directorate General of Professions Department of Public Education.

See:

National Certification System. Standard 46

Concordance about Vision, Mission, Profile and Objectives

Internal Regulations 09-10. Westhill

University Legislation. Westhill

Manual of norms and procedures of the Westhill faculty of medicine

SEP. Agreement 243

SEP. Agreement 279

Analyst Remarks to Response

In response to the staff draft analysis COMAEM clarifies in its narrative and supporting documentation that Mexico does not require its medical school graduates to pass a licensure exam and obtain a license to practice within the country. In accordance with the country's laws each medical school with an approved and authorized program of medicine has its own procedures for assessing students who have earned all the credits specified in the curriculum in order to graduate. Once a student passes the professional exam or final exam in the required basic sciences, and successfully completes the clinical requirements and performance exam, the student is qualified to receive a medical degree and is a licensed physician. At that time the graduates can register their credentials with the Directorate General of Professions Department of Public Education.

The documentation provided by COMAEM verifies this process.

Staff Conclusion: Comprehensive response provided

Governance, Question 1

Country Narrative

The school must show that it is legally recognized in the National Education System (SEN), by RVOE granted by SEP or by incorporation into autonomous university.

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.

Instrument Gives Autoevaluation 2008 page 10
West Hill Self-study pages 28 to 33

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 quality standards (as documented in the self-study handbook) require that a medical school be part of a university or institution of higher education legally authorized to operate within the country. An institution must provide documentation of its incorporation (charter or decree in case of an autonomous institution, or the official recognition of studies (REVOE) issued by the Ministry of Education (SEP) in the case of private schools.) This seems to infer that in Mexico, medical schools are accountable to their parent universities or an institution 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 been granted prior operating approval from SEP and the SSA (Ministry of Health) of the school's medical education programs and its curriculum.

Governance, Question 2

Country Narrative

Secretariat of Public Education of Education, at the federal and state levels
Academic Presidency of Public and Private Universities
Secretariat of Health. In the case of 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 self-study handbook require that the medical school's board of trustees/governors oversee the school's 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 and 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 themselves in the policy making and governance of the medical school. The agency provided a self study verifying its evaluation of this requirement

Administrative Personnel and Authority, Question 1

Country Narrative

The financial, material, educational and hospital infrastructure, as well as faculty and staff should be proportional to the number of students admitted and the enrollment of students in school, according to the terms of its existing regulations. There is no nationally applicable mandatory regulations.

However, the school or faculty must have a representative government structure, which is regulated and stable and which regularly meets and aims to support the educational, research and extension functions.

Moreover, the current legislation and regulations must specify the rights and obligations of authorities, elected bodies, students, teachers, researchers and technical-administrative personnel.

For purposes of administrative control, the school or faculty must have a properly organized administration that allows the fulfillment of the educational and academic functions and meet the institutional needs of the students and teachers

Instrument Gives Autoevaluation 2008 Pages 12, 13, 80 and 81
Westhill Self - Study 39 to 44, 45 to 46, 246 to 248, 249 to 250

Analyst Remarks to Narrative

The agency has a number of standards (#3, 4, 58 and 59) and related indicators that address administrative personnel, as described in the narrative and detailed in the self-study handbook. 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.

Administrative Personnel and Authority, Question 2

Country Narrative

The medical principal must be elected by the governing body of the University and its functions, rights and obligations regulated in University Legislation.

The director of the medical school or faculty must be 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.

Instrument Gives Autoevaluation 2008 Page 15
Westhill Self - Study 51 to 53

Analyst Remarks to Narrative

The narrative and COMAEM's guidelines in the Self-study 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.

More information and documentation is requested regarding the agency's criteria for determining that the chief academic officer has sufficient resources and authority to administer the school's medical education program.

Country Response

The authority that assumes a principal or faculty is embodied in the regulations of each educational institution. Overall in the Organic Law or in the General Statute of the University establishing the roles and functions of the directors general from the Rector as commander in chief of the institution to the faculty directors. The relationship that develops between them is reflected in the organizational and general procedures manuals. Besides that based on an institutional development plan, principals request resources and develop annual reports to show the results.

In the search for quality, educational institutions have undertaken assessment processes of the organization, such as the ISO 9001 standard developed by the International Organization for Standardization, which specifies requirements for a quality management system.

See:

Official Mexican Standard NOM-234-SSA1-2003

Internal Regulations 09-10. Westhill

Manual of norms and procedures of the Westhill faculty of medicine

University Legislation. Westhill

Analyst Remarks to Response

In response to the staff draft analysis COMAEM narrative and supporting documentation describe in more detail that each medical program/institution has within itself a governing structure that is unique to that institution. While the country provides guidance and some standard requirements for the governing bodies and the Rectors (Dean) of the medical education programs such as the country's law (Official Mexican Standard NOM-234-SSA1-2003) that prescribes how the governing body within the medical institution's clinical programs are structured and what authority is given to governing board and the Rector of the school, the institution itself is free to develop its own requirements for its governing bodies and its Chief Medical Officer as long as the country's basic requirements are included. To demonstrate this the agency also provided documentation describing the governing structure of Westhill University (Manual of Norms and Procedures of the Westhill Faculty of Medicine) which describes in detail the Chief Medical Officer (Rector) of the school's duties and authority in the everyday operation of the medical education program.

COMAEM Standards 3 (Government Structure), 4 (Legislation and Regulations), 5 (Elected Bodies) and 6 (Director(Dean)) include requirements related to this Guideline. The Westhill University Self-Study and the agency's site team report of the institution, which were provided with the original petition show how

COMAEM evaluates the institution's compliance with the agency requirements for its medical school deans and their relationship with the university's governing body.

Staff Conclusion: Comprehensive response provided

Administrative Personnel and Authority, Question 3

Country Narrative

The school or college sign cooperation agreements with national or international health institutions, in which establish the conditions of participation (academic and material) to effectively teach students, also take responsibility for the quality and evaluation of the education and medical care in which the students are involved, in a joint work.

Moreover, the school or faculty must have academic authorities in the form of representative elective collective bodies.

Instrument Gives Autoevaluation 2008 Page 14
Westhill Self - Study pages 47 to 50

Analyst Remarks to Narrative

COMAEM's standards and the guidelines state that elected committees and the various communities that make up 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. In the agency standard 50 (Interinstitutional Agreements, handbook page 65) it address the importance for both of the institutions involved in the agreement and their faculties to be responsible for the quality and improvement of the program and to have access to the students.

The agency provided a completed self study and its accreditation handbook demonstrating that this requirement is reviewed, but it did not provide any documentation such as the institution's policies and procedures for implementing this authority or the institutions charter/by-laws (legislation) that establishes this requirement.

Country Response

There are two mutually interdependent levels of organization:

- a) The School, which based on the current institutional regulations are defined authority figures for each of the departments of the area both basic and clinical area. Similarly, it is reflected in the respective organizational and procedural manuals that define the lines of authority and communication. Different academic and government bodies are governed by the respective institutional regulations.
- b) The health sector institutions involved in the educational process of students: the training of health is regulated by the document "Legal framework governing human resources for health" of the Federal Health Ministry, which among other aspects referred to in case of clinical cycles, functions are defined based on the Mexican official norm NOM-SSA1 234 2003 Use of clinical fields for clinical courses and undergraduate internship, which is complemented by the Conventions general and specific cooperation agreements between schools and public health hospitals.

The NOM 234 describes the clinical practice scenarios that include the services mentioned standard committee. Each curriculum, depending on the educational model and curriculum structure includes elements from the same basic cycles, the cycle continues and consolidates clinical in undergraduate internship phase, which is governed by the rule set. All based on national morbidity and demographic profiles in the present and in the future.

Mexico has a wide variety of scenarios for the practice of medicine, and in compliance with the "Competency Profile of General Medical Mexican 2008" agreement signed by the vast majority of schools and medical schools in the country, establishing that generally the physician will be able to graduate (generic competition 1) "comprehensively determine the health condition or illness of the individual ... analyzing, interpreting and evaluating data obtained to proceed to develop initial hypotheses, proceeding to confirm or discard by seeking additional data from the interview and observation or rational use of laboratory and imaging studies relevant. According to its educational model and curriculum structure, each school has chosen to include support disciplines of general medical practice, as subjects within the curriculum or content located in various areas of it, depending on the level of integration you want give students".

In all curricula are these elements.

See:

Official Mexican Standard NOM-234-SSA1-2003

Curricular Map. Westhill

Internal Regulations 09-10. Westhill

Manual containing the Rules and Procedures of the Faculty of Medicine. Westhill
Responsabilities of the academic boards. Westhill
University Legislation. Westhill

Analyst Remarks to Response

In response to the staff draft analysis COMAEM provided clarification on how medical school department heads and senior clinical faculty members have sufficient access to the resources and authority needed to effectively instruct students. The agency provided documentation demonstrating the authority of the faculty and clinical leadership at one institution (the Westhill University Legislation and the Internal Regulation 09-110 of Westhill) and how the COMAEM assesses the institution's use of resources to achieve its mission and objectives.. The agency also provided additional documentation that contains policies and procedures for implementing this authority required by criteria.

Staff Conclusion: Comprehensive response provided

Chief Academic Official, Question 1

Country Narrative

The medical principal must be elected by the governing body of the University and its functions, rights and obligations regulated in University Legislation.

The director of the medical school or faculty must be 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.

Instrument Gives Autoevaluation 2008 Page 15
Westhill Self - Study 51 to 53

Analyst Remarks to Narrative

Standard 6 in the Self-study Handbook and the country's narrative describe the qualifications a medical school chief academic official/director must have. The Country also provided a completed self study documenting that it reviews the qualifications and tenure of the chief academic officer as part of the accreditation review process.

Chief Academic Official, Question 2

Country Narrative

It may be by election or by appointment by the head of the University.

The process depends of the University legislation. Some steps can be:

1. Period of consultation amongst the members of the school community (teachers, administrators and students) to listen opinions and proposals.
2. Identification of academic candidates who should develop its work plan.
3. Presentation of the work plan to the governing body of the University, who interviewed and selected one.

The applicant must meet minimum requirement as shown in previous questions

Instrument Gives Autoevaluation 2008 Page 15

Westhill Self - Study 51 to 53

Analyst Remarks to Narrative

COMAEM's standards outline the qualifications and selection process for the chief academic official at 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 school's 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.

Faculty

Country Narrative

There is a specific chapter about teachers in the self study instrument of COMAEM. Five groups of indicators integrate it:

1. Staff hiring. The hiring of the school faculty needs have to cover the academic needs for compliance with the operational plan and the applicable legal framework.
2. Staff entry, permanence and promotion. The school or college must have a system for hiring, maintaining and promotion of all teachers which is formalized

according to the institutional regulations and governed solely by academic criteria.

- 3.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.
4. Training and teaching update. The school or faculty must develop a training program and updating it favors the teaching practice

Moreover, teachers, grouped in academies or collegiate bodies should be a part of the governing body of the school or college and its powers, duties and rights must be regulated in the university legislation and internal regulations of the school.

Instrument Gives Autoevaluation 2008 Pages 23 and 48 to 52

Westhill Self - Study Pages 72 to 73, and 148 to 159

Westhill Self - Study Table 7

Analyst Remarks to Narrative

The agency's Self-study 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. Under Section 3, the agency's standard 29 (Student Selection and Admission, handbook page 42) the agency address the faculty's role and participation in the student selection and admission process. It's standard 12 (Responsibilities of the Elected Bodies, handbook page 23) the agency defines the faculty's/elected bodies role in the design, actualization and approval of the curriculum and academic programs. All of the requirements for hiring, retention of faculty and promotions are included in standard 35 (Staff Entry, Permanence and Promotion, handbook page 49). The completed self study and the Self-Study Handbook demonstrate the agency review of the faculty participation in the requirements of this section

Remote Sites, Question 1

Country Narrative

The medicine school shall establish and sign legally binding agreements for interinstitutional collaboration with institutions, both educational and health geographically distant from the main campus nationally and internationally, in which all of them are responsible for the quality and evaluation of education and medical care in which the student participates in a form of working together. It also promotes academic exchange of students between schools that is accredited, offer the same quality than the main campus.

In this case are clinical fields in which students develop clinical practice and perform social service which are reviewed comprehensively at the time of applying the instrument.

Instrument Gives Autoevaluation 2008 Pages 55, 56 and 65
Westhill Self - Study Pages 167 to 171 and 201 to 202

Analyst Remarks to Narrative

In its narrative, the agency seems to suggest that any remote sites that are part of the educational program are regulated by the main campus authority by contractual agreements, and given comprehensive reviews at the time of initial accreditation. However, it is unclear to the Department whether there are any specific requirements or standards related to remote sites and that remote sites are evaluated regularly by the COMAEM as part of the accreditation review and monitoring process. The agency did not provide sufficient information to demonstrate that it has requirements for remote sites or 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. In addition, it is not clear whether the agency would allow a portion of a preclinical educational program to be taken outside the country.

Further information is requested regarding COMEAM's requirements for the review and evaluation of the institution's remote sites.

Country Response

Regarding the standards for assessing the quality of clinical fields away from the main campus, NOM 234 states that a clinical field to be considered in developing educational scenario of the Bachelor degree program in medicine, no matter where you are located geographically, must comply with the following requirements:

1. Being a health care facility for the National Health System (or international), preferably first or second levels of care and preferably certified by authorized agencies, such as the General Health Council.
2. Having areas or health care services pointing educational programs.
3. Having the facilities, equipment and materials necessary to provide quality medical services.
4. Having patients at least 60% occupancy, in the case of a hospital.
5. Having medical, paramedical and administrative staff employed by the school for the students responsibility.

Clinical formation takes place in health care services by the clinical training That meets the Regulations. Each academic program is Achieved trough rotation in the core areas for the practice of general medicine.

Four conditions are reviewed in detail:

The conditions that allow the development of each program

Compliance with regulations and educational services

The fulfillment of academic programs through the rotation of the key areas of training.

The assessment of compliance with academic standards, resources and infrastructure in clinical fields.

See

Essential Standards for assessing plans or programs of study in medicine.

CIFRHUS

Official Mexican Standard NOM-234-SSA1-2003

Table annexed Nos. 2 and 3

National Certification System 23 and 24

Analyst Remarks to Response

In response to the staff draft analysis COMAEM provided supporting documentation of its requirements, and assessment, of its institutions' medical education programs resources and the Bachelor Degree curriculum and preclinical requirements necessary to accomplish its mission and objectives of preparing students for careers as Medical Doctors within the country. It seems that the country requires that any location outside of the main institution be under the control of the institution and have the same faculty, facilities and equipment requirements as the main institution. The agency also provided the (List and Current State of the Academic Agreements of Westhill University) which documents Westhill's agreements with other facilities and institutions for medical program education. This also includes the agreement the University has with federal health facilities. However, this is for clinical sites, not for the provision of preclinical portions of the curriculum. The Department was not able to identify any regulation or requirement for remote sites as defined by this criteria. In addition, it is still unclear to the Department whether the any part of the preclinical program may be taken out of the country.

In reviewing the Self Study from Westhill University and the site evaluation report provided by the agency the Department was unable to identify if or how the agency 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.

The NCFMEA may wish to ask the country to provide more information and/or documentation demonstrating that it assesses remote sites against its standards or if it has any requirements that it does not allow any preclinical program delivery to be made at sites located outside of the country.

Staff Conclusion: Additional Information requested

Remote Sites, Question 2

Country Narrative

The medicine school shall establish and sign legally binding agreements for interinstitutional collaboration with institutions, both educational and health geographically distant from the main campus nationally and internationally, in which all of them are responsible for the quality and evaluation of education and medical care in which the student participates in a form of working together. It also promotes academic exchange of students between schools that is accredited, offer the same quality than the main campus.

In this case are clinical fields in which students develop clinical practice and perform social service which are reviewed comprehensively at the time of applying the instrument.

Instrument Gives Autoevaluation 2008 Pages 55, 56 and 65
Westhill Self - Study Pages 167 to 171 and 201 to 202

Analyst Remarks to Narrative

The Department could not evaluate the agency's response to this section. 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. (Remote Sites, Question 1)

Country Response

All clinical areas to be considered as such, should have the same features and / or indicators listed in the previous question, regardless of geographic location, as well as comply with indices such as: Number of students / number of beds, student / office , alumni / operating theater, student / teacher. The rotations of students for clinical services must cover at least: outpatient, preventive medicine, emergency, hospitalization, surgery, rehabilitation and diagnostic aids, under the supervision of a physician. In the case of the hospital form graduate students, it must demonstrate that it does not interfere with the training of undergraduates (Standards 23 and 27). Teachers must have a profile and professional experience appropriate to the discipline medical or surgical clinic that will teach and a teacher profile that guarantees their performance as a teacher in a manner consistent with the educational model and curriculum. Even so, the school must show the development of a training and development program for teachers to homogenize the quality of teaching practice (Standards

36 and 37). At a minimum, the professors of the remote sites must demonstrate a working relationship with the medical school.

Academic programs, so obligatory, are the same, and the criteria for evaluating learning outcomes that should include at least: knowledge, thinking skills, abilities and psychomotor skills, attitudes and skills consistent with the curriculum. COMAEM evaluates the curriculum against these parameters.

See:

Essential Standards for assessing plans or programs of study in medicine.
CIFRHUS

Official Mexican Standard NOM-234-SSA1-2003

Table annexed Nos. 2 and 3

National Certification System 23, 27, 36 and 37

List and Current State of the Academic Agreements. Westhill

Analyst Remarks to Response

In response to the staff draft analysis the agency provided more clarity regarding remote site clinical program delivery. In the Department's review of the Westhill Self Study and the site evaluation report provided by the agency in the original petition, it found that the agency's documentation does demonstrate that it assesses the institution's off site clinical program delivery 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. However, the Department could not verify that the agency has a mechanism in place or uses standards to assess preclinical program delivery in remote sites as defined in this requirement. (Remote Sites, Question 1)

The NCFMEA may wish to request that the country provide sufficient information to demonstrate how it assesses remote sites against as required by this section of the criteria.

Staff Conclusion: Additional Information requested

Program Length, Question 1

Country Narrative

The curriculum must show it has at least 5 years (200 weeks of instruction) and 5,000 hours, including undergraduate internship. Not including guards or additional clinical practice.

Instrument Gives Autoevaluation Page 20
Westhill Self - Study Pages 66 y 67

Analyst Remarks to Narrative

COMAEM Self-study Handbook and its narrative specify the duration of the MD program. As specified in standard 10, the minimum length of a medical education program in Mexico is five years/5000 hours. The agency provided a completed self study verifying that it evaluates its accredited medical schools for compliance with this requirement.

Curriculum, Question 1

Country Narrative

Criteria for medical programs accreditation included, in the self-study instrument, as one of its central components the analysis of curriculum stucture and consistency and its ability to provide students with tool for troubleshooting

Instrument Gives Autoevaluation Page 21 and 22
Westhill Self - Study Pages 68 to 71

Analyst Remarks to Narrative

Standard 8 requires that educational program objectives and skills be clearly defined and allow the formation of general physicians who are able to contribute to the preservation/restoration of health with a competent, humanistic, and scientifically sound professional practice, and keep current with advances in medical knowledge. The curriculum is structured (standard 11) to achieve the educational objectives and outcomes.

The self-study document (pages 58-62) reflects that the Medical Faculty has established general educational objectives and described the expected attributes in some detail of a general physician by means of its Professional Graduate Profile.

The COMAEM provided its accreditation handbook and a completed self study demonstrating that curriculum is included in the agency's evaluation process for accreditation.

Curriculum, Question 2

Country Narrative

It is obligatory that basic training disciplines include the essential areas for general medicine and is based on knowledge and scientific reasoning, that allow students to understand the interaction between different levels of organization that influence the health-disease process, from the molecular to the biopsychosocial. This training is conducted, monitored, evaluated and fed back by the teacher who is also responsible for student participation and critical thinking development through teaching and learning strategies as the solution of problems or evidence-based medicine, according to the nature of each academic program.

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.

The clinical formation includes disciplines in the esential areas for general practice and is based on knowlwdgw and scientific reasoning and the clinical method in order to develop in students the capacities of formulation diagnostic hypothesis and desicion making in ptient management.

Instrument Gives Autoevaluation Page 32 to 34
Westhill Self - Study Pages 97 to 109

Analyst Remarks to Narrative

It is the Department's understanding that medical school curriculum requirements are established by the Ministry of Health. However, the country has not provided information (in English) regarding the Ministry of Health's requirements. COMAEM's curriculum standards (#9, 10, 11, and 21) do not include detailed requirements related to the basic sciences component of the medical degree.

The self-study (pages 17-21) reflects that basic sciences, socio- and bio-medical and clinical sciences courses are offered in the school's 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 its Self-study Handbook and a completed self study demonstrating that curriculum is included in the agency's evaluation process for accreditation. However, further clarification is needed of the basis on which the agency evaluates a school's curriculum.

Country Response

As stated in the Standard No. 20 of Self Assessment Instrument 2008, basic training should include the essential disciplines for general practice, which should be based on scientific knowledge and reasoning that allows students to explain the interaction between the different levels organizational health condition the disease process, from molecular to the psychological aspect. COMAEM conceptualized basic science as a set of "disciplines grouped into subjects or modules of the curriculum of the medical degree taught at various academic spaces (classroom, laboratory) subjects before clinical cycle"

Moreover, the essential criteria to evaluate plans and programs for the opening race of Medicine published the Evaluation Committee of the Interagency Commission for Human Resource Development for Health (CIFRHS) is also set in section 5.2 that the content of the curriculum must correspond to the discipline and must include, among other things the molecular and cellular basis of normal and pathological processes, as well as the structure and function of tissues, organs and apparatuses and systems.

We mention that the Directorate General of Quality and Health Education (DGES) of the Ministry of Health (SSA) has among its functions establish in coordination with the CIFRHS, educational policies in training human resources for health. Furthermore, the DGES also has the responsibility of evaluating the plans and programs of study for opening medical careers which is a requirement for any recognition of official validity of studies (RVOE) issued by the SEP. RVOE is the "act of educational authority under which it is determined to incorporate a plan and curriculum that teaches an individual or intends to provide the national education system." Therefore, DGES also involved in establishing the requirements for opening and operating medical schools.

See:

Instrument gives autoevaluation 2008 pp. 32, 33 and 34

Essential Standards for assessing plans or programs of study in medicine. CIFRHS Section 5.2

Analyst Remarks to Response

In its response to the staff draft analysis COMAEM was able to clarify how that the Secretary of Health (SAA) within the Ministry of Health in cooperation with the Secretary of Education's CIFRHS provides a set of nine standards (Essential Standards for Assessing Plans and Programs of Study for Opening the Bachelor in Medicine) that a medical program must meet in order to be authorized to provide medical education within the country. The requirements include Standard 5.2 (Curriculum Structure), Section 5.2.10 of which describes all of the basic and clinical courses that each medical education program must include in their Bachelor of Medicine programs. The documentation provided by the agency also makes it clear that the institutions are responsible for developing the curriculum that include those required courses and that the country does not

d dictate the institution curriculum development process.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 3

Country Narrative

The school or college prepares students in basic research methodology, clinical and social sciences and has programs for development and productivity of medical research in which interested students can participate.

Instrument Gives Autoevaluation Page 32 to 34
Westhill Self - Study Pages 97 to 109

Analyst Remarks to Narrative

The agency's accreditation standards 51(Medical Research and Education, Handbook page 66) and 52 (Committees and Research Bioethics, Handbook pages 67 and 68) identify COMAEM's expectations for its accredited schools to provide opportunities for their students to participate in research. The standards require the school and faculty to have a program for the development and production of medical research projects and to ensure that students, teachers and the school's academics participate. The agency provided a completed self-study (pages 203 to 210) demonstrating that it reviews and evaluates the requirements of this section during the accreditation process.

Curriculum, Question 4

Country Narrative

The academic programs, teaching strategies and their schedule only define and encourage the student self-directed activities or independent study and continuing professional development through lifelong learning.

Instrument Gives Autoevaluation Page 26
Westhill Self - Study Pages 78 to 80

Analyst Remarks to Narrative

COMAEM's accreditation standards 14 (Self Directed Study, Handbook page 26) and standard 15 (Ability to Communicate, Professional Development and Practice, Handbook page 27) and standard 16 (English, Handbook page 28) identify the agency's expectations for its accredited schools to provide instructional programs for active learning and independent study to develop the skills necessary for lifelong learning opportunities. The standards require the

school's medical education programs to define and promote self-directed study activities and continuing professional development. The agency also requires its institutions to provide classes in English to encourage the use of the English language to access international medical information. The agency provided a completed self-study (pages 78 to 88) demonstrating that it reviews and evaluates the requirements of this section during the accreditation process.

Curriculum, Question 5

Country Narrative

Community work programs are contributing to the integral formation of students and define the activities of teaching, research and service that provide students and teachers in community consistent for their development. Such programs should be coordinated, supervised and evaluated by professional staff in the areas of Public Health, Epidemiology, Sociology and Preventive Medicine. Also perform a mandatory social service a year in rural or undeserved areas.

The school or faculty provides the students with capabilities to develop communication skills, continuing professional development and future professional practice. Moreover, the school must have an academic and operating program of social service that performs the required action of consultation, supervision, monitoring and evaluation for compliance in conjunction with public health institutions.

In addition, community works program of the schools, must contribute to the formation of the students and identifies the teaching, research and service activities that faculty and students engage in consistent with their development.

Instrument Gives Autoevaluation Pages 27, 30 and 41

Westhill Self - Study Pages 81 to 85, 91 to 93 and 126 to 130

Analyst Remarks to Narrative

COMAEM's accreditation standards 18 (Community Work, Handbook page 30) and standard 28 (Social Service, Handbook page 41) identify the agency's expectations for its accredited schools to make available and to provide the opportunity for service learning activities and community service practice. The standards require the school's medical education programs to define and promote community service in the curriculum, research and clinical rotations. They also require the institutions' medical programs to work together with community health facilities. The agency provided a completed self-study (pages 91-93 and pages 126-130) demonstrating that it reviews and evaluates the requirements of this section during the accreditation process.

Curriculum, Question 6

Country Narrative

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.

Histology and Histology Laboratory Practices

Embryology and laboratory practices

Anatomy and dissection room

Biochemistry and chemistry laboratory practices

Physiology and Laboratory

Microbiology and parasitology and microbiology and parasitology laboratory

Pathology and Laboratory

Basic Nutrology and laboratory

Genetics and Laboratory

Pharmacology and Laboratory

Immunology and Molecular Biology

In some medical curricula are considered within the socio-medical basic sciences subjects: Public health, epidemiology, sociology, preventive medicine, research and administration.

Instrument Gives Autoevaluation Page 32

Westhill Self - Study Pages 97 to 100

Analyst Remarks to Narrative

The agency's standards 9 (Educational Model, handbook page 19), 10 (Duration of the Curriculum, handbook page 20), 11 (Curriculum Structure, handbook page 21) and 20 (Basic Formation, Handbook page 32) outline the requirements for its institution's minimum curriculum for the sciences basic to medicine. As noted previously, the standards are very general.. The agency also provided a completed self study that demonstrates that the medical school lists its core science subjects and that it is evaluated against the agency's requirements. However, while the completed self-study lists its core subjects such as; anatomy, developmental biology, biochemistry, and molecular biology, which are required by this section of the guidelines, COMAEM does not list these subjects or its expectations of what the curriculum must include in its standards.

Additional information and documentation is requested regarding what courses, at a minimum, a medical school's basic science curriculum must include.

Country Response

Although COMAEM in its Self-Assessment Instrument 2008, does not include a list of the basic science subjects to be included in the curriculum of medicine it does say that they must be present in the curriculum of the race. Besides the CIFRHUS and DGES required for a school to get the newly created RVOE.

As noted in subsection 4.2 (c) in the Standard No. 20 of the Instrument mentioned above states that school or medical school must verify that includes in the curriculum disciplines essential for basic training, for what which school or college must submit the curriculum of the race the curriculum map and syllabi.

Schools must also demonstrate, through the syllabi course literature and teaching strategies - learning that basic training is current, based on knowledge and scientific reasoning.

See:

Essential Standards for assessing plans or programs of study in medicine.
CIFRHUS

Curricular Map. Westhill

Responsibilities of the academic boards. Westhill

National Certification System. Standard 20

Analyst Remarks to Response

In response to the staff draft analysis the agency provided as documentation Essential Standards for Assessing Plans or Programs of Study in Medicine. Standard 5.2 (Curriculum Structure) Sec 5.2.10 clarifies the country's requirements and lists the types of courses for a medical school's basic science curriculum that must be included in each medical education program leading to a Doctor of Medicine degree. While COMAEM's evaluation tools do not specifically list the basic science courses, the agency's documentation seems to indicate that its evaluation of an institution's curriculum does include an assessment of whether or not it includes those basic science courses required by the country.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 7

Country Narrative

The school or college must have the necessary laboratory infrastructure and material resources to support exercises scheduled for the basic sciences, as well as teachers and staff trained to drive and support the practices, all consistent with the educational model scheduled basic science and sufficient for the enrollment of students.

Instrument Gives Autoevaluation Pages 70 and 71
Westhill Self - Study Pages 213 to 219

Analyst Remarks to Narrative

While the agency's standard 54 (Academic Infrastructure, handbook page 70) outlines its requirements for institutions to have the appropriate physical resources to carry out the school's mission, it is not clear to the Department that COMAEM's standards provides any guidance to its institutions about the agency's expectations for 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 basic science curriculum, the agency information is not sufficient to verify its evaluation of the requirements of this section during the accreditation process.

The country is requested to provide documentation verifying the nature of the agency's expectations and assessment of the laboratory component as part of the accreditation process.

Country Response

Standard 54 of Self-Assessment Instrument 2008 of COMAEM provides that school or college must have in quantity and quality with the academic infrastructure consistent with the model of education and tuition. Indicator 54.2 points as related to laboratories. To meet this indicator, the school or faculty must provide information such as: 1) General Information of the institution, 2) Table No.1 on Academic Programs, 3) Table No.6 on academic infrastructure and 4) Programming groups in laboratories. In the general data of the school or college institution must report among other things on student enrollment. Table No. 1 the institution must inform the subjects offered in the curriculum, the area belonging to each subject (basic, clinical, socio-medical etc..) Which offers stage (classroom laboratory, ETC.), etc. Table No. 6 the institution must detail the academic infrastructure with which account. Regarding laboratories should list them, bring the furniture and equipment we have, facilities etc. and demonstrate the consistency between the quality and quantity of its laboratories and academic needs.

In addition, section 8 (infrastructure and equipment) of the essential criteria to evaluate plans and programs for the opening race of Medicine also notes that the school or college must have specific laboratories (section 8.3) which should be available (functional and likely to be used) and available (depending on

enrollment) and be functional (practical and useful).

See:

National Certification System. Standard 54

Table annexed. Tables 1 and 6

Essential Standards for assessing plans or programs of study in medicine.
CIFRHUS. Section 8

Analyst Remarks to Response

In response to the staff draft analysis COMAEM provided additional information and documentation that describes the country's requirements for the laboratory portion of the basic science curriculum. In the Departments review of the agency's standards and the documentation submitted by COMAEM it appears that while the agency's standards do not detail its laboratory requirements, its evaluation process ensures that each program being reviewed is evaluated against the country's laboratory requirements established in the CIFRHUS standards and the requirements for the National Certification System which both contain the country's minimum requirements for the medical education program infrastructure and laboratory settings as established by the Health Ministry and Education Department.

Staff Conclusion: Comprehensive response provided

Clinical Experience, Question 1

Country Narrative

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 formulation diagnostic hypothesis and decision making in patient management.

Family Medicine, Pediatrics, Gynecology and Obstetrics, Geriatrics, Internal Medicine, (where topics include Endocrinology, Cardiovascular, Hematology, Pneumology, Neurology, Urology, Nephrology, Rheumatology, Dermatology, Infectious Diseases and Oncology), General Surgery, (where topics include ophthalmology, gastroenterology, otolaryngology, Skeletal Muscle and Surgical Pathology); Psychiatry and Mental Health, Emergency Medical Surgical, Clinical Nutrition Forensic Medicine and Rehabilitation Radiology and Imaging.

The school has clinical fields where they performed a supervised clinical internship. In addition, the student must approve the curriculum of undergraduate internship with a duration of one year, their welfare activities are

organized based on rotations in internal medicine, surgery, pediatrics, obstetrics, emergency room, primary care and the outer query. Both clinical and internship cycles take place in second level hospitals qualified. Primary care practices are performed in the primary care level (health centers or outpatient).

By the topics included in the clinical sciences taught in the curriculum.

Instrument Gives Autoevaluation Pages 33 to 39

Westhill Self - Study Pages 101 to 122

Westhill Self - Study Tables 2, 3, 4 and 5

Analyst Remarks to Narrative

The agency's standard 21 (Clinical Formation, handbook pages 33-39) outlines its requirements for developing and providing a strong academic program in the clinical fields. It also provides a completed self-study from Westhill School of Medicine, including tables from its assessment of clinical programs where 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 guidelines. This seems to indicate that the agency assesses the extent to which a medical school program of clinical instruction includes these clinical subjects as requirements.

However, COMAEM does not list these subjects in its standards as required core clinical subjects, nor has it provided any documentation demonstrating that these core subjects are required by the country. The agency is requested to provide documentation demonstrating how the country's medical schools are made aware of the agency's expectation regarding required clinical instruction.

Country Response

The demographic and epidemiological transition, the logic of structuring resources for health care of the population, changes in population dynamics and the customs and practices of service demand determine the structure of medical education programs.

Detailed information about it is annexed.

See:

Clinical knowledge and need of healt care in México

Curricular Map. Westhill

Analyst Remarks to Response

In response to the staff draft analysis the agency provided additional information in the document entitled “Clinical Knowledge and Needs of Health Care in Mexico”, which helps clarify the agency’s expectation for clinical portions of the medical education programs. In the (Curriculum, Question 2) COMAEM provided the Secretary of Education’s CIFRHUS Standard 5.2 (Curriculum Structure) Section 5.2.10 which describes all of the core basic and clinical courses that each medical education program must include in their Bachelor of Medicine programs. The documentation provided by the agency provides the country’s expectations for basic science and clinical course delivery, demonstrating that the country requires these courses.

When reviewing the agency's documentation, what is clear is that the standards and the evaluation tools used by COMAEM, such as its tables and supporting country laws, ensure that these minimum requirements established by the Ministry of Health and the Department of Education are reviewed during the evaluation of the medical program's curriculum during agency visits.

Staff Conclusion: Comprehensive response provided

Clinical Experience, Question 2

Country Narrative

It is obligatory that clinical training in all schools include the disciplines of the essential areas for general medicine and is based on knowledge and scientific reasoning and the clinical method in order to develop students skills that will enable long-term raise diagnostic hypotheses and make decisions in the management of the patient. In addition to developing medical records in a systematic way and methodology to acquire and develop the skills, clinical skills and attitudes that allow a permanent practice.

Instrument Gives Autoevaluation Pages 33 to 39
Westhill Self - Study Pages 101 to 122
Westhill Self - Study Tables 2, 3, 4 and 5

Analyst Remarks to Narrative

As noted in COMAEM's narrative, in the self-study 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.

COMAEM also provided tables, which are required to be provided by the school and reviewed by the evaluation team, that illustrate its evaluation of its requirements regarding clinical experiences or review of the clinical portion of the curriculum.

Clinical Experience, Question 3

Country Narrative

Both clinical courses such as medical internship are developed in second level hospitals. First contact care practices are made in primary care: community health centers and outpatient/family hospital are places where students can participate in outpatient care.

All graduates of the medical course must complete a year of internship (Social Service) according to the academic program and implemented operating together: education and health. During the Social Service students study comprehensively the problems of health and most common disease representative of the country and the communities.

Instrument Gives Autoevaluation Pages 33 to 41

Westhill Self - Study Pages 101 to 130

Westhill Self - Study Tables 2, 3, 4 and 5

Analyst Remarks to Narrative

The agency standards 21(Clinical Formation, handbook page 33), 22 (Development of Programs in Clinical Fields, handbook page 35), 23 (Rotations in Clinical Fields, handbook page 36), 24 (Academic Activities, Resources, and Infrastructure in Clinical Areas, handbook page 37), 25 (Program of Undergraduate Internship, handbook page 38), 26 (Undergraduate Internship Activities, handbook page 39), 27 (Undergraduate and Graduate Clinical Fields, handbook page 40) and 28 (Social Service,handbook page 41) outline COMAEM's requirements for the medical students' clinical experiences. The agency provided a completed self-study and tables used in assessing schools' student clinical experience, which demonstrate that 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.

Supporting Disciplines

Country Narrative

Most of the curriculum materials have implemented subjects like Radiology and Imaging and clinical pathology, which content and educational experience also reinforced in each of the topics reviewed in Internal Medicine, Surgery, Gynecology and Obstetrics, Pediatrics and Medicine family.

Instrument Gives Autoevaluation Pages 33 to 36

Westhill Self - Study Pages 101 to 114

Westhill Self - Study Tables 2, 3, 4 and 5

Analyst Remarks to Narrative

The agency's narrative and portions of its standards provide some guidance about the extent and nature of education provided to students in disciplines that support the clinical subjects. The documentation provided, including the self study support the agency's claim that its schools include these subjects such as; Radiology and Imaging and clinical pathology, in the curriculum. However, the agency does not provide a list of subjects or define what its expectation are.

Further information is requested regarding the means by which institutions are informed of the requirements pertaining to educational opportunities in disciplines that support the clinical subjects and their review by the agency.

Country Response

The demographic and epidemiological transition, the logic of structuring resources for health care of the population, changes in population dynamics and the customs and practices of service demand determine the structure of medical education programs.

Detailed information about it is annexed.

See:

Clinical knowledge and need oh health care in Mexico

Curricular Map. Westhill

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM was able to provide a clearer understanding of how institutions are informed of the requirements pertaining to educational opportunities that support the clinical subjects and their review by the agency. While the agency does not provide a list of subjects or define what its expectations are, the institutions are made aware of the country's basic curriculum requirements, which contain these subjects, during the process the country uses to grant authority to the program/institution. The Secretary of Education's Essential Standards for Assessing Plans or Program of Study in Medicine, Standard 5.2 (Curriculum Structure) Section 5.2.10 describes all of the

core basic and clinical courses that each medical education program must include in their Bachelor of Medicine programs, including the requirements of this section. The agency's documentation demonstrates that the country's medical education programs/institutions are informed of the requirements pertaining to educational opportunities in disciplines that support the clinical subjects and that they are reviewed by the agency.

Staff Conclusion: Comprehensive response provided

Ethics, Question 1

Country Narrative

The curriculum of the medical course should include the humanistic area, with topics such as ethics, medical or clinical ethics, bioethics, Training axiological, History and Philosophy of Medicine, Medical humanities, Ethics, and so on, according to the vocation of the school, where students develop human values, moral and ethical, for care of patients should be shown in daily clinical practice. One of the parameters to evaluate it, is the ethical and humane treatment to patients, families and colleagues.

Bioethics and research committees must have a program for students, teachers and academics, edhere to the principles and methodology, and their action promote ethical and professional medical practice.

Instrument Gives Autoevaluation Pages 67 and 68
Westhill Self - Study Pages pages 206 to 210

Analyst Remarks to Narrative

In its narrative, the country states that the medical curriculum should include instruction in "the humanistic area", which encompasses medical ethics. However, the only reference to the agency's medical ethics requirements is its standard 52 (Committees and Research Bioethics, handbook page 67). This standard requires that students be included in the bioethics and research committees. As previously indicated, the curriculum requirements are not clearly specified in the agency's standards. If the agency does require the teaching of medical ethics, it needs to provide documentation of that requirement and its review of school's curricular offerings.

The agency provided a completed self-study in which the school indicated, in response to standard 52, that it had voted to require the study of bioethics in the first year of the medical program. Given this response, it appears that the teaching of bioethics is a school prerogative rather than an accreditation requirement.

Additional information is requested regarding the country's/agency's

requirements for the teaching of medical ethics and for the school's monitoring and evaluation of the success of the instruction.

Country Response

While the medical curriculum needs to envisage a humanistic area, with emphasis on medical ethics in the same way there is the observance of students and teachers in their daily act. Singularly in treating the patient. Emphasizing develop as a crosscutting issue in the development of the medical curriculum. Thus the act of evaluating teacher and student in the medical education program methodology.

However, COMAEM does not have a standard that specifically assess the contents and ways of evaluating matters of medical ethics or the acquisition of securities. Only matching guides that evaluate clinical practice, confirmed that the ethical component being evaluated, its components: patient care, physician-patient-family and peers.

Given the importance of medical ethics, COMAEM recognizes that it is an area of opportunity to include a standard that specifically assess the teaching of ethics and assess how schools demonstrate educational success in ethical behavior of their students.

Analyst Remarks to Response

In response to the staff draft analysis the agency agrees with the Department that the teaching of medical ethics is a school prerogative rather than an accreditation requirement and that additional guidance by the country to its programs/institutions about the country/agency's requirements for the teaching of medical ethics and for the school's monitoring and evaluation of the success of the instruction is needed.

The agency also stated that COMAEM recognizes that it is an area of opportunity for the country to include a standard that specifically assess the teaching of ethics and assess how schools demonstrate educational success in ethical behavior of their students.

The NCFMEA may wish to request that the country consider further consideration in the development of an ethics standard and process for evaluation of the ethics education within its programs.

Staff Conclusion: Additional Information requested

Communication Skills, Question 1

Country Narrative

In all academic programs is encouraged communication skills in students with patients, families, colleagues and other health professionals. Students must demonstrate this skill in daily clinical practice in the presentation of issues and research advances as well as their participation in academic events such as roundtables, workshops, symposia, seminars and more.

Instrument Gives Autoevaluation Pages 27
Westhill Self - Study Pages 81 to 85

Analyst Remarks to Narrative

The agency's standard 15 (Ability to Communicate, Professional Development and Practice, handbook page 27) outlines the agency's expectations for providing instruction in communication skills. The completed self study (pages 81-82) details the school's approach to instructing medical students in communication skills. The information provided verifies that COMAEM evaluates whether the schools have processes for evaluating the success of its instruction in communication skills.

Design, Implementation, and Evaluation, Question 1

Country Narrative

The design, implementation, updating and approval of curriculum and academic programs are the responsibility of the collegiate bodies where faculty participates in accordance to its regulation. To this purpose, the school develops its self-assessment program comprehensive, systematic and ongoing implementation, focusing on key elements that assess the effectiveness and quality of the program, considering many variables to be measured in the core areas, clinical, socio-and medical humanists. The results are used to fed the curriculum, make the necessary changes and maintain its quality.

Instrument Gives Autoevaluation Pages 23 to 25 and 53 to 56
Westhill Self - Study Pages 72 to 77 and 160 to 171
Westhill Self Table 8

Analyst Remarks to Narrative

The agency standards 4 (Legislation and Regulations, handbook page 13), 5 (Elected Bodies, handbook page 14), 12 (Responsibilities of the Elected Bodies, handbook page 23), 39 (Evaluation, handbook page 53), 40 (Objectives and Evaluation Criteria, handbook page 54), and 41 (Evaluation of Learning, handbook page 55), along with the agency's accreditation handbook, address the role of the faculty in the requirements of this section. The documentation indicates that the faculty assist in the development of the curriculum and its elected governing body approves and periodically reviews the curriculum and makes the necessary recommendations for its improvement. The agency

provided a completed self-study and an evaluation table demonstrating that the agency reviews and evaluates its institutions for compliance with this requirement.

Design, Implementation, and Evaluation, Question 2

Country Narrative

The design, implementation, updating and approval of curriculum and academic programs are the responsibility of the collegiate bodies where faculty participates in accordance to its regulation. To this purpose, the school develops its self-assessment program comprehensive, systematic and ongoing implementation, focusing on key elements that assess the effectiveness and quality of the program, considering many variables to be measured in the core areas, clinical, socio-and medical humanists.

The results are used to fed the curriculum, make the necessary changes and maintain its quality.

Moreover, medical schools must apply a followup graduates program consistent with the professional profile of the school and verifies the academic and professional performance of the graduates and acts as feedback of the development of the curriculum.

Schools must implement a self assessment program comprehensive and systematic focusing on the core elements of the curriculum and to provide feedback to boost quality.

Instrument Gives Autoevaluation Pages 23 to 25, 53 to 56, 62 and 63
Westhill Self - Study Pages 72 to 77, 160 to 171 and 188 to 197
Westhill Self Table 8

Analyst Remarks to Narrative

COMAEM's standards 12 (Responsibilities of the Elected Bodies, handbook page 23), 13 (Academic Programs, handbook page 24), 39 (Evaluation, handbook page 53), 40 (Objectives and Evaluation Criteria, handbook page 54), 41 (Evaluation of Learning, handbook page 55), 47 (Graduate Follow Ups, handbook page 62) and 48 (Program of Self Assessment, handbook page 63) address the institution's responsibility for evaluating the effectiveness of its curriculum and documenting student achievement. The agency documentation encompasses a process for periodic review of the curriculum that includes the evaluation of student performance outcome data with no external review. In the completed self-study, the institution provides a detailed review referencing supporting documentation demonstrating the agency's evaluation of this requirement.

Design, Implementation, and Evaluation, Question 3

Country Narrative

There is no uniform approach to the curriculum's design, implementation and evaluation process, this is defined by each university. However, the self-study instrument defines the obligation to establish criteria for curriculum's evaluation as a basis for redesign and strategic planning of the schools.

Instrument Gives Autoevaluation Pages 23 to 25, 53 to 56, 62 and 63

Westhill Self - Study Pages 72 to 77, 160 to 171 and 188 to 197

Westhill Self Table 8

Analyst Remarks to Narrative

The agency's standards/criteria include the requirement that faculty members, students and the institution's governing bodies participate in the evaluation of the curriculum and the quality of the programs of the medical school. The agency's standards and self-study requirements include COMAEM's expectations that each institution has the responsibility for defining and implementing the process for the design, implementation, and evaluation of a medical school's curriculum. In addition, standard 47 requires that a school collect information about its graduates to determine whether they are performing consistent with the professional profile.

While the country does not have a single documented definition or requirement for these processes or what data should be used, the self-study that was provided along with a copy of an evaluation table demonstrate that the agency reviews the requirements of this section during the accreditation process. However, it is not clear the basis on which the agency would consider the data used to be sufficient to assess program quality -- in particular, whether it would be acceptable to have no external measures (such as residency acceptance rates, licensure passage rates, comprehensive examination passage rates, etc) of graduates' preparation and postgraduate performance.

Additional information is requested regarding the agency's assessment of institution-provided measures to evaluate program quality.

Country Response

The Standard 47 of the Instrument mentioned above makes it mandatory that the school or college has a program tracking graduates. This program must be consistent with the profile of graduates and must verify the academic and professional graduates. Monitoring results must feedback to the curriculum.

In addition, Standard 48 of the Instrument indicates that the school or college must have a comprehensive program of systematic self-assessment, which is centered on the fundamental elements of the medical curriculum and that fed

back to boost their quality.

Likewise, the Standard 49 establishes that the school or college must have a system of institutional planning, comprehensive, systematic, supported by a multidisciplinary group of experts involved in its planning and execution.

Moreover, the essential criteria to evaluate plans and programs for the opening of Medicine Faculty also note, in section 9 (Evaluation Systems), the school or college must have, among other things, evaluation systems curriculum, programs and graduates. Establishes that program evaluation should be conducted by collegial bodies, the following graduates should find if they are embedded in the workplace or in graduate school in your area and if the curriculum is current and valid.

See:

Essential Standards for assessing plans or programs of study in medicine.
CIFRHUS

National Certification System. Standards 12, 47, 48 and 49

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM describes how CIFRHUS (Sec 9 Evaluation System) parts 9.1 through 9.1.3) requirements include criteria to evaluate student performance and program quality. The agency also provides clarification on its Standards and the requirements for monitoring and assessing student performance. However, it is still not clear to the Department if the data used by the agency is sufficient to assess program quality.

The NCFMEA may wish to request that the agency provide more information regarding the agency's assessment of institution-provided measures to evaluate program quality.

Staff Conclusion: Additional Information requested

Admissions, Recruiting, and Publications, Question 1

Country Narrative

There is no national selection system. Medical schools including the university level or the sponsors, has a system of selection and admission of students who are in charge of a selection committee or equivalent, formalized according to their regulations. The self-study instrument includes indicators that the school must meet in relation to the process of selection and admission of students, as well as those associated with determining the size of enrollment to ensure the quality of education.

Instrument Gives Autoevaluation 2008 pages 42 to 44
Westhill Self-study pages 131 -138

Analyst Remarks to Narrative

According to the agency's narrative and its standards outlined in its accreditation manual, there is no standard process of selecting medical program students defined by the country. The authority for selecting entrants, within the parameters established by COMAEM, is delegated to each medical school's selection committee. The agency standard 29 (Student Selection and Admission, handbook page 42) and standard 30 (Determination of Registration, handbook page 43) address the agency expectations for the institution's selection process. The self-study document verifies the agency's review of admission requirements during the accreditation process.

Admissions, Recruiting, and Publications, Question 2

Country Narrative

There is no national selection system. Medical schools including the university level or the sponsors, has a system of selection and admission of students who are in charge of a selection committee or equivalent, formalized according to their regulations. The self-study instrument includes indicators that the school must meet in relation to the process of selection and admission of students, as well as those associated with determining the size of enrollment to ensure the quality of education.

Instrument Gives Autoevaluation 2008 pages 42 to 44
Westhill Self-study pages 131 -138

Analyst Remarks to Narrative

According to the agency's narrative and its standards outlined in its self-study manual, there are no national admission standards or criteria available to student applicants. Each institution establishes its own criteria and processes for the selection of students. COMAEM only requires that the institution provide and verify the criteria and process it uses, and that the faculty of the institution participate in development of the criteria and process. The agency standard 29 (Student Selection and Admission, handbook page 42) and standard 30 (Determination of Registration, handbook page 43) address the agency's expectations for the institution selection process. The self-study document verifies the agency's review of their admission requirements during the accreditation process.

Admissions, Recruiting, and Publications, Question 3

Country Narrative

Medical schools including the university level or the sponsors, has a system of selection and admission of students who are in charge of a selection committee or equivalent, formalized according to their regulations.

Instrument Gives Autoevaluation 2008 pages 42 to 44
Westhill Self-study pages 131 -138

Analyst Remarks to Narrative

The agency's narrative and its standards outlined in its accreditation manual, describe the process in which a committee made up of the faculty and governing board members participate in the selection of students for the medical education programs for each institution. COMAEM requires that the institution's faculty have a selection and admission system and provide and verify the criteria and process it uses, for the faculty's participation in the student selection process. The agency standard 29 (Student Selection and Admission, handbook page 42) and standard 30 (Determination of Registration, handbook page 43) address the agency's expectations for the institution selection process. The self-study document verifies the agency's review of faculty's participation in the student selection process during the accreditation process.

Admissions, Recruiting, and Publications, Question 4

Country Narrative

Medical schools including the university level or the sponsors, has a system of selection and admission of students who are in charge of a selection committee or equivalent, formalized according to their regulations. Te self-study instrument includes indicators that the school must meet in relation to the process of selection and admission of students, as well as those associated whit determining the size of enrollment to ensure the quality of education.

Instrument Gives Autoevaluation 2008 pages 42 to 44
Westhill Self-study pages 131 -138

Analyst Remarks to Narrative

According to the agency's narrative and its standards outlined in its self-study manual, there is no standard process of selecting medical program students defined by the country. The authority for selecting entrants, within the parameters established by COMAEM, is delegated to each medical school's selection committee. The agency standard 29 (Student Selection and Admission, handbook page 42) and standard 30 (Determination of Registration, handbook page 43) address the agency's expectations for the institution's selection process. The self-study document verifies the agency's review of admission

requirements during the accreditation process.

Admissions, Recruiting, and Publications, Question 5

Country Narrative

There is no established norms to regulate the content of catalogs, publications and other advertising used by the medical school to promote their educational program. But each of them, basically by electronic means, makes known to the candidates, their mission and vision, plan and curriculum, and profile requirements for entering, graduation, conditions of the evaluation, promotion and in the case of private schools the registration and tuition fees.

This is an opportunity area for the accreditation instrument for México

Analyst Remarks to Narrative

The agency reports that the country does not have requirements for information available to the public by catalog or any other form of media. The Department was not able to verify that COMAEM has any guidelines for assessing medical school catalogs, publications, or advertising material. The agency also comments that this would be an opportunity for COMAEM to develop requirements for this section.

Additional information is requested regarding the country's work towards developing standards and providing guidance to its accredited institutions on the requirements of this section.

Country Response

Although the Self-Assessment Instrument 2008 COMAEM not establish requirements or standards to regulate the content of publications and advertisements used by schools and medical schools to promote academic programs, Article 32 of the Federal Consumer Protection Law does it and establishes that "The information or advertising of goods, products or services that are disseminated by any means or form, must be true, verifiable and free texts, dialogues, sounds, images, trademarks, appellations of origin and other descriptions that lead or deceptive or confusing deceptive or abusive. "In the same article explains what is meant by information or misleading advertising or unfair:" ... one that relates features or information related to any good, product or service may or may not be true, mislead or confuse consumers by how inaccurate, false, exaggerated, partial, artificial or misleading in that it presents. "

Analyst Remarks to Response

In response to the staff draft analysis the agency reports that Article 32 of the Federal Consumer Protection Law provides the requirements for honest advertising. However, the agency did not provide a copy of the law and the Department was unable to verify that COMAEM has any guidelines for assessing medical school catalogs, publications, or advertising material.

During the initial review of the agency's petition the agency commented that this would be an opportunity for COMAEM to develop requirements for this section.

The NCFMEA may wish to request that the country give serious consideration to development requirements for this section.

Staff Conclusion: Additional Information requested

Admissions, Recruiting, and Publications, Question 6

Country Narrative

There is no National regulations on the matter, however it is considered as a fundamental part of the programs. Therefore, the self-study instrument defines indicators that force schools to prove that they have delivery mechanisms and regulation about distribution, diffusion and appeal records from students.

Instrument Gives Autoevaluation 2008 pages 57 and 58
Westhill Self-study pages 172 - 178

Analyst Remarks to Narrative

The agency narrative states that there are no national requirements that student records be made available to the student. The agency's standard 42 (Grades, handbook page 57) and standard 43 (School Register. handbook page 58) address the right of students to access their grades and appeal those grades, and access the school register which contains the student's history and academic record. The agency provided a completed self-study that verifies that the institution is required to document this process and that the agency reviews its requirements during the accreditation process.

Student Achievement, Question 1

Country Narrative

Yes. There are not specific national requirements for assessing the academic achievement of medical students, each school is free to set their own objectives, criteria and evaluation methods for each academic program consistent with the curriculum and educational model, they are known throughout the academic community. Therefore, the self-study instrument defines indicators that force

schools to prove that they have delivery mechanisms and regulation about this item.

Instrument Gives Autoevaluation 2008 pages 55, 56 and 58 to 61
Westhill Self-study pages 167 to 171 and 175 to 180

Analyst Remarks to Narrative

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 performance. However, all medical schools have their own methods of evaluating and testing their students. COMAEM has provisions in its quality standards 41 (Evaluation of Learning, handbook page 55), 43 (School Register, handbook page 58) and 46 (Professional Exam, handbook page 61) addressing the requirement 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.

It is the Department's understanding (based on conversations with country representatives) that the country requires its medical schools to develop and administer a "Professional Exam" that students must pass 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. COMEAM's standard 46 requires that the professional examination assess the basic and clinical training and clinical performance necessary for the medical exercise and that it has defined purposes. 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.

The agency provided a completed self-study demonstrating that the agency requires the institution to define this process and make this information available.

Student Achievement, Question 2

Country Narrative

No. The evaluation of the student is teacher's responsibility and is performed with strict adherence to the regulations includes the serialization of academic units and requirements for student promotion to subsequent cycles. The evaluation of student performance employs many variables to measure the skills and performance of students, so learning assessment instruments that measure apply: knowledge, thinking skills and psychomotor skills, attitudes and values consistent with the academic programs

Instrument Gives Autoevaluation 2008 pages 53 to 56
Westhill Self-study pages 160 to 171

Analyst Remarks to Narrative

The agency reports that Mexico does not set national requirements by which medical schools are to evaluate student achievement. COMAEM's standards 39 (Evaluation is a Teaching Staff Responsibility, handbook page 53), 40 (Objectives and Evaluation Criteria, handbook page 54), and 41 (Evaluation of Learning, handbook page 55) outline the institution's responsibility and process to establish, document and evaluate their own systems for evaluating student achievement. The agency provided a completed self-study that demonstrates the process of evaluating the faculty's assessment of student achievement.

Student Achievement, Question 3

Country Narrative

The evaluation of the student is teacher's responsibility and is performed with strict adherence to the regulations includes the serialization of academic units and requirements for student promotion to subsequent cycles. The evaluation of student performance employs many variables to measure the skills and performance of students, so learning assessment instruments that measure apply: knowledge, thinking skills and psychomotor skills, attitudes and values consistent with the academic programs. These items are included en the self-study instrument.

Instrument Gives Autoevaluation 2008 pages 53 to 58
Westhill Self-study pages 160 to 178

Analyst Remarks to Narrative

The agency narrative and documentation provide an overview of the monitoring and evaluation of a students progress. While the documents suggest that the agency does not establish minimum student performance outcome standards, COMAEM's standards 39 (Evaluation is a Teaching Staff Responsibility, handbook page 53), 40 (Objectives and Evaluation Criteria, handbook page 54), and 41 (Evaluation of Learning, handbook page 55) outline the institution's responsibility and process of establishing outcome measures and evaluating the

student's progress and requirements for promotions to the next year of study. The agency provided a completed self-study that demonstrates the review and evaluation of the requirements of this section.

Student Achievement, Question 4

Country Narrative

Based on the information available, schools determine criteria and strategies to ensure the quality of education. However these indicators are used internally for the schools and have not been considered as a part of the accreditation process.

Instrument Gives Autoevaluation 2008 pages 59, 60 and 62
Westhill Self-study pages 179 to 183 and 188 to 193

Analyst Remarks to Narrative

It appears from the agency's narrative and documentation that neither the agency nor the country establishes student performance outcomes measures, benchmarks, or requirements for its medical schools regarding student achievement. However, the agency standards and documentation specifically require its accredited institutions to identify norms, evaluation tools and data. The agency also evaluates the institution's use of these evaluation tools and data to measure student success during and after graduation, including the review of professional exam data.

More information is required about the agency's assessment of the data its accredited institutions collect and use to measure student success.

Country Response

In the Self-Assessment Instrument 2008, paragraph V. EVALUATION is designed to require medical schools, the objectives, criteria, tools and strategies to measure learning outcomes of their students for undergraduate study, and their overall academic performance at the end of each period and at the end studies (Professional Examination. Standard 46). It also assesses compliance with applicable regulations and administrative processes organized (school record), for recording, monitoring and use of data that have been generated for each of the students for purposes of accreditation and promotion. At the end of that paragraph (Standard 47) assesses the ability of schools to establish procedures and dedicate resources to track their graduates verifying their academic and professional performance. COMAEM also required for accreditation purposes, all data generated during and after graduate studies, are used in the planning system of the institution (Standard 49) and the Self-Assessment Program (Standard 48).

See:

Essential Standards for assessing plans or programs of study in medicine.
CIFRHUS

National Certification System. Standards 46, 47 and 48

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM provided a clearer explanation and insight to how the country establishes student outcome measures. The agency provided the CIFRHUS Standards and the National Certification System Standards (NCSS). While the agency does not establish student performance outcomes measures, benchmarks, or requirements for its medical schools regarding student achievement, the agency uses the requirements from CIFRHUS and NCSS to specifically require its accredited institutions to identify norms, evaluation tools and data. The agency also evaluates the institution's use of these evaluation tools and data to measure student success during and after graduation, including the review of professional exam data.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 5

Country Narrative

For the students' opinion about the quality of courses and educational process, surveys generally apply. The results are analyzed to assist in decision making and quality assurance of education.

Instrument Gives Autoevaluation 2008 pages 62 and 63
Westhill Self-study pages 188 - 197

Analyst Remarks to Narrative

The agency standards 47 (Graduate Followups, handbook page 62) and 48 (Program of Self-Assessment, handbook page 63) provide the agency's expectations for its institution's process of collecting and evaluating student feedback on the quality of the medical education provided by the institution. The agency provided a completed self-study that demonstrates that the institution collects and evaluates data from current and graduated students.

Student Services, Question 1

Country Narrative

Schools provide access to medical services, whether provided by the institution itself or by medical insurance. It must have also, a health and safety committee properly constituted in order to prevent risk factors in the institutional activities of their community.

It required a regulated program of scholarships for outstanding and / or limited resources students.

Instrument Gives Autoevaluation 2008 pages 45 to 47
Westill Self-study pages 139 - 147

Analyst Remarks to Narrative

COMAEM accreditation standards 32 (Counseling, handbook page 46) and 33 (Medical Services and Safety and Health Committee, handbook page 47) describe the agency's requirements that a school have a functional academic advising system, as well as student access to medical services, and a committee dedicated to the prevention of all types of community risks. The agency does not have explicit requirements related to financial aid and debt management counseling, mental health counseling, or career advice.

The agency provided a completed self study demonstrating an institution's self evaluation of this requirement and that the agency reviews the institution for compliance with this section during the accreditation processes.

Further information is requested regarding the agency's expectations related to a school's providing financial aid and debt management counseling, mental health counseling, and career advice and assistance.

Country Response

In the Self-Assessment Instrument 2008, paragraph III. Students, requires that medical schools have a scholarship program (Standard 31) and verifies that benefits students requires revising its regulations, operating procedures, mechanisms and distribution of scholarships percentage coverage, in addition to analyzing the call the last five years. In the same paragraph, using the standard 32, Counseling, COMAEM requires schools to provide academic counseling aimed at students with academic problems and counseling psychology which should include attention to mental health, study skills and orientation studies graduate and professional.

See:

Essential Standards for assessing plans or programs of study in medicine.
CIFRHUS

National Certification System. Standards 31 and 32

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM provided documentation (National Certification System Standards 31 and 32) which documents the country's expectation related to a school's providing financial aid, debt management counseling, mental health counseling, and career advice and assistance.

Staff Conclusion: Comprehensive response provided

Student Services, Question 2

Country Narrative

Schools provide academic counseling and psychology by qualified personnel that contributes to improving the academic achievement of their students and can identify mental health problems and addictions. There are also assigned mentors to help you select the most appropriate course to the interests and abilities of students in the curriculum called flexible.

Instrument Gives Autoevaluation 2008 pages 45 to 47
Westill Self-study pages 139 - 147

Analyst Remarks to Narrative

It is not clear that the agency has a standard/requirement establishing the confidentiality of student records. 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 regarding the agency's requirements for maintaining the confidentiality of student records or ensuring the students' right to review and challenge their records.

Country Response

The confidentiality of student records is a right established by the Federal Law on the Protection of Personal Data Held by Private Parties and the Federal Law of Transparency and Access to Public Government Information. So this application extends the laws of the schools or colleges. So the standard requirement is implicit. Evidence requested from self assessment and then, there is medical history records in this case the relevant social service.

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that Federal law provides the basis for maintaining the confidentiality of student records and to ensure the students' right to review and challenge their records. However, the agency did not provide the law so that the Department could verify its contents. Also, it is still not clear that the agency has a standard/requirement establishing the confidentiality of student records. It is also not clear how this criterion is applied to institutions nor is there evidence of its inclusion in the accreditation review process.

The NCFMEA may wish to request that the country provide more information on how it includes this requirement in its accrediting review process.

Staff Conclusion: Additional Information requested

Student Complaints, Question 1

Country Narrative

There is no national standard for monitoring complaints from students. Accreditation requirements do not consider this aspect that should be incorporated into the process.

COMAEM has not received complaints directly from students of medical schools in the country.

Analyst Remarks to Narrative

Neither the country nor COMAEM have policies or procedures in place to accept complaints from students regarding an institution. In addition, there is no indication that there is any other mechanism 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. In its narrative, the agency implies that it plans to incorporate student complaint review into its process.

More information is needed regarding the agency's plans to incorporate student complaint review into its accreditation process.

Country Response

At the regular meeting of April 25, 2012 presented the strategies for the period 2012-2013 of COMAEM. These defined the need to generate a diagnosis about the operating conditions of the accrediting body, and its operational tools.

Derivative diagnostic exercise in special session on July 18 was set up two working groups: the first revision oriented self-assessment tool, as well as standards and indicators that comprise it, based on the observations raised by

the Council for Higher Education accreditation (COPAES), as the criteria required are identified from the information received by the NCFMEA.

In the new edition of the Self-Assessment Instrument 2008, incorporated as a need arises, in section III. Students, a new standard by which schools are required to demonstrate the procedures, mechanisms and pathways and personnel responsible for giving cause, care, resolution and response to complaints from students regarding any area or issue that required .

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that during meetings in April 2012 and July 2012, draft revisions to the agency's standards requiring it to incorporate student complaint review into its accreditation process were completed and will be included in the new Self-Assessment Instrument 2008, Section III.

While the agency has developed these revised standards they were not provided.

The NCFMEA may wish to request that the new Student Complaint Standards and documentation of implementation during a review process be provided to the Department as soon as the country has had the opportunity to apply the new standards.

Staff Conclusion: Additional Information requested

Student Complaints, Question 2

Country Narrative

There is no national standard for monitoring complaints from students. Accreditation requirements do not consider this aspect that should be incorporated into the process.

COMAEM has not received complaints directly from students of medical schools in the country.

Analyst Remarks to Narrative

Neither the country nor COMAEM have policies or procedures in place to investigate complaints from students. As indicated previously, the agency plans to incorporate student complaint review into its process.

More information is needed regarding the agency's plans to incorporate student complaint review into its accreditation process.

Country Response

At the regular meeting of April 25, 2012 presented the strategies for the period 2012-2013 of COMAEM. These defined the need to generate a diagnosis about the operating conditions of the accrediting body, and its operational tools.

Derivative diagnostic exercise in special session on July 18 was set up two working groups: the first revision oriented self-assessment tool, as well as standards and indicators that comprise it, based on the observations raised by the Council for Higher Education accreditation (COPAES), as the criteria required are identified from the information received by the NCFMEA.

In the new edition of the Self-Assessment Instrument 2008, incorporated as a need arises, in section III. Students, a new standard by which schools are required to demonstrate the procedures, mechanisms and pathways and personnel responsible for giving cause, care, resolution and response to complaints from students regarding any area or issue that required .

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that during meetings in April 2012 and July 2012, draft revisions to the agency's standards requiring it to incorporate investigating complaints from students into its accreditation process were completed and will be included in the new Self-Assessment Instrument 2008, Section III.

While the agency has developed these revised standards they were not provided.

The NCFMEA may wish to request that the new Student Complaint Standards and documentation of implementation during a review process be provided to the Department as soon as the country has had the opportunity to apply the new standards.

Staff Conclusion: Additional Information requested

Finances, Question 1

Country Narrative

Schools have funding sources to ensure compliance of their programs and their availability must match the operating cycle of the school.

The financing of all public schools comes from the public treasury and funding to support programs in particular as research or development of infrastructure, which are awarded through competition or demonstrated educational quality.

Funding for all private schools comes from tuition-paying students

In the case of private schools with Official Recognition of Validity Studies awarded by the Secretariat of Public Education, the government agency decides

on the size and scope of educational program. For schools contained in a public university, it decides on the educational program.

School must prove that the school have funding sources to ensure compliance of their programs and their availability coincides with the cycle of operation of the school.

Instrument Gives Autoevaluation 2008 page 69
Westhill Self - evaluation 211 - 212

Analyst Remarks to Narrative

COMAEM standard 53 (Administrative and Resources, handbook page 69) requires 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". The agency's narrative provides a brief statement on financing, and reports that financing of all public schools comes from the public treasury, and that funding for all private schools comes from tuition-paying students.

While the self-study provided by the agency demonstrates that the institution's financial management and funding sources are reviewed in the accreditation process, the agency does not 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.

More information is needed regarding the agency's means of determining that its schools have adequate financial resources for the size and scope of the educational program.

Country Response

The training of the evaluators noted that the financial support of the school or college, to be supported by the development of an educational program planning from an academic standpoint that articulates with the institutional annual operating program, and certainly considering medical curriculum. The most important thing is to be granted the resources programmed in time and form according to the needs of each learning unit. Which is investigated from the financial point of view by a group of evaluators and observed matches the academic assessment program developed by teachers and students. This will qualify and qualify the financial dealings by the evaluators.

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that evaluation team is trained and competent to evaluate the institution's financial resources for the size and scope of the education program. However, the agency did not provide and documentation that would allow the Department to evaluate its compliance with this section. The agency does not 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.

The NCFMEA may wish to request that the country consider developing standards and evaluation criteria that demonstrates that the institution's financial management and funding sources are reviewed in the accreditation process

Staff Conclusion: Additional Information requested

Facilities, Question 1

Country Narrative

The quantity and quality of the academic infrastructure of the faculty or school are consistent with the educational model and the total number of students enrolled in a medical career.

Instrument Gives Autoevaluation 2008 pages 70 and 71
Westhill Self - evaluation 213 to 219
Westhill Self - evaluation Tables 1 and 6, 9 and 10

Analyst Remarks to Narrative

The agency's standard 54 (Academic Infrastructure, handbook page 70) and standard 24 (Academic Activities, Resources, and Infrastructure in Clinical Areas, handbook page 37) outline and identify the facilities and equipment requirements it expects of an accredited medical school. The agency provided a completed self-study and supporting evaluation documents demonstrating that it reviews its institutions for compliance with this requirement during the accreditation process.

Facilities, Question 2

Country Narrative

The infrastructure should include: classroom (equipped with audiovisual equipment) I, teaching laboratories for basic sciences, amphitheater of dissections, operating room to teach surgical techniques, study rooms, multipurpose rooms and / or auditoriums and infrastructure of computing. The size, capacity and material resources is determined in accordance with the educational model and the academic characteristics of the subjects taught, the enrollment of the school and the time distribution (morning and evening), which is distributed the occupation of the infrastructure.

Also considers the resources to support teaching and learning, such as audiovisual resources anatomical models, morphological and functional, sometimes a laboratory animal center, including animal specimens, consistent with the educational model and the enrollment of students.

The school staff or faculty with cubicles, meeting rooms, work areas and / or research laboratories to develop their academic work and enough computer resources and updated according to the role. The full-time teachers have cubicles. The part-time teachers have work areas.

Instrument Gives Autoevaluation 2008 pages 72 to 75

Westhill Self - evaluation 220 to 227

Westhill Self - evaluation Tables 7, 9 and 10

Analyst Remarks to Narrative

The agency's narrative and its standards 54 (Academic Infrastructure, handbook page 70), 55 (Resources to Support Teaching and Learning, handbook page 72) and 56 (Teaching Staff Infrastructure, handbook page 74), outline and identify the office space for faculty and support staff, classroom and student meeting and study areas 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 and evaluation instruments that demonstrates the institution's evaluation of this requirement during the accreditation process.

Faculty, Question 1

Country Narrative

All school teachers or faculty require training and experience, discipline and discipline-oriented faculty who teach, consistent with the educational model and curriculum, to ensure this, there is a system for entry, continuance and promotion of all teachers, by collegiate bodies, formalized according to the regulations of the institution and governed by purely academic criteria.

The Teaching Improvement Program of the Ministry of Education establishes the Program of Medicine, as a practical scientific program and establishes ideal amount of 15 to 25 students per full-time professor hired for the program in this way.

Requested education requirements for public schools are: to teach in the undergraduate level is desirable master degree, to teach in master's and doctoral desirable training in medical specialties to be trained by specialists.

In the case of private institutions in Mexico are governed by the Agreement 279 of the Ministry of Education.

Instrument Gives Autoevaluation 2008 pages 48 to 52

Westhill Self - evaluation pages 148 to 159

Westhill Self - evaluation Table 7

Analyst Remarks to Narrative

The agency provided its standards 34 (Teachers, handbook page 48), 35 (Staff Entry, Permanence and Promotion, handbook page 49), 36 (Training and Teaching Experience, handbook page 50) and 37 (Training and Teaching Update, handbook page 51) addressing faculty qualifications, training and development and evaluation of performance. It appears from the narrative that the country has established expectations (though, seemingly, not hard requirements) for academic qualifications that apply to faculty at public institutions. In addition, there are regulations that apply to private institutions (Agreement 279). COMAEM's standards and criteria regarding faculty qualifications are also outlined in its self-study handbook. It also provided a completed self-study demonstrating that the agency evaluates the institution for compliance with this section during the accreditation process.

The Department requests that the country provide a translated copy (in English) of relevant portions of Agreement 279, and Ministry of Health documents regarding the medical education curriculum.

Country Response

See

Essential Standards for assessing plans or programs of study in medicine.
CIFRHUS

SEP. Agreement 279

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM provided a translated copy (in English) of relevant portions of Agreement 279, and Ministry of Health documents regarding the medical education curriculum as requested by the Department

The agency also provided SEP. Agreement 279.

Staff Conclusion: Comprehensive response provided

Faculty, Question 2

Country Narrative

The hiring of the faculty of the school only covers the academic needs for compliance with the operational curriculum in accordance with relevant legal framework. The accreditation process does not provide for review of these mechanisms. It is an area of opportunity to incorporate the accreditation process carried out COMAEM.

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. However, the agency did state that this is an opportunity to incorporate this requirement in the agency's standards and evaluation process.

Additional information is requested regarding the agency's work towards developing standards and providing guidance to its accredited institutions on the requirements of this section.

Country Response

At the regular meeting of April 25, 2012 presented the strategies for the period 2012-2013 of COMAEM. These defined the need to generate a diagnosis about the operating conditions of the accrediting body, and its operational tools.

Derivative diagnostic exercise in special session on July 18 was set up two working groups: the first revision oriented self-assessment tool, as well as standards and indicators that comprise it, based on the observations raised by the Council for Higher Education accreditation (COPAES), as the criteria required are identified from the information received by the NCFMEA.

There is no extension to the response. It is part of process of reviewing the standards and indicators carried out by COMAEM.

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that during meetings in April 2012 and July 2012, draft revisions to the agency's standards requiring it to incorporate conflict of interest by its faculty into its accreditation review process were proposed and are presently in its standards development and review process.

The NCFMEA may wish to request that the new Conflict of Interest Standards

and documentation of implementation during a review process be provided to the Department as soon as the country has had the opportunity to apply the new standards.

Staff Conclusion: Additional Information requested

Library

Country Narrative

The school or college must have a school library with: efficient organization, professional staff operates and oversees the operation, offering guidance, advice and training to users, an updated collection, cataloged and sufficient; mechanisms for the procurement and execution of materials consistent with the academic institutions, and computer technology to locate and retrieve information.

Instrument Gives Autoevaluation 2008 pages 76 to 79

Westhill Self - evaluation 228 to 245

Westhill Self - evaluation Table 11

Analyst Remarks to Narrative

The agency standard 57 (Biblioheimeroteca, handbook page 76) provides its requirements and criteria regarding library resources. The agency also provided a completed self-study and an evaluation table documenting its review and evaluation of a medical school's library and operation of its support, equipment, personnel and facility capacity.

Clinical Teaching Facilities, Question 1

Country Narrative

The school must establish specific agreements of collaboration in education and clinical practice, with the institutions of the health sector in general and each hospital based clinical fields that particular program so that students can integrate into hospital life or health centers Community.

Health Sector collaboration in the clinical training of students is regulated in the General Health Law (Law Regulating Article 4 of the Constitution) and its conditions should lead the signing of agreements and must be complied with the Official Mexican s SSA1-2003, for the use of clinical areas for clinical courses and undergraduate internship, so as to ensure patient safety that interacts with students.

Instrument Gives Autoevaluation 2008 pages 35 to 41, 60 and 65

Westhill Self - evaluation 110 to 130, 182 to 183 and 201 to 202

Analyst Remarks to Narrative

COMAEM standards 22 (Development of Programs in Clinical Fields, handbook page 35), 23 (Rotations in Clinical Fields, handbook page 36), 24 (Academic Activities, Resources, and Infrastructure In Clinical Areas, handbook page 37), 25 (Program of Undergraduate Internship, handbook page 38), 26 (Undergraduate Internship Activities, handbook page 39), 27 (Undergraduate and Graduate Clinical Fields, handbook page 40), 28 (Social Service, handbook page 41) and standards 45 (Clinical Assessment of Fields, handbook page 60), 46 Professional Exam, handbook page 61), 47 (Graduate Followups, handbook page 62), 48 (Program of Self-Assessment, handbook page 63), 49 (Institutional Linking, handbook page 64), and 50 (Interinstitutional Agreements, handbook page 65) establish the requirement regarding affiliation agreements and the evaluation of the programs in the clinical fields. Many of the standards regarding clinical experiences reference “the regulations”, which would seem to be the General Health Law referenced in the narrative. The agency' standards provided in the Self-Study Handbook are linked to one another and provide a clear description of the agreements of collaboration in education and clinical practice, with the institutions of the health sector in general and each hospital-based clinical site and the evaluation of this practice.

The agency provided a completed self-study and supporting evaluation documents demonstrating its review and evaluation of this requirement.

Part 3: Accreditation/Approval Processes and Procedures

Onsite Review, Question 1

Country Narrative

Yes, it performs a check-assessment visit, the school has applied for accreditation that includes the clinical areas and communities where students complete clinical practices and outpatient care. Attached the Procedures Manual, where we find the following information:

- Institutional Self-Assessment
- Visit to check
- Opinion of the school accreditation

Instrument Gives Autoevaluation 2008 Complete document

Westhill Self - evaluation

Westhill Self - evaluation Tables

Evaluator (Verifiers) Manual

Procedures Manual

Analyst Remarks to Narrative

The agency provided its standards, self-study handbook, procedures, site evaluators guide with supporting evaluation tools used in site evaluation visits and a completed self-study to demonstrate that the agency has sufficient policies and procedures for conducting on-site evaluation reviews, and regularly conducts on-site reviews as part of its accreditation process. The procedures manual indicates that reviews are conducted every five years. COMAEM also provided paper copies of two site visit reports, which verify that the agency conducts a comprehensive on-site review and prepares a detailed report regarding the school's compliance with its standards.

Onsite Review, Question 2

Country Narrative

Yes

The school has academic and administrative areas responsible for ensuring the quality of clinical education in each of its stages (clinical courses, medical internship and social service).

The clinical field should ensure consistent development of academic and operational programs in each service rotation by conducting systematic clinical academic activities.

To ensure quality measurements are performed several such as the calculation of the proportions student / beds, student / teacher, student / patients, students / clinics and student / operating rooms, and the adequacy and quality of resources and infrastructure they have.

The school must fill in their self-assessment tables whose objective is to know the conditions under which develop academic programs in clinical fields:

Table 2. Conditions for the development of each academic program in clinical fields (excluding undergraduate internship).

Table 3. Resources services and clinical fields used by the school or college (undergraduate excluding boarding).

Table 4. Conditions for the development of the Academic Program

Undergraduate Internship

Table 5. Resources services and clinical fields used by the school or college internship program for undergraduates.

Analyst Remarks to Narrative

COMAEM standards 22 (Development of Programs in Clinical Fields, handbook page 35), 23 (Rotations in Clinical Fields, handbook page 36), 24 (Academic Activities, Resources, and Infrastructure In Clinical Areas, handbook page 37), 25 (Program of Undergraduate Internship, handbook page 38), 26 (Undergraduate Internship Activities, handbook page 39), 27 (Undergraduate and Graduate Clinical Fields, handbook page 40), 28 (Social Service, handbook page 41) and standards; 45 (Clinical Assessment of Fields, handbook page 60), 46 (Professional Exam, handbook page 61), 47 (Graduate Followups, handbook page 62), 48 (Program of Self-Assessment, handbook page 63), 49 (Institutional

Linking, handbook page 64), and 50 (Interinstitutional Agreements, handbook page 65) provide the guidance and relationship of the requirements for on-site reviews of core (required) clinical clerkship sites affiliated with the medical schools, in order to ensure the adequacy of teaching support for the school's medical program at those sites. The agency provided on-site evaluation tables used in the site review process and team reports to demonstrate its review of the requirements outlined in its quality standards.

It is not clear from the agency's materials whether it requires that all clinical clerkship sites be located in a country that has been determined comparable to the United States. Additional information is requested regarding this requirement.

Country Response

COMAEM evaluates all medical schools whose students have the opportunity to attend clinical fields in other countries have educational cooperation agreements which specify: the type (pediatrics, surgery, etc), consistent with the purposes of the program academic (eg primary care) and conditions or clinical services by the student : infrastructure, equipment, material and essentially teachers and tutors who would take care of their instruction and assessment. Also evaluates the regulations that regulates the recognition of studies. Accreditors, do not visit or directly evaluate the clinical sites located outside of Mexico

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that it does cooperation agreements and that the agency does not visit or directly evaluate the clinical sites located outside of the country. Also the country did not provide a list of the clinical sites and their location. It is still not clear to the Department whether it requires that all clinical clerkship sites be located in a country that has been determined comparable to the United States.

The NCFMEA may wish to request that the country provided more detailed information regarding this requirement including a list of its clinical sites and their location.

Staff Conclusion: Additional Information requested

Onsite Review, Question 3

Country Narrative

This parameter is not considered in evaluating the standards of accredited organization.

This is an opportunity area for accreditation system.

Analyst Remarks to Narrative

The agency reports that requirements of this section are not included in the COMAEM's accreditation function. The agency also states that it may be an opportunity to include this requirement in its process.

More information is needed regarding COMAEM's plans to conduct on-site reviews of all core clinical clerkship sites at least once during an accreditation period and to all new sites within a year after they have been established.

Country Response

The verification visit carried out by the team appointed by the COMAEM includes visits to hospitals and communities that serve as clinical fields, the corresponding information is an integral part of the self-assessment document delivered to schools through the various tables that are part of self-assessment tool.

At the regular meeting of April 25, 2012 presented the strategies for the period 2012-2013 of COMAEM. These defined the need to generate a diagnosis about the operating conditions of the accrediting body, and its operational tools. Derivative diagnostic exercise in special session on July 18 was set up two working groups: the first revision oriented self-assessment tool, as well as standards and indicators that comprise it, based on the observations raised by the Council for Higher Education accreditation (COPAES), as the criteria required are identified from the information received by the NCFMEA. It will consider the items listed in the question in order to strengthen the self-assessment tool.

See:

Official Mexican Standard NOM-234-SSA1-2003

Table anexed. Tables 2, 3 and 4

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that during meetings in April 2012 and July 2012, draft revisions to the agency's standards requiring it to incorporate conflict of interest by its faculty into its accreditation review process were proposed and are presently in its standards development and review process.

The NCFMEA may wish to request that the new Conflict of Interest Standards and documentation of implementation during a review process be provided to the Department as soon as the country has had the opportunity to apply the new standards.

Onsite Review, Question 4

Country Narrative

This parameter is not considered in evaluating the standards of accredited organization.

This is an opportunity area for accreditation system.

Analyst Remarks to Narrative

The agency reports that requirements of this section are not included in the COMEAM's accreditation function. The agency also states that it may be an opportunity to include this requirement in its process. However, the agency does have standard 50 regarding inter-institutional agreements. It is not clear whether the agreements covered by this standard are with healthcare institutions that serve as clinical sites or whether the agreements serve other purposes. More information is needed regarding COMAEM's inter-institutional agreements and plans to require its accredited schools to develop affiliation agreements with all institutions at which clinical clerkships are located.

Country Response

Indeed, the standard 50 establishes the need to carry out the formalization of agreements between the institutions providing health services and institutions that offer medical programs. The Mexican Official Standard 234 establishes the conditions that a hospital must meet to serve as a clinical field and further defines the minimum requirements for each unit to be set for both clinical cycles, and for the completion of the undergraduate internship.

To make use of clinical fields, once credited the requirements, schools and faculties of medicine established collaboration agreements with health institutions that make up the National System.

The relationship of clinical fields available for each institution with which agreements are signed for each academic program, and a description of the characteristics of each clinical field, is requested and reviewed in a timely manner through the information requested in Tables 2, 3 and 4 of the self-assessment tool.

See

Official Mexican Standard NOM-234-SSA1-2003

National Certification System. Standard 50

Table anexed. Tables 2, 3, 4

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that agreements under its Standard 50 do include healthcare facilities, such as hospitals and that such agreements are required by law. The agency also states that it is a requirement of the Federal government that inter-institutional agreements must be in place for all institutions and facilities where clinical clerkships are located and provided documentation to verify that requirement. More information is needed regarding the inclusion if this requirement in the agency standards and accrediting review process.

The NCFMEA may wish to request that the agency report on its progress in addressing this requirement.

Staff Conclusion: Additional Information requested

Onsite Review, Question 5

Country Narrative

This parameter is not considered in evaluating the standards of accredited organization.

This is an opportunity area for accreditation system.

Analyst Remarks to Narrative

The agency reports that requirements of this section are not included in the COMEAM's accreditation function. The agency also states that it may be an opportunity to include this requirement in its process.

More information is needed on COMAEM's accreditation review process of clinical sites and how often they are conducted. Also, the agency needs to explain how they review programs that may vary in core content from the programs offered to students enrolled in medical schools in the approved foreign country or in the United States

Country Response

At the regular meeting of April 25, 2012 presented the strategies for the period 2012-2013 of COMAEM. These defined the need to generate a diagnosis about the operating conditions of the accrediting body, and its operational tools.

Derivative diagnostic exercise in special session on July 18 was set up two

working groups: the first revision oriented self-assessment tool, as well as standards and indicators that comprise it, based on the observations raised by the Council for Higher Education accreditation (COPAES), as the criteria required are identified from the information received by the NCFMEA.

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that during meetings in April 2012 and July 2012 discussions took place about revisions to the agency's standards, indicators, and self-assessment tool addressing the requirements of this section, which are presently being considered.

More information is needed on COMAEM's accreditation review process of clinical sites and how often they are conducted. Also, the agency needs to explain how they review programs that may vary in core content from the programs offered to students enrolled in medical schools in the approved foreign country or in the United States

The NCFMEA may wish to request that the country report on its progress towards including this requirement in their accreditation process.

Staff Conclusion: Additional Information requested

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

- a. Have appointed Professor of part-time or full time.
- b. Have a minimum of 7 years old at the institution.
- c. Demonstrate formal teacher training.
- d. Have academic and administrative experience.
- e. Comply with the training program endorsed by the COMAEM.
- f. Having time available for travel.
- g. Must to have a record indicating their curriculum vitae.

The basic tools used for training are the Self-Assessment Instrument 2008 and Verifiers' Handbook (appendices)

Evaluator (verifiers) Manual page 3

Evaluator (verifiers) Manual Complete

Analyst Remarks to Narrative

The agency has established qualifications criteria for its site evaluators, as indicated in the narrative. Among the criteria is that the individual complete COMAEM's training program. However, apart from providing the Evaluator manual, COMAEM did not provide evidence of any additional training of its evaluators and decision-makers 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 and members of its decision-making body.

More information is needed. COMAEM needs to provide documentation describing its training program and the material it uses to train its site evaluators and decision-making body. It also needs to provide resumes or documentation verifying the qualifications of its team members and decision making body.

Country Response

The initial response only describes the requirements that apply to the incorporation of a teacher team of COMAEM checkers.

Among the teams that make up for verification / evaluation are integrated doctors who are professors at the University and also hold various clinical specialties, many of them have also conducted studies on teaching or research in any area of clinical medicine or social medicine and they are the coordinator appointed by the verification team to assess the areas where clinical education is taught. The interviews are carried out to the heads of teaching hospitals, clinical teachers and students in the hospital. COMAEM not have a specific training program for clinical training of these teachers but if applied for registration of their hospital practice.

To fulfill its role as verifiers / assessors must meet a training program developed by COMAEM every two years and are recognized as continuing education program. According to these teachers demonstrated ability and performance testers in Teams are scored as Senior or Junior. Attached is a program of the last training workshop.

See:

Workshop to counterpart verifiers Senior

Materials for course:

National Certification System

Instrument gives autoevaluation 2008

Table annexed

Chekking visit report

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that its site evaluation team members and decision making body are qualified by their education and experience and required to attend and complete COMAEM training every two years. The agency provided documentation of the last training session. However it did not provide any resumes or documentation verifying the qualification of its team members and decision making body.

The NCFMEA may wish to request that the agency provide documentation verifying the qualification of its decision making body and site evaluation team members, such as resumes.

Staff Conclusion: Additional Information requested

Re-evaluation and Monitoring, Question 1

Country Narrative

The accreditation is valid for 5 years at the school or college must request a reassessment at the end of that period. Approximately 95% of schools are evaluated every 5 years. The remaining 5% takes longer to re-evaluate.

Procedures Manual page 8
Status of Mexican School Accreditation Complete

Analyst Remarks to Narrative

The agency's Procedures Manual outlines the requirements, policies and procedures for the regular re-evaluation of medical schools in order to verify that they continue to comply with the approval standards. Comprehensive reviews are conducted every 5 years. The agency's requirements also detail what is reviewed on each day of the visit. The agency has also provided its procedural manual for its site evaluation team members (The Evaluators Manual) which provides the evaluation teams with guidance on the accreditation and site visit process.

If the COMAEM determines that the school does not meet one or more of the agency's standards, it will require the school to submit reports and undergo additional review, which might include an on-site visit.

A completed self-study (Westhill University) and a team report of the agency site evaluation visit to Westhill have been provided by the agency in hard copy and have been reviewed by Department staff to verify the agency application of this requirement. The agency also provided a report of its accreditation visits (Status of Mexican School Accreditation).

Re-evaluation and Monitoring, Question 2

Country Narrative

The accrediting organization has established a process to address the "nonconformities and Appeals" of the school that believes that the opinion of accreditation is not wrong. This process is documented in the "Procedures Manual" form.

Moreover, paragraph 4 of the Procedures Manual defines the criteria for academic institutions in which, from the recommendations made by COMAEM, established medical schools whose development programs tracked by the Council so regularly.

The procedure for handling complaints of students, is not considered in the standards of the accrediting organization. No complaints have been received by the accrediting organization of students.

Procedures Manual pages 18 to 23
Evaluators (verifiers) Manual pages 14 to 19

Analyst Remarks to Narrative

The agency's Procedures Manual provides guidance for resolving complaints from the institution regarding issues in the accreditation process and accreditation decision. The agency's process is detailed and provides for the appeal of the agency's decision.

COMAEM does not have a requirement for handling student complaints against a school or the agency itself (Student Complaints, Questions 1 and 2), nor does it have a mechanism for considering student complaints in its review of a school for accreditation.

More information is needed on how the agency will demonstrate that the accrediting/approval entity reviews complaints it receives from students and, the record of student complaints received by the agency is used in the agency's re-evaluation or ongoing monitoring of medical schools.

Country Response

After the site visit, the team prepares a report that is submitted to the Council which constitutes accrediting committee. (Verification Report)

The Council reviews the information delivered by the verification team and deliver an opinion that, if necessary, accompanied by observations and recommendations are collected by the school authorities. (Opinion and Matrix Observations and Recommendations)

Within 30 days the schools give the council a plan of action to correct deviations found and to comply fully with the evaluation indicators, each year until the completion of the term of accreditation (Five years) schools deliver a compliance

status report of the programs included in its action plan.

In the next accreditation focuses attention on compliance with the recommendations in the last accreditation as a requirement for reaccreditation process. Attached is a matrix analysis of the recommendations. (Plan of Action and Compliance with recommendations and observations made ??by the COMAEM)

In the case of complaints from students, as noted not part of the evaluation standards in the current instrument. This situation will be recovered to request a survey of students at two-year accreditation to know their perception on the implementation of recommendations made by the COMAEM.

See:

Chekking visit report

CENTRO UNIVERSITARIO DE LOS ALTOS. Certification

Action Plan (Example)

Compliance with Recommendations and observations made by COMAEM (Example)

Analyst Remarks to Response

In response to the staff draft analysis, the agency provided an overview of its process for resolving complaints from the institution regarding issues in the accreditation process and accreditation decision. The agency's process is detailed and provides for the appeal of the agency's decision. The agency also provided examples of supporting evaluation instruments.

COMAEM is in the process of developing standards and evaluation mechanisms for receiving and processing student complaints about the institution and itself, and how they are used in the agency's re-evaluation or ongoing monitoring of medical schools. (See Student Complaint Questions 1&2).

The NCFMEA may wish to request the country to report on the progress of developing student complaint policies and procedures.

Staff Conclusion: Additional Information requested

Substantive Change

Country Narrative

The same government agency (Ministry of Education in federal and state orders), which gives the Recognition of Official Validity of Studies (RVOE) to schools of medicine, known and authorized, if any, changes to educational programs .

Accreditation is always with the structure of the existing program, that is, verification is applied to the School considering the requirements of the programs coexist.

Analyst Remarks to Narrative

COMAEM reports that all substantive changes of medical education programs are adjudicated by the Mexico's Ministry of Education and that substantive changes are not reviewed by the agency prior to their implementation. The agency did not provide any information about the types of substantive changes subject to approval by the Ministry of Education, nor documentation demonstrating the Ministry of Education's role in the review and approval of substantive changes. It is not clear whether the agency is informed of such changes or only learns about them during the course of the 5-year review.

More information is needed on the process that medical schools use to notify the Ministry of Education and how COMAEM is informed of any substantive changes to their accredited institution's medical educational program, student body, or resources. Also, the agency needs to describe how those substantive changes are reviewed during the accreditation/monitoring process.

Country Response

The accreditation made by COMAEM performs a medical curriculum for which specifically has developed a self-assessment, this is reflected in a curriculum current and complete. When there are substantial changes, the school must submit manifest and university document authorizing such changes, in the case of government universities or authorization of the Secretary of Education if private universities. In general, the changes that schools report on their programs are adjustments or corrective actions for problems identified by the institution in its special valuation processes.

See:

SEP. Agreement 243

SEP. Agreement 279

Ruling of SEP giving the grade of University

Analyst Remarks to Response

In response to the staff draft analysis, the agency provided documentation that clarifies the role of the Secretary of Education in the approval of Substantive Changes. In the agency's documentation SEP Agreement 243 which applies to public institutions, the types of substantive change requiring approval by the Secretary are listed in Article 7. In SEP Agreement 247, which is for private institutions, substantive changes requiring approval by the Secretary are listed in Chapter II. However, it is still not clear how COMAEM is notified of an institution's substantive changes.

More information is needed on the process used to inform the agency about substantive changes to their accredited institution's medical educational program, student body, or resources. Also, the agency needs to describe how those substantive changes are reviewed during the accreditation/monitoring process.

The NCFMEA may wish to request that the agency report on the process used to notify the agency of an institution's substantive changes approved by the Secretary of Education and how these changes are reviewed by the agency.

Staff Conclusion: Additional Information requested

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

COMAEM has been formed as a civil association, which involves the participation of academic institutions, institutions that provide health services to the population, the representation of schools and medical schools, representatives of the academies of medicine and surgery and the participation of professional associations. Its structure ensures the representativeness of the different areas involved in accreditation processes to ensure transparent and under high stringency criteria.

The decisions of the board on its sessions are public and are disseminated through electronic page of COMAEM and COPAES

As a basis for their work, COMAEM has structured a Code of Ethics which is subjected and forced its members.

Sessions from jun 2009 to 2012 Complete
Instructions for standarization. Complete
Code of Ethics. Complete

Analyst Remarks to Narrative

The agency provided its Code of Ethics which outlines and provides guidance to the agency's decision-making body, site evaluation team members and those individuals associated with the accreditation process of what the agency believes to be perceived or real conflicts of interest.

However, it is unclear to the Department how the agency trains or informs its members about its conflict of interest requirements or how it verifies that each individual is aware of the policies.

More information is needed to describe what the country's policies regarding bias or conflict of interest by persons involved in the accreditation evaluation and decision-making process are and if any training is provided to its site team members and decision making body. COMAEM also needs to describe how it ensures that those involved in the accreditation/approval decision for a specific medical school do not have a conflict of interest that might prevent them from making an objective decision.

Country Response

Teachers who are selected by the COMAEM as verifiers, to complete their training receive a nomination along with a letter of appointment signed ethical behavior, where they agree to maintain confidentiality (Confidentiality Letter) on the information that schools and the Council itself provides them to perform their function, also undertake to express possible conflicts of interest in their participation in which case they are excluded from the team.

Council members in their role as evaluators, which emit an opinion on a teaching program, are also questioned at the beginning of each session that dictate academic programs, the existence of any interest that conflicts in which case they are asked not to participate in the process of dictation.

See:

Letter of confidentiality agreement

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM describes how the agency trains or informs its members about its conflict of interest requirements, and how it ensures that those involved in the accreditation/approval decision for a specific medical school do not have a conflict of interest that might prevent them from making an objective decision. It also provided a Confidentiality Agreement to demonstrate that it verifies that each individual is aware of the policies.

Staff Conclusion: Comprehensive response provided

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

Through the strict application of the procedure and focus Accreditation decisions in the Council and not the verification team, this only takes care of finding and qualifying the accuracy and adequacy of information provided by schools through studies self-assessment. The process is generally described in the following response.

Sessions from jun 2009 to 2012 Complete
Instructions for standarization. Complete
Code of Ethics. Complete
Procedures Manual. Pages 18 and 19

Analyst Remarks to Narrative

While the agency has quality standards and clear guidance to its institutions via its self-study guidelines and its decision making-body and site evaluation team members via its Procedures Manual and Evaluators Guide, it did not provide any documentation such as training material or the application of the process to demonstrate its safeguards against conflicts of interest or the inconsistent application of standards. The agency's Standardization document is used by the site-visit teams to generate a numerical rating of an institution's degree of compliance with each of the standards/indicators. It is not clear how the agency ensures that site-visitors have a common understanding of the meaning of ratings – i.e., what would lead them to give an institution a particular rating on an indicator. Without such shared understanding, the numerical rating process cannot be considered an effective tool to guard against inconsistency.

More information is needed on how COMAEM trains its site evaluation teams and decision making body on its standards and review process and other documentation it uses to ensure that there is consistent application of its standards policies and procedures . The agency also needs to explain in more detail how the rating systems works and how it is applied with consistency.

Country Response

Team members verifier only performs the task of identifying the evidence presented by the schools in the self-evaluation process and to generate a report of compliance therewith.

The verification report nonjudgmental and does not represent preliminary or final opinion on the process. The Council constitutes Accreditation Committee and is the only one authorized to deliver an opinion by the Executive Secretary.

The information is conveyed officially to the authorities of the institution through an official document that is attached to the program recommendations.

The rating system is only an aid in the time of issuance of the opinion. Allows the

verification team:

1. Identify the level of compliance of each of the variables that make up the standards considered in the self-assessment tool, so as to determine more clearly the challenges set by each program in each of the variables.
2. Report cards are issued on a scale of five values:
 - a) zero, as absolute value of default when there is no evidence of compliance with the indicator. Implies a recommendation to the program for noncompliance and whose attention is mandatory
 - b) 0.25 if it finds any evidence, and 0.50 if, in the opinion of the verifier, the evidence supporting the operation of a process but not fully implemented or evaluated. These ratings issuing imply recommendation to programs which are mandatory.
 - c) 0.75 if the evidence found in the sense are requested by the indicators but still require improvement processes. You can generate an observation.
 - d) 1 as a value of total compliance requirements indicator
3. It also allows to establish a ranking of schools and medical programs and define, from the analysis of the behavior of each of the variables, common development areas for programs.

See:

Chekking visit report

CENTRO UNIVERSITARIO DE LOS ALTOS. Certification

Analyst Remarks to Response

In response to the staff draft analysis, the agency describes the process used to ensure that there is consistent application of its standards. The agency also provided a summary of its rating system and how it is applied. The agency supporting documentation (Centro Universitario De Los Altos Certification) demonstrates its documentation of the rating system and evaluation process of an institution. The template visiting report also demonstrates that each evaluator is guided to a consistent format of evaluation.

The agency's training of its site evaluation teams and decision making body is addressed in the (Qualifications of Evaluators, Decision-makers, Policy-Makers) section of this report.

Staff Conclusion: Comprehensive response provided

Accrediting/Approval Decisions, Question 1

Country Narrative

Obtaining the accreditation goes through a rigorous process that incorporates three stages of verification. It begins with the preparation of self study for each school requesting to join the process, through the implementation of the Self-Assessment Instrument 2008. Once delivered the instrument, COMAEM Verification forms a group, composed of academic peers, trained to the review of compliance with accreditation criteria and whose number varies depending on school size. This group reviews in cabinet structure information and guidance and work program to conduct a site verification visit. The verification visit is intended to verify the accuracy of the information contained in the Self-Assessment and the existence of supporting documents, in accordance with the provisions of the Manual for Testers. The information is processed by the teams who issued a report that shows information for each indicator. The report is supplemented with a weight that holds the Executive Secretary of COMAEM depending on the level of compliance with each indicator with the procedure shown in the document of Instructions for Standardization and all information is submitted for Council review. After a detailed review, the Council defines the school status assessed, and the observations or recommendations.

Instructions for standarization. Complete
Procedures Manual. Complete
Evaluators (Verifiers Manual). Complete
Code of Ethics. Complete

Analyst Remarks to Narrative

The agency's narrative outlines procedures that describe how the agency's review and accreditation decision process ensures that decisions are based on their accreditation standards. COMAEM provided as supporting documentation its self-study instrument and site evaluation procedures and assessment instruments. Also in the agency documentation, such as its evaluation tables, provided in other sections of the application the agency has demonstrated that it applies a review process based on its quality standards and the institution's compliance with those standards.

Accrediting/Approval Decisions, Question 2

Country Narrative

The self-assessment tool incorporates three indicators related to monitoring the graduates of medical schools. These indicators seek a program that:

1. Check the consistency between the performance of graduates and the professional profile
2. The application of tools to gather information on the academic and professional performance of graduates
3. Ensure that monitoring the graduates provide useful information for the redesign of the curriculum

Instructions for standarization. Complete Procedures Manual. pages 15 to 18 Evaluators (Verifiers Manual). Complete

Analyst Remarks to Narrative

COMAEM's narrative and supporting documentation suggest that neither COMAEM nor Mexico has a law or regulation requiring the country's medical schools to monitor its medical school graduates performance or success. However, the agency's standards 46 (Professional Exam, handbook page 61) and standard 47 (Graduate Followups, handbook page 62) outline the requirements for the institution to collect data on its students' success with the Professional Exam and via graduate surveys in order to provided documentation during its self evaluation to assess its preclinical and clinical training and the general success of its medical education program. It also uses this information in curriculum development

The agency provided a completed self-study demonstrating that the agency requires the institution to define this process and make this information available.

Accrediting/Approval Decisions, Question 3

Country Narrative

The procedure is not considered in the standards of the accrediting body.

This is an opotunity area for accreditation system

Analyst Remarks to Narrative

The agency reports that neither Mexico nor COMAEM establishes student performance outcomes thresholds as part of its accreditation process. The agency states that there is an opportunity for it to develop and include this requirement in its process.

More information is needed on how the review process for COMAEM's accredited medical schools may include student performance outcome measure

benchmarks or requirements. The agency also needs to identify what those measurements may be; such as acceptable numbers of graduates from the school that pass the professional exam, and what data collection process its would use and how it would use the data collected.

Country Response

The of COMAEM not have jurisdiction over this matter, which falls on the powers of the Secretary of Public Education and the Association of Universities and Institutions of Higher Education, an organization that brings together universities, and is where they discuss aspects of education policy and the government budget allocation to higher education.

However, just as an example, as noted herein, the Standard Self-Assessment Instrument 47 of 2008 of COMAEM, establishes the obligation to school or college that has a program to monitor graduates. This program must be consistent with the graduation profile and must verify the academic and professional performance of the graduates. The school must show monitoring program graduates, the instruments used to collect the information and results obtained.

Moreover, Mexico has a National Medical Residency System through which offered medical specialties and subspecialties for graduate programs. If a physician wants to make Mexican or foreign graduate medical specialty in the country must submit the National Examination for Medical Residence Applicants (ENARM). This is a screening test that is presented annually. To date is in the edition 36. The ENARM is managed by the CIFRHS who publishes its reports on its website: <http://www.cifrhs.salud.gob.mx/>.

Attached as evidence CIFRHS report of 2011 which presents the information on Mexican physicians who registered for the examination, who presented it, who were selected and the results obtained by school or college:
http://www.cifrhs.salud.gob.mx/descargas/pdf/2011_ins_sel_res_uni_mex.pdf

Analyst Remarks to Response

In response to the staff draft analysis, COMAEM reports that the agency does not have the authority to establish student performance outcome measures. However, the agency does document that its Self-Assessment Instrument, Section 47, requires its institutions to follow up on their graduates to check their academic and professional performance and requires them to feed the information back into program development. The agency standard also establishes the obligation of the school or college that has a program to monitor graduates, and describes the instruments used to collect the information and results obtained.

In addition, the agency provided information that is collected by the CIFRHS regarding aggregate performance (reported as average of scores) of physicians

on the National Examination for Medical Residence Applicants. Although the test-takers are associated with particular institutions, it is not clear that this performance data is incorporated into the agency's review.

The NCFMEA may wish to request more information about how performance data collected by the institution or other entities is incorporated into its evaluation process.

Staff Conclusion: Additional Information requested
