

U.S. Department of Education Staff

St Maarten Redetermination Report

Prepared July 2018

Background

In October 1997 the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Accreditation Commission on Colleges of Medicine (ACCM) to evaluate the American University of the Caribbean (AUC), then located in Montserrat, were comparable to those used to evaluate medical schools in the United States. This was the ACCM's first agreement with a Caribbean country to serve as its designated accreditor. (The commission later became the designated accreditor for the governments of Saba, Belize and the Cayman Islands, as well.)

After a volcano erupted on Montserrat, the AUC was forced to relocate to St. Maarten. Since St. Maarten does not have a governmental body to conduct accreditation activities, it officially designated the ACCM in December 1997 to be its authorized representative in accrediting the AUC, which is the one medical school in the country. In March 1998, the NCFMEA found that the ACCM's accreditation system, now being used in St. Maarten, continued to be comparable to the system used in the United States.

During its March 2004 meeting, the NCFMEA reaffirmed its prior determination that the standards and processes used by the ACCM for its evaluation of the medical school on St. Maarten remained comparable to those used to evaluate medical schools in the United States. The NCFMEA also requested that the ACCM submit periodic reports describing its continuing accreditation activities. The commission submitted reports for 2005 and 2006. Since the NCFMEA did not meet in 2006, both of those reports were reviewed at the March 2007 meeting. At its March 2007 meeting, the NCFMEA accepted the annual report submitted by the ACCM on behalf of the government of St. Maarten and requested that the ACCM submit another report on its accrediting activities for review at the March 2008 NCFMEA meeting.

At its March 2008 meeting the NCFMEA accepted the commission's report and invited it to reapply for a comparability redetermination at the Spring 2010 NCFMEA meeting. The Spring 2010 meeting was cancelled, pending appointment of a new committee, causing St. Maarten's redetermination to be deferred to the Fall 2011 meeting.

At the Fall 2011 meeting, the country's report was reviewed and St. Maarten was requested to provide an update on its activities at the Fall 2013 meeting, as well as information related to its recent change in ownership, the availability of residency positions, financial burdens faced by students, and a follow-up on the evaluation of student complaints. That information was accepted. The current report, submitted in Summer 2018, is the country's submission for redetermination of their comparability.

Summary of Findings

Additional information is requested for the following questions. These issues are summarized below and discussed in detail under the Staff Analysis section.

-- NCFMEA may wish to ask for the country to provide documentation demonstrating that a review to ensure that students can review their records has occurred. [Admissions, Recruiting, and Publications, Question 6]

-- NCFMEA may wish to ask for the country to provide documentation demonstrating that a review to ensure that students can review their records has occurred. [Student Services, Question 2]

Staff Analysis

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

Approval of Medical Schools, Question 1

Country Narrative

There is one entity with the authority and responsibility to certify/license medical schools which is the Government of St. Maarten. ACCM has the authority and responsibility to accredit different types of medical schools, private or for-profit, together with an agreement with the government of St. Maarten. Founded in 1995 by Professor Conor Ward, the Accreditation Commission on Colleges of Medicine (ACCM) is an independent, not for profit organisation based in the Republic of Ireland. ACCM is invited by Governments of island territories/states/countries which do not have a national medical accreditation body, to act on their behalf in relation to the inspection and accreditation of a specified medical school/university/college* in their jurisdiction (*medical school,

medical university or medical school are terms used interchangeably to indicate an institution where a medical education programme is offered which leads to the degree of M.D.) (Exhibit 3 & 4). On 9th December 1997, the Executive Council of the Island Territory of St. Maarten, adopted a resolution, by means of which the Government of this Island Territory wished to express recognition of the activities within St. Maarten with respect to the American University of the Caribbean (AUC) and the Accreditation Commission on Schools of Medicine (ACCM) (Exhibit 5). It also states that ACCM "is authorised to work with and to receive reports and information on behalf of the St. Maarten Government". This resolution shall remain in effect for no longer than the duration of the operations of the American University of the Caribbean.

The Minister of Education of the Island Territory of St. Maarten Government also granted a University Charter for the American University of Caribbean (AUC) to establish a medical school on St. Maarten on 7th July, 1999. This Charter is recognized by the Netherlands Antilles medical licensing board, which is regulated by the "Landsverordening op de Uitoefening van de Geneeskunde" (Law on the Practice of Medicine), Dec. 19, 1958, No. 154 (Exhibit 5). The St. Maarten Department of Education regulates the certificate and licensure for medical practice within the territory.

There is one medical school (accredited by ACCM) in the jurisdiction of the St. Maarten Government: the American University of the Caribbean (AUC). ACCM is the organization which conducts an in depth on-site inspection to confirm compliance with the minimum standards for its operation. An agreement (Heads of Agreement) was signed between AUC and ACCM, on 31st August, 2011 officially recognising ACCM as its medical accrediting agency since 1995 and for "the sole purpose of (a) ensuring that the American University of the Caribbean, St. Maarten meets standards comparable to those in the United States Department of Education and (b) that American University of the Caribbean is providing a quality and meaningful medical education" (Exhibit 3). Since 1998, ACCM has granted Unconditional Status to AUC which has continued to date. AUC is accredited until 31st May, 2021 (Exhibit 4). In 1998, the NCFMEA determined that (ACCM as the accrediting agency for) St. Maarten was comparable to LCME standards.

ACCM confirms compliance by ensuring that standards of operation meet those required by ACCM Standards of Accreditation (Exhibit 1) and ACCM Protocol for the Accreditation (Exhibit 2). ACCM Standards were revised in 2007 to meet with LCME Guidelines as the majority of students in medical schools currently under ACCM accreditation are North American. The Liaison Committee on Medical Education (LCME) is the recognised accreditation authority for the accreditation of medical education programmes leading to the degree of M.D. in the United States and Canada. ACCM's standards and processes are therefore aligned with the Guidelines of the LCME. Both ACCM Standards and Protocol are regularly reviewed, revised and updated when and as required.

The medical schools have been accredited, subject to their continuing compliance with ACCM required standards. All are subject to regular interim site inspections of the basic medical science campus as well as inspection of all affiliated clinical training sites. Each medical school must also report annually to ACCM utilising ACCM's detailed Institutional Self Study (Exhibit 6), Cohort Databases (Exhibit 7) and the Annual Database Report (Exhibit 8).

ACCM requires an accreditation agreement with each government served, designating the roles, responsibilities and expectations of both parties in the accreditation process. ACCM reports annually (or when required depending on the accreditation status) to the Governments it serves, including an outline of accreditation activities during the previous years and a review of Annual/Cohort Databases and the biennial Institutional Self-Study submitted annually by each medical school ACCM (Exhibit 6, 7 & 8). The drafted Report addresses any changes that may have occurred in the medical school or the programme of medical education which may have positively or negatively affected the educational programme (Exhibit 9, 11 & 13). The accreditation status of the school is either confirmed, or a change of status is notified (Exhibit 1, Standard 12 p.21). Following an inspection at a medical school's campus, an inspection report is provided to the relevant government, detailing all aspects of the inspection and the level of the medical school's compliance with accreditation standards (Exhibit 9). The accreditation status of the medical school is reviewed by ACCM in the light of this report with ACCM's accreditation decisions notified to governments in these inspection reports. The ACCM reports formally each year or when required to: The Government of St. Maarten, the U.S. Department of Education (NCFMEA) and the American University of the Caribbean (AUC).

A list of Exhibits are attached to assist with this submission (Exhibit 22).

Analyst Remarks to Narrative

Documentation was provided showing that the entity responsible for certifying and licensing medical schools is the Government of St. Maarten. The Accreditation Commission on Colleges of Medicine (ACCM) has been granted the authority to accredit all of the medical schools in the country and is an independent, not for profit organization based in the Republic of Ireland. The country has provided documentation demonstrating the agreements with ACCM to carry out this function.

Approval of Medical Schools, Question 2

Country Narrative

ACCM, as the accrediting agency for the St. Maarten government, is the entity responsible for monitoring and continued accreditation of medical schools on the island of St. Maarten.

ACCM confirms compliance by ensuring that the standards of accreditation meet those required by ACCM Standards of

Accreditation (Exhibit 1) and Protocol for the Accreditation (Exhibit 2). The medical schools have been accredited, subject to their continuing compliance with ACCM required standards. All are subject to regular interim site inspections of the basic medical science campus as well as inspection of all affiliated clinical training sites. Each medical school must also report annually to ACCM utilising ACCM's detailed biennial Institutional Self-Study (Exhibit 12), Annual Database Report (Exhibit 28) and Cohort Databases (Exhibit 30).

ACCM requires an accreditation agreement with each government served, designating the roles, responsibilities and expectations of both parties in the accreditation process. ACCM reports annually (or when required depending on the accreditation status) to the Governments it serves, including an outline of accreditation activities during the previous year and a review of Annual/Cohort Databases, biennial Institutional Self-Study that each medical school annually submits to ACCM (Exhibit 6, 7 & 8).

These reports also address any changes that may have occurred in the medical school or the programme of medical education which may have positively or negatively affected the educational programme (Exhibit 9, 11 & 13). The accreditation status of the school is either confirmed, or a change of status is notified (Exhibit 1, Standard 12 p.p.21-22). When an inspection has occurred at a medical school's campus, an inspection report is made to the relevant government, detailing all aspects of the inspection and the level of the medical school's compliance with accreditation standards (Exhibit 9). Accreditation status of the medical school is reviewed by ACCM in the light of this report with ACCM's accreditation decisions notified to governments in these inspection reports. ACCM reports formally each year or when required to: The Government of St. Maarten, the U.S. Department of Education (NCFMEA), the World Federation for Medical Education (WFME) and the American University of the Caribbean (AUC).

Analyst Remarks to Narrative

Documentation was provided showing that the entity responsible for certifying and licensing medical schools is the Government of St. Maarten. The Accreditation Commission on Colleges of Medicine (ACCM) has been granted the authority to accredit all of the medical schools in the country and is an independent, not for profit organization based in the Republic of Ireland. The country has provided documentation demonstrating the agreements with ACCM to carry out this function.

Approval of Medical Schools, Question 3

Country Narrative

Yes, there is one entity with the authority to close a medical school: the St. Maarten government (together with ACCM as the agency and reporting body as to the accreditation status of a medical school). Also, in the case that a school was not compliant with ACCM's Standards and Protocol, a decision could be made to withdraw the accreditation status, in which case the government would be notified.

In brief, the preliminary steps are: the Government gives approval for the establishment of a medical school which must be approved by formal Resolution of that Government (Exhibit 5). The Government reviews ACCM standards and procedures (Standards & Protocol) and deems such standards and procedures appropriate (Exhibit 1 & 2). The Government approves ACCM as the medical accreditation agency for the particular medical school concerned and issues an invitation to ACCM to undertake the evaluation of the medical school (Exhibit 5). ACCM examines the Profile Database (Exhibit 29) and an Initial Institutional Self-Study (40) documentation from the medical school which may be submitted in advance of or concurrently with the Government's invitation. If on the basis of the information contained in these documents, ACCM concludes that the school is operating a medical programme which appears to satisfy ACCM Standards of Accreditation, ACCM arranges for a preliminary inspection to be made to the medical school's campus. During this inspection, the ACCM inspection team expects to meet with the appropriate Minister and/or Head of Government.

Following the inspection, the inspection team reports to the next Board Meeting of ACCM with a decision made as to whether ACCM will undertake the work of accrediting the medical school or whether it recommends actions on the part of the school before accreditation work will be undertaken. If ACCM decides to undertake accreditation of a medical school, further steps are required in order to formalise the arrangement.

ACCM has the authority and responsibility, together with an agreement with the government of St. Maarten, for the monitoring and continued certification of different types of medical schools, private or for-profit (Exhibit 5). ACCM requires an accreditation Heads of Agreement (HOA) with each government served, designating the roles, responsibilities and expectations of both parties in the accreditation process (Exhibit 3). ACCM reports annually (or when required depending on the accreditation status) to the governments it serves with a Report that includes an outline of accreditation activities during the previous year and a review of the Annual/Cohort Databases submitted annually by each medical school to ACCM (Exhibit 7 & 8). The report also addresses any changes that may have occurred in the medical school or to the programme of medical education which may have positively or negatively affected the educational programme. The accreditation status of the school is either confirmed, or a change of status is notified.

Following an inspection made to a medical school's campus, a Report on the inspection is sent to the relevant government, detailing all aspects of the inspection and the level of the medical school's compliance with accreditation standards. The accreditation status of the medical school is reviewed by ACCM in the light of this report.

ACCM's accreditation decision is notified to the government in these inspection reports (Exhibit 9 & 13). In the case that a school

was not compliant with ACCM's Standards and Protocol, a decision could be made to withdraw the accreditation status and in which case the government would be notified (Exhibit 2: Section X).

On St. Maarten, the Ministry of Education has the authority to register tertiary educational institutions, as evidenced by the 1999 certification of AUC's registration application to open a medical school (Exhibit 5). Other documents indicate that the office of the Minister of Education, has the authority to open and close institutions, and to regulate certification and licensure of medical practice within the country. Teachers do not need to seek licensure from the Education Council but do need to pursue the requirements established by the country's Immigration Department.

ACCM reports formally each year or when required to: The Government of St. Maarten, the U.S. Department of Education (NCFMEA) and the American University of the Caribbean (AUC).

Analyst Remarks to Narrative

Documentation was provided showing that the authority to close a medical schools is the Government of St. Maarten. The Accreditation Commission on Colleges of Medicine (ACCM) has been granted the authority to accredit all of the medical schools in the country and is an independent, not for profit organization based in the Republic of Ireland. If ACCM determines that an institution no longer meets their standards, it would report this information to the government. The country has outlined the steps for removal in its narrative response to this section.

Accreditation of Medical Schools

Country Narrative

Yes, there are two entities with the authority to close a medical school: the government of St. Maarten (together with ACCM as the agency and reporting body as to the accreditation status of a medical school).

Also, in the case that a school was not compliant with ACCM's Standards and Protocol, a decision could be made to withdraw the accreditation status, in which case the government would be notified.

In brief, the preliminary steps are: the Government gives approval for the establishment of a medical school which must be by formal Resolution of that Government (Exhibit 5). The Government reviews ACCM standards and procedures (Standards & Protocol) and deems such standards and procedures appropriate (Exhibit 1 & 2). The Government approves ACCM as the medical accreditation agency for the particular medical school concerned and issues an invitation to ACCM to undertake the evaluation of the medical school (Exhibit 5). ACCM examines Profile Database (Exhibit 29) and the Initial Institutional Self-Study (Exhibit 40) documentation from the medical school which may be submitted in advance of or concurrently with the Government's invitation. If ACCM, based on the information contained in these documents, concludes that the school is operating a medical programme which appears to satisfy ACCM Standards of Accreditation, ACCM arranges for a preliminary inspection to be made to the medical school's campus. During this inspection, the ACCM inspection team expects to meet with the appropriate Minister and/or Head of Government.

Following the inspection, the inspection team reports to the next Board Meeting of ACCM and a decision is made as to whether ACCM will undertake the work of accrediting the medical school or whether it recommends actions on the part of the school before accreditation work will be undertaken. If ACCM decides to undertake accreditation of a medical school, further steps are required to formalise the arrangement.

ACCM has the authority and responsibility, together with an agreement with the government of St. Maarten, for the monitoring and continued certification of different types of medical schools, private or for-profit (Exhibit 5). ACCM requires an accreditation Heads of Agreement (HOA) with each government served, designating the roles, responsibilities and expectations of both parties in the accreditation process (Exhibit 3). ACCM reports annually (or when required depending on the accreditation status) to the governments it serves with a report that includes an outline of accreditation activities during the previous year and a review of the Annual/Cohort Databases submitted annually by each medical school to ACCM (Exhibit 28 & 30). The report also addresses any changes that may have occurred in the medical school or the programme of medical education which may have positively or negatively affected the educational programme. The accreditation status of the school is either confirmed, or a change of status is notified.

Following an inspection made to a medical school's campus, a report on the inspection is made to the relevant government, detailing all aspects of the inspection and the level of the medical school's compliance with accreditation standards. The accreditation status of the medical school is reviewed by ACCM in the light of this report. ACCM's accreditation decisions are notified to the government in these inspection reports (Exhibit 9). In the case that a school was not compliant with ACCM's Standards and Protocol, a decision could be made to withdraw the accreditation status and in which case the government would be notified (Exhibit 2: Section X).

On St. Maarten, the Ministry of Education has the authority to register tertiary educational institutions, as evidenced by the 1999 certification of AUC's registration application to open a medical school (Exhibit 5). Other documents indicate that the office of the Ministry of Education/Health, have the authority to open and close institutions, and to regulate certification and licensure of medical practice within the country. Teachers do not need to seek licensure from the Education Council but do need to pursue the requirements established by the country's Immigration Department.

ACCM reports formally each year or when required to: The Government of St. Maarten, the U.S. Department of Education (NCFMEA), the World Federation for Medical Education (WFME) and the American University of the Caribbean (AUC).

Analyst Remarks to Narrative

Documentation was provided showing that the entity responsible for certifying and licensing medical schools is the Government of St. Maarten. The Accreditation Commission on Colleges of Medicine (ACCM) has been granted the authority to accredit all of the medical schools in the country and is an independent, not for profit organization based in the Republic of Ireland. The country has provided documentation demonstrating the agreements with ACCM to carry out this function. These two entities work together to conduct in depth evaluations of the medical schools in the country.

Accreditation of Medical Schools, Question 2

Country Narrative

ACCM has the authority and responsibility, with an agreement from the government of St. Maarten for the monitoring and continued certification of different types of medical schools, private or for-profit (Exhibit 5). ACCM requires an accreditation agreement with each government served, designating the roles, responsibilities and expectations of both parties in the accreditation process. ACCM reports annually (or when required) to the governments it serves. The ACCM Reports (Exhibit 9, 11, & 13) include an outline of accreditation activities during the previous year and a review of the Annual/Cohort Databases (Exhibit 7 & 8) submitted annually and the (biennial) Institutional Self-Study (Exhibit 6) by each medical school to ACCM. These reports also address any changes that may have occurred in the medical school or the programme of medical education which may have positively or negatively affected the educational programme. The accreditation status of the school is either confirmed, or a change of status is notified. Following an inspection undertaken to a medical school's campus, a report on the inspection is made to the relevant government, detailing all aspects of the inspection and the level of the medical school's compliance with accreditation standards. The accreditation status of the medical school is reviewed by ACCM in the light of this report. ACCM's accreditation decisions are notified to the government in these inspection reports. Medical schools having been accredited are subject to their continuing compliance with the required standards which are set down in the ACCM Standards of Accreditation (Exhibit 1) and ACCM Protocol for Accreditation (Exhibit 2).

Analyst Remarks to Narrative

The entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The country has provided copies of the ACCM standards that include protocols for the status, review, and continued monitoring of the medical schools that it is overseeing.

Part 2: Accreditation/Approval Standards

Mission and Objectives, Question 1

Country Narrative

Yes, the educational mission of the medical school is to serve the general public interest including its educational objectives. To achieve this, the medical school must adhere to standards set down by ACCM by complying with ACCM Standards of Accreditation 2017 (Exhibit 1) and ACCM Protocol for Accreditation 2017 (Exhibit 2).

ACCM Standard 2 (Exhibit 1) establishes the Accreditation Commission on School of Medicine (ACCM) regarding the legal authorization of the medical school: The school is organised as a government-supported or a private independent entity which offers degree programmes beyond the baccalaureate level. The school is licensed by the appropriate governmental or regulatory authority to offer courses of instruction in medicine and to award the MD degree. The school is governed by an independent and voluntary Board of Trustees, as the highest authoritative body of the school. Its members are selected by the Board itself and may represent the founders, supporting governmental agency, or the public who have an interest in the general welfare of the school. To develop school policies that best promote school and public welfare, board members are selected to serve the school, with staggered terms of office and for sufficient duration, based on their abilities and interests. Board members are free of conflicting interest with the school and independent of the administration. Furthermore, an individual is disqualified from serving on the board if they (or an organisation they were affiliated with): has a financial interest in the school, has a business relationship with the school, is employed by the medical school, is a consultant to the medical school or has a family member or relative who is connected to the medical school.

ACCM would propose that the highest standards are attained with acquiring an M.D. degree so therefore the public interest is served by having highly qualified professionals. The most important way of serving the public interest is to ensure that students who graduate are sufficiently well trained and motivated to become competent physicians who are aware of their responsibilities to the public both as professionals and as private citizens.

The American University of the Caribbean (AUC) is owned by Adtalem Global Education and governed by an independent Board

of Trustees (BOT). AUC is led/managed by the AUC Executive Dean, supported by a strong AUC team of administrators, faculty, colleagues, and by centralized support functions within Adtalem Global Education. The governance structure supports the efficiency and effectiveness of the medical education programme and is appropriate to the size and structure of the University, which includes only one school (the School of Medicine) focused on the awarding of a single degree (a Doctor of Medicine degree). The University is operated by American University of the Caribbean School of Medicine, B.V. (AUC-BV), a private and limited company organized and existing under the laws of St. Maarten. AUC-BV delegates to the AUC BOT certain powers, responsibilities and prerogatives related to sustaining effective governance, and establishing broad policies, to ensure educational integrity and realize the mission and vision of the University. AUC's BOT and senior leadership, in consultation with AUC faculty, colleagues, and students, and its parent company, Adtalem Global Education, collaboratively set institutional priorities. (Please note that Adtalem Global Education is the new name of DeVry Education Group, effective May 24, 2017. The change in name has no effect on the ownership or operations of AUC).

AUC's mission and strategic vision listed guides AUC actions: AUC will become a top-tier international medical school by achieving superior educational and career outcomes. AUC graduates will be known as socially responsible and clinically superb physicians. AUC graduates will be resilient, collaborative, scientifically adept, able to take charge of their own continuing education, and to lead the changes required to meet the needs of evolving populations and healthcare systems. The AUC institution will be recognized for fostering communities of learners, engaging students in the educational programme, and maximizing the potential of each student through a personalized education initiative that employs advanced learning technologies to achieve effective and efficient learning. AUC colleagues will continue to drive fidelity to AUC's special sense of family – emphasizing hospitality, generosity, humility, and empathy to all students. AUC prepares a five-year strategic plan and updates the plan annually. The plan is developed in collaboration with the AUC Board of Trustees and leaders at AUC's parent institution, Adtalem Global Education. It contains four strategic objectives that support the School of Medicine's vision:

Develop a top-tier medical education programme that achieves outcomes equivalent to US allopathic medical schools. Increase international exposure and recruitment while maintaining AUC new student efforts in the United States and Canada. Enhance university recognition and reputation through increased external communication and advocacy. Shape the institutional culture to achieve higher student satisfaction and colleague engagement. The annual AUC Strategic Plan is a major driver in setting institutional priorities. AUC medical students are trained in environments providing an atmosphere conducive to learning the vast amount of medical knowledge, developing fundamental clinical skills including clinical reasoning, and fostering scholarship and community engagement. For example, during their time on campus, AUC students are encouraged to become involved in the local Community as AUC underscores the importance of community service in its philosophy, administrative organization, and academic orientation (Exhibit 50). AUC believes that servant leadership and a spirit of social responsibility are the lifelong obligations of those privileged to serve as physician healers. AUC accepts responsibility for incarnating these dispositions during the formative stages of undergraduate medical education. Medical students also participate in supplemental educational activities such as Community Action Day or national/international conferences.

ACCM reviews the submitted AUC Annual/Cohort Databases (Exhibit 7 & 8) each year and the biennial AUC Institutional Self-Study (Exhibit 6) and writes up regular reports (Exhibit 9 & 10) which include supporting documentation as well as inspections of the campus, faculty and clinical sites.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 1.1 addresses Educational Goals. An institution must develop goals that define its mission and teaching program. The country further explains in their narrative under the ACCM standards, that the most important way of serving the public interest is to ensure that students who graduate are sufficiently well trained and motivated to become competent physicians who are aware of their responsibilities to the public both as professionals and as private citizens. The country is specific in the example of American University of the Caribbean and how the students on that campus give back to the field in which they are being trained.

Mission and Objectives, Question 2

Country Narrative

ACCM defines its standards of educational quality as Standards (Exhibit 1). ACCM Standard 1 establishes the requirements for institutional goals that include the educational mission, goals and objectives. ACCM requires the school to publish and distribute its goals among its students, faculty and the public, generally through an institutional catalogue (Exhibit 24), student/faculty handbooks (Exhibit 25 & 26) or other publishing media (Exhibit 32). ACCM requires medical schools to engage in a planning process that sets the direction for the institution and identifies measurable outcomes that identify accomplishment of the goals or areas in need of improvement. Among other things, minimum institutional goals require the offering of a degree programme that fulfils or exceeds the provisions summarized in the ACCM Standards of Accreditation (Standard 1.1.4 p.2).

At a minimum, the school goals include: sponsoring a Doctor of Medicine (M.D.) degree programme which fulfils or exceeds the provisions outlined in ACCM Standards of Accreditation, the graduation of individuals having acquired a critical amount of

knowledge and developed adequate skills to advance to and complete post-graduate training, the graduation of individuals having acquired the professional attributes (knowledge, skills, attitudes and behaviours) expected by the academic community and society of a physician, the graduation of individuals being eligible to secure licensure, to provide quality health care and to continue a life-long habit of learning as a way to remain abreast of medical advances and assuring students, parents, patients, postgraduate training directors, licensing authorities, government regulators and society that accredited programmes have met commonly accepted standards for professional education and that they serve the public interest.

ACCM Protocol (Exhibit 2, Section VII, VIII & X) requires the ACCM on-site inspection team to meet with the Chief Executive Officer of the medical school to review the institution's educational goals for compliance and to summarize in a written report (Exhibit 9 & 11) the educational goals of the medical school. The report comments on whether the institution has met its goals and these goals are familiar to faculty and students, and the extent to which the institution makes an effort to enhance its ability to reach its goals. Through testing, ACCM requires the institution to ensure that students pass the USMLE Step 1 examination before beginning the 3rd year clinical science coursework. In addition, ACCM recommends that before graduation, students should also pass the USMLE Step 2 examination. The American University of the Caribbean (AUC) had an 83.1% residency placement for July 1, 2016 through to June 30, 2017 (Exhibit 8).

ACCM Protocol (Exhibit 2) specifically charges the ACCM on-site inspection team with determining if the education goals statement: is properly stated, is publicized and distributed among its students, faculty and the public, seeks to sponsor a programme that fulfils or exceeds requirement to achieve accreditation, graduates only individuals who have acquired a critical amount of knowledge and skills to advance and complete postgraduate training, seeks to graduate only individuals who are able to secure licensure, provide quality patient care, and who have the capacity to keep medical knowledge current through self-learning and after completing the training.

ACCM Protocol (Exhibit 2) requires the ACCM inspection team to summarize in its report the educational goals of the medical school, to comment on whether they are appropriate for the school, whether they have been achieved, whether the faculty and students are familiar with the goals and whether the school is contemplating any major effort to enhance its ability to reach its goals.

Due, inter alia, to the insistence of the ACCM, students are required to pass USMLE Step 1 Examination before continuing to participate in the core subjects associated with Third Year clinical science (Exhibit 8). ACCM recommends that USMLE Step 2 examination should be passed before the student is graduated.

In regard to the periodic re-evaluation and monitoring of medical schools, ACCM receives formal updated Annual and Cohort Databases (Exhibit 7 & 8) annually and the biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year. The school is required to answer a list of questions covering all major aspects of the governance of the school including defining the objectives of its educational programme, demonstrating objectives serve as guides for establishing curriculum content and also provide content for evaluating the effectiveness of the educational programme such as academic performance of students as well as information on Residency Match rates (Exhibit 33). The school also provides a list of Residency programmes into which graduates have been accepted (Exhibit 8). If these objectives are not met, there are certain criteria set down within ACCM Standards of Accreditation and ACCM Protocol for Accreditation to deal with this.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 1.1 addresses Educational Goals. An institution must develop goals that define its mission and teaching program. The country further explains in their narrative that under the ACCM standard 1.1. 2 that the medical school is required to publish and distribute its goals in its prospectus, other marketing documents and on its website among its students, faculty and the public. The establishment of these standards as key elements for the medical school allows for transparency of medical school objectives. The ACCM requires that each medical school provide an annual database that requires reporting on these topics and has provided a copy of this report.

Mission and Objectives, Question 3

Country Narrative

ACCM Protocol specifically charges the onsite inspection team with determining if the education goals statement: i.e. is properly stated, is publicized and distributed among its students, faculty and the public, seeks to sponsor a programme that fulfils or exceeds requirement to achieve accreditation, graduates only individuals who have acquired a critical amount of knowledge and skills to advance and complete postgraduate training, seeks to graduate only individuals who are able to secure licensure, provide quality patient care, and who have the capacity to keep medical knowledge current through self-learning and after completing the training.

The ACCM inspection team is provided with a copy of the Curriculum before their inspection to the campus (Exhibit 14). While on campus, ACCM inspectors meet with all Chairs of Departments to review their familiarity with the curriculum, their teaching goals and methods (Exhibit 23). ACCM Protocol (Exhibit 2, Section V & X) requires the ACCM onsite inspection team to meet with the Chief Executive Officer of the medical school to review the institution's educational goals for compliance and to summarize in a

written report the educational goals of the medical school, to comment on whether they are appropriate for the school, whether they have been achieved, whether the faculty and students are familiar with the goals and whether the school is contemplating any major effort to enhance its ability to reach its goals. The Report comments on whether the institution has met its goals and these goals are familiar to faculty and students, and the extent to which the institution makes an effort to enhance its ability to reach its goals. Through testing, ACCM requires the institution to ensure that students pass the USMLE Step 1 examination before beginning the 3rd year clinical science coursework. In addition, the agency recommends that before graduation, students should also pass the USMLE Step 2 examination. All students have regular examinations to monitor progress. AUC has a greater than 98% success rate with USMLE Steps 1 and 2, which suggests that the teaching is satisfactory and covers the curriculum required. Students are interviewed and are given the opportunity to voice their opinions regarding the quality and comprehensiveness of teaching across every Department.

Due, inter alia, to the insistence of ACCM students are required to pass USMLE Step 1 examination before they can continue to participate in the core subjects associated with 3rd year clinical science (Exhibit 8). ACCM recommends that USMLE Step 2 examination should be passed before the student is graduated.

With regard to the periodic re-evaluation and monitoring of medical schools, ACCM receives formal updated Annual and Cohort Databases (Exhibit 7 & 8) annually and the biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year. The school is required to answer a list of questions covering all major aspects of the governance of the school including defining the objectives of its educational programme, demonstrating objectives serve as guides for establishing curriculum content and also provide content for evaluating the effectiveness of the educational programme such as academic performance of students as well as information on Residency Match rates. The school also provides a list of Residency programmes into which graduates have been accepted. If these objectives are not met, there are certain criteria set down within the ACCM Standards of Accreditation and ACCM Protocol for Accreditation to deal with this.

ACCM reviews the completed AUC Annual and Cohort Databases (Exhibit 7 & 8) each year and the AUC Self-Study (Exhibit 6) every two years and writes up regular reports with supporting documentation (Exhibit 9, 11 & 13), including inspections of the campus, faculty and clinical sites.

Analyst Remarks to Narrative

While it appears as though there is a standard that requires faculty involvement in the establishment of the curriculum (both in standard and through interviews done by the on site inspection team), it is not clear to Department staff if faculty formally approve the curriculum as stated in this standard. The country indicates that conversations occur with the Chief Executive Officer of the medical school to review the institution's educational goals for compliance, but it is clear the direct connection with the faculty. The NCFMEA may wish to ask for further clarity about the faculty's formal approval of curriculum.

Country Response

ACCM Standard 4 (4.1.3., 4.1.5, 4.16 & 4.8.1) in relation to Curriculum Content and Evaluation requires that the school must include faculty involvement. ACCM reviews the completed AUC Annual Database (Exhibit 8) each year and the AUC Self-Study (Exhibit 6) every two years which would include information about faculty involvement and decision-making such as the Curriculum Committee Minutes (Exhibit 15), Curriculum Review and Curriculum Bye-Laws (Exhibit 15).

At AUC, Faculty (as a body) do not formally approve the curriculum as such.

The AUC Curriculum Committee (Exhibit 58) is the faculty committee charged with the management of the curriculum which is composed of three subcommittees – Medical Sciences, Clinical Sciences, and an Executive Committee. Most members of each of these committees are Faculty (the others being students and staff). The AUC Curriculum Committee, chaired by the Senior Associate Dean for Medical Education, consists of Chairs or Designees of all courses and Clerkships, and elected non-voting student representatives.

The Curriculum Committee is charged with the review, monitoring, development and recommendation of AUC's curriculum. As stated in the bye-laws, this Committee makes recommendations to the Executive Dean for final approval. The Committees then work together with AUC's Faculty to implement, oversee, and evaluate all approved changes to the four-year medical school curriculum. The Curriculum Committee is also responsible for integration and oversight of the curriculum and ensuring achievement of defined learner outcomes. Therefore, Faculty are integrally involved in Curriculum Content & Evaluation at every stage.

In the past, its role and authority were defined solely in terms of evaluation and approval of alterations of the medical sciences Curriculum. In addition, the Curriculum Committee was a body composed of only medical science faculty. Previous attempts at integration of clinical science faculty had not been successful for a number of reasons related to goals, membership, time zone problems for attendees, and terms of reference. The current AUC Curriculum Committee has been restructured to maximize continuous curriculum improvement and oversight. These three sub-Committees meet together and communicate regularly.

Previously freestanding committees related to the Curriculum such as the Educational Technology Assessment Committee and the Learning Assessment Committee have been adopted as sub-Committees reporting to the Curriculum Committee, the Executive Committee, consisting of the Chair and Vice Chair of the Medical and Clinical sub-Committees (Exhibit 71) which meet quarterly to ensure integration, prepare Agendas for the Curriculum Committee, and review outcomes.

The Medical and Clinical Subcommittees are populated by the respective members of the Curriculum Committee and meet monthly. Each sub-Committee has a chair and vice-chair. The Senior Associate Dean for Medical Education sits on both sub-

Committees to ensure continuity.

Under the Byelaws, the Curriculum Committee is an advisory arm to the Executive Dean/Chief Academic Officer and makes regular reports on continuous curriculum improvement. On the medical sciences campus, Department Chairs submit proposals to the Curriculum Committee for approval on curricular content and delivery. Individual Departments make decisions about assessment frequency and scope of content. The Associate Dean of Academic Affairs administers policies and advises individual students regarding personal and academic decisions. The Student Promotion and Evaluation Committee (SPEC) renders decisions for students who have been dismissed and appeal for readmission, making decisions at the beginning of each semester. The Dean's Cabinet provides an additional layer of review for some campus decisions.

Medical sciences faculty have opportunities to contribute opinions, concerns, and ideas by reaching out directly to their Deans and Chairs, by bringing Agenda items to faculty meetings, and by participating in Town Hall meetings with Deans. The Faculty Senate is undergoing a transformation to integrate the basic and clinical sciences faculty.

To assist with this re-submission, ACCM have updated the Exhibits List for reference purposes (Exhibit 22).

Analyst Remarks to Response

In response to the draft staff analysis, the country explains how it requires faculty involvement in the establishment of the curriculum (both in standard and through interviews done by the onsite inspection team) and seek faculty final approval for the curriculum. The country has included documents of minutes and explained how the faculty makes these determinations. The inclusion of this information resolves the concerns previously raised.

Staff Conclusion: Comprehensive response provided

Mission and Objectives, Question 4

Country Narrative

Specifically, ACCM Standard 1.1.4 (Exhibit 1) discusses outcome-based metrics by ensuring that graduates are developing knowledge and skills to advance, that they develop professional attributes of the academic community/physicians, that they stay informed of current medical practices, and that they meet commonly accepted standards for quality education. Also, Standard 4 (Curriculum Content) discusses and defines objectives of the clerkship to have graduates develop the knowledge, skills, attitudes and behaviours that the profession and the public expect of the physician.

The ACCM inspection team is provided with a copy of the Curriculum before their inspection to inspect the campus (Exhibit 14). While on campus, ACCM inspectors meet with all Chairs of Departments to review their familiarity with the curriculum, their teaching goals and methods (Exhibit 23). ACCM Protocol (Exhibit 2, Section V & X) requires an ACCM onsite inspection team to meet with the Chief Executive Officer of the medical school to review the institution's educational goals for compliance and to summarize in a written report the educational goals of the medical school. The Report comments on whether the institution has met its goals and these goals are familiar to faculty and students, and the extent to which the institution tries to enhance its ability to reach its goals. Through testing, ACCM requires the institution to ensure that students pass the USMLE Step 1 examination before beginning the 3rd year clinical science coursework. In addition, the agency recommends that before graduation, students should also pass the USMLE Step 2 examination.

Due, inter alia, to the insistence of ACCM students are required to pass USMLE Step 1 examination before they can continue to participate in the core subjects associated with 3rd year clinical science. ACCM recommends that USMLE Step 2 examination should be passed before the student is graduated. In regard to the periodic re-evaluation and monitoring of medical schools, ACCM receives formal updated Annual & Cohort Databases (Exhibit 7 & 8) annually from each medical school. The school is required to answer a list of questions covering all major aspects of the governance of the school including defining the objectives of its educational programme, demonstrating objectives serve as guides for establishing curriculum content and also to provide content for evaluating the effectiveness of the educational programme such as academic performance of students as well as information on Residency Match rates. The school also provides a list of Residency programmes into which graduates have been accepted (Exhibit 33). If these objectives are not met, there are certain criteria set down within ACCM Standards of Accreditation 2017 and ACCM Protocol for Accreditation 2017 to deal with this.

All students have regular examinations to monitor progress. AUC has a greater than a 96% success rate with USMLE Steps 1 and 2, which suggests that the teaching is satisfactory and covers the curriculum required. Students are interviewed and are given the opportunity to voice their opinions regarding the quality and comprehensiveness of teaching across every Department.

ACCM reviews the AUC Annual and Cohort Databases (Exhibit 7 & 8) each year and the biennial AUC Institutional Self-Study (Exhibit 6) and writes up regular reports with supporting documentation (Exhibit 9, 10, 11 & 13), including inspections of the campus, faculty and clinical sites.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 1.1.1.4(c) addresses outcomes for students. Specifically, it states that the graduation of individuals having acquired the professional attributes (knowledge, skills, attitudes and

behaviors) expected by the academic community and of a physician. The establishment of this standard is ACCM's way of ensuring that student progress is appropriately tracked. The ACCM requires that each medical school provide an annual database that requires reporting on these topics and has provided a copy of this report.

Mission and Objectives, Question 5

Country Narrative

The learning outcomes-based structure of the country's preparation of medical programmes expressly requires medical programmes to demonstrate that its graduates have the requisite knowledge and competencies expected of a medical school graduate. The students are required to take and pass the USMLE, the NBME Shelf examinations, and have completed clinical training.

ACCM requires that the medical school must prepare its graduates to qualify for licensure and to provide competent medical care. Students are required to undergo and pass USLME Step 1 & 2 and NBME Shelf Examinations as well as undertaking clinical training (Exhibit 1: Standards 4, 5 & 11). The medical school must adhere to the standards set down by ACCM by complying with ACCM Standards of Accreditation and provide an education that adheres to LCME standards (Exhibit 1: Standard 1 & 2).

ACCM Standard 1 establishes ACCM's requirements for the educational mission, goal and objectives of a medical school: "The goals are formally adopted by the Board of Trustees of the school and by the faculty (as a whole body or through its recognised representatives) and re-evaluated annually. At a minimum, the institution goals shall ensure graduates: sponsor a Doctor of Medicine (M.D.) degree programme which fulfils or exceed the provisions summarized in ACCM Standards of Accreditation, have acquired a critical amount of knowledge and have developed adequate skill to advance to and complete post-graduate training, have acquired the professional attributes (knowledge, skills, attitudes and behaviour) expected by the academic community and society of a physician, be able to secure licensure, to provide quality health care and to continue a life-long habit of learning as a way to remain abreast of current medical advances, assure students, parents, patients, post-graduate training directors, licensing authorities, government regulators and society that accredited programmes have met commonly accepted standards for quality education.

ACCM Protocol (Exhibit 2) requires the onsite inspection team to meet with the Chief Executive Officer of the medical school to review the educational goals of the institution to ensure compliance with Standard 1.

Specifically, the team is charged with determining "if the educational goals statement: Is properly stated, is publicized and distributed among its student, faculty and the public, seeks to sponsor a programme that fulfils or exceeds requirements to achieve accreditation Graduates only individuals who have acquired a critical amount of knowledge and skills to advance and complete postgraduate training, seeks to graduate only individuals who are able to secure licensure, provide quality patient care, and who have the capacity to keep his medical knowledge current through self-learning and after he completes his training"

These competencies are defined in the country's standards documents - ACCM Standards of Accreditation 2017 and ACCM Protocol for Accreditation 2017 which adhere to LCME standards. Additionally, the ACCM onsite inspection team is expected to review these standards when conducting their review and determining institutional compliance.

ACCM reviews AUC Annual & Cohort Databases (Exhibit 7 & 8) each year and the biennial Self-Study (Exhibit 6) and writes up regular reports (Exhibit 9, 10, 11 & 13), including review of the USLME/NBME pass rates. If USLME/NBME pass rates are below a certain standard, recommendations and compliance measures for improvements are stated and monitored by ACCM regarding implementation within a reasonable timescale. However, as these First Time Pass rates have been over 96%, this therefore demonstrates that ACCM standards have been adhered to.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 1.1.1.4(d) addresses requirements of licensure for students. Specifically, it states that it requires the graduation of individuals being eligible to secure licensure, to provide quality health care and to continue a life-long habit of learning as a way to remain abreast of medical advances. The establishment of this standard is ACCM's way of ensuring that students obtain licensure and continuing to pursue further education after graduation. The ACCM requires that each medical school provide an annual database that requires reporting on these topics and has provided a copy of this report.

Governance, Question 1

Country Narrative

Yes, the government of St. Kitts is the entity which legally authorises a programme of medical education.

ACCM is the entity responsible for evaluating the quality of medical education and requires medical schools to be legally

authorized or licensed (by the government of the country) to provide a programme of medical education.

The Minister of Education of the St. Maarten Government granted a Charter for the American University of Caribbean to establish a medical school on St. Maarten and authorized the school to confer the degree of the Doctor of Medicine on 7th July 1999. This Charter is recognized by the Netherlands Antilles medical licensing board, which is regulated by the "Landsverordening op de Uitoefening van de Geneeskunde" (Law on the Practice of Medicine), Dec. 19, 1958, No. 154 (Exhibit 5).

ACCM Standard 2 (Exhibit 1) describes the organizational structure of the institution and requires it to have legal authorization and to be licensed by the appropriate governmental or regulatory authority, as a government-supported or private independent entity, to offer degree programmes beyond the baccalaureate level in courses of instruction leading to the M.D. degree.

On 9th December 1997, the Executive Council of St. Maarten, adopted a resolution, by means of which the Government wished to express recognition of the activities within St. Maarten with respect to the American University of the Caribbean (AUC) and the Accreditation Commission on Schools of Medicine (ACCM) (Exhibit 5). It also states that ACCM "is authorised to work with and to receive reports and information on behalf of the St. Maarten Government".

Analyst Remarks to Narrative

The country has provided a copy of the American University of the Caribbean letter (exhibit 5) that was created by the Minister of Education of the St. Maarten Government to establish a medical school on St. Maarten and authorized the school to confer the degree of the Doctor of Medicine on 7th July 1999. The country utilizes the Accreditation Commission on Colleges of Medicine's (ACCM) standards for the review of the medical programs and the ACCM reports to the government of St. Maarten.

Governance, Question 2

Country Narrative

Yes, the administrators of the medical school are held accountable for the operation and success of the medical school and its programmes to an authority external and independent of the medical school, which in this case is ACCM.

ACCM is an independent accrediting body recognised and authorised by both the medical school and the government of St. Maarten (Exhibit 5). ACCM is responsible for ensuring that medical programmes comply with its standards and policies in the interest of both the medical school and the public. As stated in ACCM Standard 2 (i.e. Corporate Organization), ACCM's requirements for governance are as follows: "In consultation with the Chief Academic Officer, divisional heads and representatives of the faculty the board shall govern the institution by: Establishing broad institutional policies, providing institutional direction, securing financial resources, selecting the Chief Executive Officer, the Chief Academic Officer and their deputies and overseeing the management's performance of its duties and responsibilities. ACCM Standard 2 requires that the institution's by-laws and codes of regulation shall delineate the roles, duties and responsibilities of the key administrative and academic officers, the faculty committees as outlined in these documents.

ACCM Protocol requires the inspection team during a site inspection to ensure that the medical school complies with ACCM Standards. ACCM Protocol requires that the team reports whether the school is chartered, licensed and authorised to award the M.D. degree by the regulatory body that governs educational institutions in that jurisdiction. The medical school must annex all documents to demonstrate its authority to operate and to award the M.D. degree (Exhibit 5). ACCM Protocol requires the team to report specifically on each of these areas of governance, specifically whether Board members serve without conflicts of interest with the medical school and are independent of the administration and whether the Board properly exercises its authority in overseeing the administration performance of its duties and responsibilities (Exhibit 17). The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation 2017 (Exhibit 1) and ACCM Protocol for Accreditation 2017 (Exhibit 2) and provide an education that adheres to LCME standards.

An independent and voluntary Board of Trustees (BOT) is the highest authoritative body of the institution (Exhibit 16). Members of the BOT may include founders or the public who have an interest in the general welfare of the institution. The BOT members must be free of conflicting interests and cannot include any affiliate of the medical school who has a financial or business interest in the institution, e.g., an employee, consultant or family member/relative with connections to the school. The BOT governs the institution, in consultation with the chief academic officer, divisional heads, and representatives of the faculty. Its role, duties and responsibilities include establishing broad institutional policies; providing institutional direction; securing financial resources; selecting the chief executive officer (CEO), the chief academic officer (CAO) and their deputies and overseeing the management's performance of its duties and responsibilities. The institutional policies define the oversight of management's performance, e.g., the CEO reports to the BOT. However, the institution's by-laws and regulations define the roles, duties and responsibilities of the administrative officers, academic officers, faculty, faculty government, students, faculty and procedures.

ensures that Board members are free of conflicting interests. ACCM Protocol (Exhibit 2) requires that the inspection team during a campus site inspection reviews whether BOT members are free of conflict and reports on the legal authority of the school to operate and offer degrees and verifies whether the corporate organization meets the governance requirements.

ACCM also receives formal updated Annual and Cohort Databases and the biennial Institutional Self-Study from the medical school in February each year (Exhibit 6, 7 & 8). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the Board of Trustees and faculty members including CV's (Exhibit 16) and

Minutes of Meetings (Exhibit 17) held in regard to administration of Medical Education programmes.

Analyst Remarks to Narrative

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Government of St. Maarten. In turn, the entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The government is the legal entity to which the medical school reports, and the ACCM is the entity which reviews the quality of the medical education program on the government's behalf.

Administrative Personnel and Authority, Question 1

Country Narrative

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation 2017 (Exhibit 1) and ACCM Protocol for Accreditation 2017 (Exhibit 2) and provide an education that adheres to LCME standards.

ACCM Standard 3 addresses institutional management and administration and requires an institution to “design an administrative structure so that each division is able to perform its unique responsibilities efficiently. The design and the size of the administration shall also be of sufficient magnitude for the size of the student body and the scope of the programme.” This Standard requires the school's Board of Trustees to approve the appointment of the Chief Executive Officer (CEO), Chief Academic Officer (CAO), and Faculty members and requires the CAO to carry out institutional policies, to implement the educational objectives of the institution in an efficient and effective manner including the principal administrative and academic heads of the medical school maintaining open lines of communication with each other.

Standard 3 also requires the CAO to hold an M.D. degree and, possess adequate qualifications and experience in medical education, research and patient care to lead and supervise the educational programme at the institution. To support the CAO, the institution must have a competent team of professional staff in the management of the educational programme. These members include individuals representing: Deans, Associate Deans and Assistant Deans; Professional staff and secretarial support; student admissions; faculty affairs; education financing, accounting, budgeting, and fundraising; clinical facilities; curriculum and academic affairs; student services and student affairs; postgraduate and continuing medical education; research; alumni affairs; library; student financial assistance; record keeping; and public safety. ACCM expects the institution to evaluate the effectiveness of the CAO and staff and the effectiveness and efficiency of the leadership of the medical school in the self-study.

ACCM Standard 3 additionally addresses the institution's responsibilities regarding the affiliated institutional locations. ACCM requires the institution to outline the authorities and responsibilities of the CAO and faculties of the allied health programmes and their affiliated hospitals from those of the medical school dean and faculty. To avoid overuse of the faculty resources that the institution shares among other allied health programmes, the institution shall give faculty members additional time for classroom preparation, student tutoring and committee work. The CAO ensures that those students at satellite health care facilities receive the same quality of education and the same standard of student evaluation as provided at the parent campus. To achieve this goal and to implement the academic policies of the institution, the dean shall appoint, at each satellite health care facility, an assistant dean (who reports directly to the dean), a department faculty (who reports to the respective divisional head), and administrative personnel (who reports directly to the supervisor at the parent campus).

ACCM ensures the administration is effective and appropriate by receiving a formal updated Annual Database from the medical school in February each year. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on Faculty members (Exhibit 8 Section: Faculty) such as CV's and Meetings held in regard to the administration of the school (Exhibit 15, & 17). ACCM conducts an interim site inspection of the school and its campus facilities every two years which includes providing a Report on the school which is sent to the school and the St. Maarten government (Exhibit 9 & 11). Currently there is only one position unfilled - Chair of Anatomy - since September 2017.

ACCM Protocol requires the on-site inspection team to meet with key members of the medical school's administration, (including checking on any new Faculty members, their CV's and interviewing them), faculty and student affairs personnel to discuss curriculum, school policies and practices, and the provision of student services to ascertain the effectiveness of the school's management of instructional resources and include the findings in a written report (Exhibit 2: Sections VII, VIII, IX).

The ACCM Report (Exhibit 9) ensures that the Chief Academic Officer of the medical school has sufficient access to resources and authority of the University President to effectively administer the medical educational programme. As far as ACCM is aware, access to the resources and authority to effectively instruct students remains satisfactory.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Elements 2 and 3 address Corporate Organization and School Management. The institution is government supported and licensed. The institution shall be governed by an independent Board of Trustees. Chief academic officers, division heads, and faculty representatives will consult with the trustees in governing the institution. By-laws shall delineate the roles, duties, and responsibilities of: chief, associate, and assistant administrative officers; chief academic officers and deputies; faculty; faculty government; students; and committees, including student admission, student

evaluation, curriculum, facilities and libraries, faculty research and scholarly activities. The country has included annual report information that documents on how it monitors these aspects of the medical school.

Administrative Personnel and Authority, Question 2

Country Narrative

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1: Standard 1, 3, 4 Section 4.1.2, 8, 9 & 11). Standard 3 expects the Chief Academic Officer/Executive Dean (CAO) of a medical school to hold an M.D. degree, possess adequate qualifications and experience in medical education, research and patient care to lead and to supervise the educational programme of the institution. ACCM receives and reviews the AUC Annual Database (Exhibit 8) each year and the biennial AUC Institutional Self-Study (Exhibit 6). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the CAO (Exhibit 19), Faculty members including CV's, and Minutes of Meetings held in regard to administration of Medical Education programmes (Exhibit 15, 17).

During a campus site inspection, the ACCM team interviews the CAO, having already reviewed the most recent performance review provided in advance of the site inspection (Exhibit 2 Section VII & VIII). The team reports on the CAO's qualifications by commenting on how well that person has led the medical school and carried out the responsibilities of the position, in this case, since 2009.

The Chief Academic Officer's (Dr. Heidi Chumley's) curriculum vitae is provided (Exhibit 18). The Chief Academic Officer regularly inspects the campus and meets with senior staff to review progress. A chart of the organisational structure of the school is provided to assist (Exhibit 27). The CAO also regularly inspects clinical sites and meets with senior clinical teachers and students including reviewing facilities and progress. Reports of these inspections are available if required. ACCM interviewed the Chief Academic Officer during the 2018 campus site inspection and was satisfied with the progress made under her stewardship. ACCM Protocol (Exhibit 2) requires the onsite inspection team to report on the qualifications of the chief academic officer and to also comment on how well that individual has led the school and carried out their responsibilities. It must also report on the most recent performance review of the CAO/Executive Dean (Exhibit 2: Sections VII, VIII, IX) through writing up a Report following the campus site inspection which is presented to the ACCM Board Meeting for review and approval. On approval a copy is sent to the school and government and if the Report contains recommendations, the school is expected to take action on these which is monitored by ACCM to ensure implementation occurs (Exhibit 9, 11 & 13).

AUC ensures that the Executive Dean/Chief Academic Officer has sufficient resources and the authority to ensure that AUC achieves its institutional goals and educational programme objectives. Student tuition and the Adtalem Global Education capital investment fund provide resources. The Executive Dean develops the operating budget with support from the Adtalem Global Education finance department. The AUC Board of Trustees and the Adtalem Global Education Board of Directors approve the operating budget. The operating budget has increased each year to support the educational needs. For example, AUC added new salary lines for faculty and student support and support for new and expanded clinical sites to improve the educational programme. The Executive Dean works in collaboration with Adtalem Global Education to develop a capital budget. Adtalem Global Education makes final decisions on capital requests. Since acquisition, Adtalem Global Education has approved and funded many of AUC's major capital requests including a new medical education building, renovations, educational equipment such as patient simulators, and additional property.

The AUC Executive Dean/Chief Academic Officer is responsible for collaborating with the BOT to: establish and refine the mission, vision, and strategic goals of the institution, develop and sustain a leadership team to execute on the strategic goals, ensure that day-to-day operations proceed in a way consistent with the mission and vision, while maintaining financial integrity and serve as the voice of the institution. The Executive Dean/CAO is supported by a team of highly qualified leaders in dean's roles appropriate to execute on the strategic goals. Adtalem Global Education further supports AUC through the corporate functions including human resources, finance, student finance, legal services, regulatory and compliance, and information technology. The Executive Dean/CAO meets weekly with the senior leaders including the Campus Dean; Senior Associate Dean, Clinical Sciences; Senior Associate Dean, Curriculum and Faculty Development; and Vice President, Enrolment and Marketing. Each senior leader has a scope of responsibilities and teams to fulfil those responsibilities.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element addresses School Management. Specifically, 3.1.3 states that the Chief Academic Officer (CAO), who must hold an MD degree or equivalent, possesses adequate qualifications and experience in medical education, patient care and research to lead and to supervise the educational program of the school. The country further explains in its narrative that the CAO must have resources and is involved in the processes for developing budgetary priorities for the medical school. The country has included annual report information that documents on how it monitors these aspects of the medical school.

Administrative Personnel and Authority, Question 3

Country Narrative

The medical school must adhere to the standards set down by ACCM by complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1: Standard 2, 3, 8, 9 & 11), (Exhibit 2: Sections VII, VIII, IX). ACCM Standard 3 additionally addresses the institution's responsibilities regarding the affiliated institutional locations. ACCM requires the institution to outline the authorities and responsibilities of the CAO/Executive Dean and faculties of the allied health programmes and their affiliated hospitals from those of the medical school dean and faculty. To avoid overuse of the faculty resources that the institution shares among other allied health programmes, the institution shall give faculty members additional time for classroom preparation, student tutoring and committee work. The CAO ensures that those students at satellite health care facilities receive the same quality of education and the same standard of student evaluation as provided at the parent campus. To achieve this goal and to implement the academic policies of the institution, the dean shall appoint, at each satellite health care facility, an assistant dean (who reports directly to the dean), a department faculty (who reports to the respective divisional head), and administrative personnel (who reports directly to the supervisor at the parent campus).

ACCM Protocol (Exhibit 2) requires the onsite inspection team to meet with key members of the medical school's administration, faculty and student affairs personnel to discuss curriculum, school policies and practices, and the provision of student services to ascertain the effectiveness of the school's management of instructional resources and include the findings in a written report (Exhibit 9, 11 & 13).

ACCM receives formal updated Annual/Cohort Databases (Exhibit 7 & 8) from the medical school in February each year and the biennial Institutional Self-Study (Exhibit 6). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on faculty members such as CV's and Minutes of Meetings (Exhibit 15) held in regard to access and resources.

The AUC Executive Dean/Chief Academic Officer is responsible for collaborating with the BOT to: establish and refine the mission, vision, and strategic goals of the institution, develop and sustain a leadership team to execute on the strategic goals, ensure that day-to-day operations proceed in a way consistent with the mission and vision, while maintaining financial integrity and serve as the voice of the institution. The Executive Dean/CAO is supported by a team of highly qualified leaders in dean's roles appropriate to execute on the strategic goals. Adtalem Global Education further supports AUC through the corporate functions including human resources, finance, student finance, legal services, regulatory and compliance, and information technology. The Executive Dean/CAO meets weekly with the senior leaders including the Campus Dean; Senior Associate Dean, Clinical Sciences; Senior Associate Dean, Curriculum and Faculty Development; and Vice President, Enrolment and Marketing. Each senior leader has a scope of responsibilities and teams to fulfil those responsibilities.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 3.1.4 School Management requires that the chief academic officer be supported by a team of professional staff in managing the medical program. The team must include deans, associate deans, and assistant deans. Staff must include members in: secretarial support; student admissions; faculty affairs; education financing, accounting, budgeting, and fundraising; clinical facilities; curriculum and academic affairs; student services; postgraduate medical education; research; alumni affairs; library; student financial assistance; record keeping; and public safety. The country has included annual report information that documents on how it monitors these aspects of the medical school.

Chief Academic Official, Question 1

Country Narrative

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1: Standard 1, 3, 4 Section 4.1.2, 8, 9 & 11). ACCM Standard 3 expects the Chief Academic Officer/Executive Dean (CAO) of a medical school to hold an M.D. degree, possess adequate qualifications and experience in medical education, research and patient care to lead and to supervise the educational programme of the institution. ACCM receives and reviews the AUC Annual Database (Exhibit 8) each year and the biennial AUC Institutional Self-Study (Exhibit 6). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the CAO and an evaluation review held regarding performance and the administration of Medical Education programmes.

At the American University of the Caribbean (AUC), the Executive Dean also serves as the Chief Academic Officer of the School. The Executive Dean is based in Florida and also has an office on the St. Maarten campus. Subject to the policies of the school, the Executive Dean is responsible for all academics and related administration including implementing the curriculum, maintenance of academic standards, accreditation, and smooth functioning of the school. The Executive Dean may appoint Assistant and/or Associate Deans. The Executive Dean is nominated for appointment by the Adtalem and is subject to the approval of the Board of Trustees.

The Executive Dean has the following direct academic reports: Associate Dean, Medical Education – Basic Sciences, Associate

Dean, Medical Education – Clinical medicine, Associate Dean, Basic Sciences, and Associate Dean, Clinical Medicine. The office of the Associate Dean, Basic Sciences is located on the schools' Basic Science campus on St. Maarten. This position is responsible for the administration and implementation of the Basic Sciences curriculum on the St. Maarten campus in consultation with the offices of the Associate Deans, Medical Education and the supervision of the office of the Executive Dean. The Associate Dean, Basic Sciences also holds additional faculty rank. The office of the Associate Dean, Clinical Medicine is located in Florida. This position is responsible for the administration and implementation of the Clinical Medicine curriculum for Semesters 6 to 10, in consultation with the offices of the Associate Deans, Medical Education and the supervision of the office of the Executive Dean. The Associate Dean, Clinical Medicine also holds additional faculty rank.

Qualifications of the Chief Academic Officer at AUC include:

MD/DO currently licensed as a physician in the United States with a minimum of 10 years of clinical practice within the United States OR Doctoral degree in relevant educational field with 10 years of experience in medical education.

Leadership experience in the clinical education of medical students.

Ability to travel to the administrative offices in Florida, clinical campuses in the United States and United Kingdom, and medical science campus in St. Maarten.

Collaborative and inclusive leadership style.

Proven experience administrator/educator in Academic/Student Affairs in a North American medical school with senior-level administrative experience in student affairs; a demonstrated record of leadership, management, and resource development in a medical school

Demonstrated transformational leadership skills and an ability to effectively manage organizational change

Demonstrated working knowledge of issues related to student conduct and academic integrity.

Possess exceptional interpersonal, communication and organizational skills

Demonstrated commitment to diversity, equal opportunity and promotion of student engagement and learning; comprehensive knowledge of student development and current trends in student success.

Critical skills include excellent communication abilities, interpersonal sensitivity, time management and prudent judgment.

The Chief Academic Officer's (Dr. Heidi Chumley's) curriculum vitae is provided (Exhibit 18) and an AUC Executive Review (Exhibit 19). There is a formal mechanism for regular review of the Executive Dean/Chief Academic Officer. Each year, the Executive Dean establishes a set of objective goals for AUC in alignment with the Strategic Plan. These goals are approved by both Adtalem Global Education leadership and the AUC BOT. Progress on goals is discussed at each AUC BOT meeting as part of the strategic plan review. At the end of the academic year, Adtalem Global Education leadership reviews Dr. Chumley's performance on these goals, in consultation with the AUC BOT, and provides feedback. Part of Dr. Chumley's compensation is tied to her performance against these goals.

The Chief Academic Officer regularly inspects the campus and meets with senior staff to review progress. A chart of the organisational structure of the school is provided to assist (Exhibit 27). The CAO also regularly inspects clinical sites and meets with senior clinical teachers and students including reviewing facilities and progress.

During a campus site inspection, the ACCM team interviews the CAO, having already reviewed the most recent performance review provided in advance of the site inspection. The team reports on the CAO's qualifications by commenting on how well that person has led the medical school and carried out the responsibilities of the position. ACCM interviewed the Chief Academic Officer during the 2018 campus site inspection and was satisfied with the progress made under her stewardship.

ACCM Protocol requires the onsite inspection team to report on the qualifications of the chief academic officer and comment on how well that individual has led the school and carried out their responsibilities. The team must also report on the most recent performance review of the CAO/Executive Dean (Exhibit 2: Sections VII, VIII, IX through writing up a Report following the campus site inspection which is presented to the ACCM Board Meeting for review and approval (Exhibit 9, 11 & 13). A copy of the Report is sent to the school and government and if the report contains recommendations, the school is expected to act on these which is monitored by ACCM to ensure implementation occurs (Exhibit 9, 11 & 13).

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element addresses School Management. Specifically, 3.1.3 states that the chief academic officer, who must hold an MD degree or equivalent, possesses adequate qualifications and experience in medical education, patient care and research to lead and to supervise the educational program of the school. The country further explains in its narrative that the Chief Academic Officer (CAO) must have resources and is involved in the processes for developing budgetary priorities for the medical school. The country has included annual report information that documents on how the on site visitors meet with the CAO to confirm the qualifications.

Chief Academic Official, Question 2

Country Narrative

The selection process for the chief academic official of the medical school is carried out by the Board of Trustees who identify a suitable candidate through a recruitment process which includes interviews and review of Curriculum Vitae's.

ACCM Standard 8 addresses Faculty participation in the hiring, retention, promotion and disciplinary processes (Exhibit 1). The relevant section of this element states “[t]he recruitment and selection of the faculty as well as all other academic positions of the institution, shall be the result of the collective efforts of the chief academic officer, department heads, faculty representatives and administration”.

The ACCM Institutional Self-study (Exhibit 6) addresses personnel policies in which the institution assesses the appointment, renewal of appointment, promotion, tenure and dismissal of faculty. For example, a faculty search committee assists with recruitment and interviews top candidates along with student body representatives. The committee selects its preferences and submits its recommendations to the appropriate academic official, who forwards the names of the preferred choices to the CEO along with a request to offer the applicant an employment contract. A school may have its own protocol for hiring, but it must demonstrate how Faculty is involved in the process. To encourage retention among Faculty, this Standard also requires the institution to provide a reasonable level of compensation to its Faculty that includes health insurance, disability insurance, and a retirement pension programme.

Additionally, ACCM requires institutions to offer Faculty academic freedom, a reasonable level of job security or equitable workloads in a faculty contract, a faculty tenure system or factors such as number of courses, types of courses, number of classroom contact hours, research time committee work, etc. Standard 8 also addresses procedures an institution must have for the evaluation and promotion of faculty based on competency, performance, and discipline that involves faculty members in making these decisions.

At AUC, the AUC Board of Trustees participates in the selection, appointment, and evaluation of the Executive Dean/Chief Academic Officer of the University and assists in the selection of other officers of the University. Heidi Chumley, MD, MBA serves as the Executive Dean/Chief Academic Officer of the University and has a joint reporting line to the BOT. Dr. Chumley is also accountable to the Group Vice President, Medical and Healthcare, who has additional responsibilities and authorities over the other components within Auctalem Global Education, including another medical school, a veterinary school, a nursing school, and the Medical Education Readiness Programme (MERP)⁹. The BOT meets in person four times per calendar year (Exhibit 17). In addition to the BOT members, designated executives from Auctalem Global Education attend each meeting. General Sessions of the BOT also include participation of AUC’s leadership team, the President of AUC’s Faculty Senate, and a representative of the Student Government Association (Exhibit 6).

The Chief Academic Officer (CAO) is one of two positions at AUC that require approval from AUC’s Board of Trustees (BOT), the other being the Executive Dean. In 2013, Dr. Heidi Chumley was selected through a competitive external international search process, which closely involved AUC’s BOT. Dr. Chumley initially held both roles, that of Executive Dean and CAO. In 2014, Dr. Julie Taylor joined AUC as Senior Associate Dean, Clinical Sciences after a similar competitive search process. In 2016, Dr. Taylor was promoted and her duties expanded to encompass academic and student affairs across the four-year continuum. In 2017, Dr. Chumley began discussions with AUC’s BOT regarding separating the positions of Executive Dean and CAO to allow the Executive Dean to develop a more external focus while ensuring that a strong internal focus on student success remained. Following extensive discussions, AUC’s BOT formally accepted her recommendation to internally promote Dr. Taylor into the CAO role beginning in October 2017. Since that time, Dr. Chumley and Dr. Taylor have collaborated closely in transitioning critical duties such as those associated with accreditation.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine’s (ACCM) Element addresses School Management. Specifically, 3.1.3 states that the Chief Academic Officer (CAO), who must hold an MD degree or equivalent, possesses adequate qualifications and experience in medical education, patient care and research to lead and to supervise the educational program of the school. The country further explains in its narrative that the CAO is selected by the medical school to address the appointment of this individual, the renewal of appointment, promotion, tenure and dismissal of faculty. This information is documented through the medical schools self study document (exhibit 6).

Faculty

Country Narrative

The medical school must adhere to the standards set down by ACCM by complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1: Standard 4, 6 & 8), (Exhibit 2: Sections VII, VIII, IX). ACCM Standard 6 addresses the participation of Faculty on committees for the admission of new and transfer students. ACCM Standard 6 requires a Faculty Committee on admissions to define the size and characteristics of the student body after consultation with the institution’s administration. The Faculty Committee defines the admission requirements and makes final decisions of the students admitted to the educational programme. The faculty bases its decisions on admission for each semester on factors such as the available square footage per student, faculty-student ratios, etc. The committee’s decision shall not be affected by factors such as age, sex, race, religion, national origin, financial interest, inside influence, or outside pressure. The faculty admission committee process to evaluate and screen applicants includes personal interviews and the following considerations: Grade point averages; the type and degree of difficulty of courses the applicant enrolled in; scores on the medical school admission test; proficiency of the applicant’s

writing skills; proficiency of the applicant's communication skills; personal hygiene and grooming standards of the applicant; evaluations from school pre-professional committees or undergraduate faculty members; and ability of the applicant to communicate effectively and to articulate his motivation, experience and other matters during a personal interview. During the preparation of the Institutional Self-study (Exhibit 12), ACCM expects the institution's Faculty Committee to validate the selection criteria to determine whether the results of the admission process ensures that the class size is appropriate in terms of number and raises the standard for the quality of applicants admitted to the programme.

ACCM Standard 8 (Exhibit 1) also addresses faculty participation in the hiring, retention, promotion and disciplinary processes. The relevant section of this Standard states "[t]he recruitment and selection of the faculty as well as all other academic positions of the institution, shall be the result of the collective efforts of the chief academic officer, department heads, faculty representatives and administration.

The ACCM Institutional Self-study addresses personnel policies in which the institution assesses the appointment, renewal of appointment, promotion, tenure and dismissal of Faculty (Exhibit 12). For example, a faculty search committee assists with recruitment and interviews top candidates along with student body representatives. The committee selects its preferences and submits its recommendations to the appropriate academic official, who forwards the names of the preferred choices to the CEO along with a request to offer the applicant an employment contract. A school may have its own protocol for hiring, but it must show how the faculty is involved in the process. To encourage retention among faculty, this Standard also requires the institution to provide a reasonable level of compensation to its faculty that includes health insurance, disability insurance, and a retirement pension programme.

Additionally, ACCM requires institutions to offer faculty academic freedom, a reasonable level of job security or equitable workloads in a faculty contract, a faculty tenure system or factors such as number of courses, types of courses, number of classroom contact hours, research time committee work, etc.

Standard 8 also addresses the procedures an institution must have for the evaluation and promotion of faculty based on competency, performance, and discipline that involves faculty members in making these decisions.

ACCM Standard 4 (Exhibit 2) addresses the role of the faculty involvement in all phases of the medical school's curriculum, including the clinical education portion.

A medical school must have a Curriculum Committee of faculty members who are responsible for developing and evaluating a curriculum that provides a general medical education so that its graduates are prepared to pursue further training at the graduate level. The goal of the Curriculum Committee is to design a programme that encourages students to acquire an understanding of basic scientific knowledge, a fundamental to medicine. The committee shall develop a programme that promotes problems solving skills, an understanding of the principles of basic and translational research as applied to medicine and access to service learning. In addition, the curriculum must have an orderly sequence of courses.

In designing clinical clerkships, the Faculty Curriculum Committee requires all clinical instruction to be carried out in both inpatient and outpatient settings (Exhibit 15). Regarding oversight of clinical students, the curriculum committee stipulates the types of patients or clinical conditions that the students must see and ensures that faculty oversees workups of patients by clinical students in wards and clinics. The oversight required by this Standard includes a) providing a structured environment for students to learn and work; b) providing an academic organization that is controlled by the medical school; c) ensuring that medical students are taught by faculty members of the school; d) defining clerkship objectives; and e) scheduling adequate time for students to study and faculty to monitor the students' clinical experience, among other things. The supporting documentation shows that the school has a basic sciences curriculum committee and a clinical sciences curriculum committee (Exhibit 15). Each committee has specific responsibilities regarding the medical education curriculum that include the analysis of the course content and evaluation methods and results, ensuring that any inconsistencies are resolved in a timely manner.

ACCM Protocol (Exhibit 2) requires the ACCM inspection team to report whether there is a faculty body and describe the duties and composition of the executive committees of the faculty body (Exhibit 9). Regarding faculty committees, the team identifies the principal standing committees and comments of the school's requirements for committee work by members of the school's faculty. The school has a wide range of Committees in which faculty members are involved. Most of these Committees are chaired by the faculty members. Principal Committees include research, curriculum, disciplinary, student promotion, student awards, student admissions, faculty Senate and faculty promotions. Based on the establishment of these Committees, their Minutes and discussions on campus with faculty members they are heavily involved in decisions made within the school (Exhibit 15).

ACCM receives a formal updated Annual Database from the medical school in February each year (Exhibit 8). The school is required to answer a list of questions covering all major aspects of the governance of the school including information relating to these aspects. ACCM considers these exhibits essential to an effective review and reporting process because they support and bolster the credibility of the inspection report. See below for more:

Analyst Remarks to Narrative

The country has reported that it follows the Accreditation Commission on Colleges of Medicine's standards for each of the relevant sections of the guidelines:

Admissions:

6.1.2 Upon consultation with the administration, a faculty committee on admissions define the size and characteristics of the

student body.

Hiring, retention and Promotion of Faculty

8.10 Criteria and Procedures for Evaluation and Promotion

The school establishes policies for the periodic evaluation of faculty competency and performance. The policies include procedures and standards against which evaluations are measured. Promotional policies are designed to recognize competency and the quality of work. The administrative structure of the schools ensures that the faculty is appropriately involved in decisions relation to hiring, retention, promotion and discipline of faculty.

Curriculum

4.1.3 A curriculum committee of faculty members is responsible for developing and evaluating a curriculum that provides a general medical education to ensure that its graduates are prepared to pursue further training in the clinical clerkship. The management of the preclinical curriculum involves the participation of the faculty and the administration in an integrated manner.

The application of these standards is captured in the annual database collected from the medical school on an annual database.

Remote Sites, Question 1

Country Narrative

Continuing to Answer (c):

ACCM reviews the Annual Database (Exhibit 8) and the biennial Institutional Self-Study (Exhibit 6) which includes information on faculty involvement and documentation of Minutes of Committees (Exhibit 15) and writes up regular reports (Exhibit 9, 11 & 13). At AUC, to ensure that faculty members of medical schools participate in decisions related to admissions, the curriculum, and the hiring, retention, promotion, and discipline of faculty, there is a climate of open communication, which permits the early recognition of institutional opportunities and a collaborative sense of problem-solving. On the medical sciences campus, Department Chairs submit proposals to the Curriculum Committee for approval on curricular content and delivery. Individual departments make decisions about assessment frequency and scope of content. The Associate Dean of Academic Affairs administers policies and advises individual students about academic decisions they need to make. The Associate Dean of Student Affairs administers policies and advises individual students regarding personal and academic decisions. The SEPC committee renders decisions for students who have been dismissed and appeal for readmission, making decisions at the beginning of each semester. The Dean's Cabinet provides an additional layer of review for some campus decisions. These different stakeholder groups and review layers can take some time, and sometimes individual faculty members and faculty committees feel excluded from the process. Lines of communication on the medical sciences campus, department chairs submit proposals to the Curriculum Committee for approval on curricular content and delivery. Individual departments make decisions about assessment frequency and scope of content. The Associate Dean of Academic Affairs administers policies and advises individual students about academic decisions they need to make. The Associate Dean of Student Affairs administers policies and advises individual students regarding personal and academic decisions. The SEPC committee renders decisions for students who have been dismissed and appeal for readmission, making decisions at the beginning of each semester. The Dean's Cabinet provides an additional layer of review for some campus decisions. These different stakeholder groups and review layers can take some time, and sometimes individual faculty members and faculty committees feel excluded from the process. On the medical sciences campus, information is available through numerous avenues. The AUC Executive Dean distributes a weekly newsletter to all medical sciences faculty. The Dean's Cabinet meeting minutes are posted and available for faculty to read. Faculty meet monthly and update each other about progress in university-wide standing committees.

When medical sciences faculty have not read the newsletter or minutes, they indicate they do not feel well informed.

Medical sciences faculty have opportunities to contribute opinions, concerns, and ideas by reaching out directly to their Deans and Chairs, by bringing agenda items to faculty meetings, and by participating in town hall meetings with deans. The Faculty Senate is undergoing a transformation to integrate the basic and clinical sciences faculty. During this transitional time, there have been fewer opportunities for faculty to raise issues more powerfully than by their individual voices (Exhibit 6).

These dynamics allow for the development and maintenance of a shared vision. Institutional planning efforts have supported major successes at AUC including:

Hiring and onboarding of new leaders

Revision of the educational program objectives

Creation of a four-year faculty senate

Design of the current AUC clinical network

Design and implementation of AUC's committee and governance structures

Development of facilities, faculty, and administrative staff needed to support the gradual increase in AUC enrolment that has occurred over time

Setting and maintenance of academic/performance standards for admission, student progression, faculty selection and faculty evaluation

Enhancement of opportunities for students and faculty to collaborate on research projects

Creation of a Senior Associate Dean for Curriculum and Faculty Development position to increase support to faculty members in advancing the educational program

Partnership with the Ministry of Health to advance health and education

Addition of learning resources such as UpToDate, Osmosis and UWorld

Answer to (d):

The medical school must adhere to the standards set down by ACCM by complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1: Standard 4, 8, 11 & 12), (Exhibit 2: Sections VII, VIII, IX). ACCM accreditation process of a medical school must be for the entire educational programme and not individual parts of the programme separated geographically from the main campus. No part of the preclinical educational programme (basic sciences portion of the programme) may be taken outside the comparable country in which the medical school is located, which AUC adheres to.

It is assumed that hospital teaching and training in the 3rd and 4th years is not the subject of these questions. Teaching of all basic science subjects and those allied to the introduction to clinical medicine occur at the main campus, in laboratories on St. Maarten, clinical venues such as Doctor's offices/clinics and at the local Hospital. The Foundation Skills are present in the first two semesters integrated with Basic Science Courses. ACCM admits that students' experiences at preclinical venues may vary. However, the important focus of the patient-physician relationship is emphasized and available to students prior to starting 3rd Year and before taking USMLE Step 1 examination.

ACCM Protocol (Exhibit 2) requires the ACCM onsite inspection team to evaluate the consistency of the medical programme curriculum at off-site locations. ACCM reviews the roles of CEO, CAO, Dean of Basic Sciences and Chair of the preclinical sciences in conjunction with interviews with the Dean of Clinical Sciences to determine whether the school conducts consistent student evaluations at all sites. AUC reported that students receive the same learning resources in key areas of the core rotations, regardless of whether the patient experience is seasonal or varied with respect to diseases observed. By using specific indicators, the faculty committees responsible for educational planning and/or curriculum evaluation evaluate the data and report the findings concerning equipment, and nature of teaching in detail and make recommendations for change to the deans and administrators (Exhibit 8).

ACCM Protocol requires the onsite team to meet with the Deputy academic officer for curriculum, Chair of Curriculum committee and selected course directors to discuss the management of the curriculum. The team discusses the management of the basic sciences courses "to ascertain whether the educational experiences are the same as the parent medical school". An ACCM inspection team evaluates these venues during onsite inspections and these do not lack consistency in the review of the medical school (Exhibit 9).

Analyst Remarks to Narrative

The country states that it adheres to the Accreditation Commission on Colleges of Medicine's accreditation process of a medical school which must be for the entire educational program and not individual parts of the program separated geographically from the main campus. No part of the preclinical educational program (basic sciences portion of the program) may be taken outside the comparable country in which the medical school is located.

Remote Sites, Question 2

Country Narrative

AUC students are required to complete clerkships in Internal Medicine, Surgery, Obstetrics/Gynaecology, Paediatrics and Psychiatry. In addition, students are required to complete 30 weeks of electives. These opportunities allow time for students to follow their own interests. AUC medical students are trained in environments providing an atmosphere conducive to learning the vast amount of medical knowledge, developing fundamental clinical skills including clinical reasoning, and fostering scholarship and community engagement. AUC participate and undergo clinical training at geographically separated locations situated in the US, Canada and UK with the medical school having a Hospital Site Affiliation Agreement with each hospital (Exhibit 38). AUC policy dictates that core clerkships are conducted within departments or institutions that either sponsor or are designated as participating institution in an Accreditation Council for Graduate Medical (ACGME) accredited residency in the core area (US-based sites) or belong to the General Medical Trust (UK-based sites). This assures that students are exposed to continuing medical education activities, the academic atmosphere of an accredited residency programme, and to teaching by residents at all levels of resident education. Teaching by residents is considered to be an important part of the clinical education experience for students, and residency education programmes place a very high priority on resident teaching activities as a method of learning (Exhibit 6). Student's experiences may vary due to each clinical site having and using different methods and ways of instruction. However, this is not to say that the student's experience does not result in consistency and comparable evaluation across locations.

AUC's relationship between the leadership of the medical school and the clinical affiliates works well due to well-defined lines of

communication and an organizational structure that ensures final decisions are made by those who have a clear picture of all issues involved and have access to the details needed to implement decisions. Medical school administration and administration of major clinical affiliates work in a collaborative manner at several levels, as follows: the Senior Associate Dean for Clinical Sciences meets on a weekly basis with the Executive Dean. The Clinical Deans meet on a bi-weekly basis to discuss site-related issues. The Clinical Deans and the Office of Student Services work closely with clinical sites through regular telephone conferences and site inspections to the affiliated clinical teaching hospitals. AUC leaders inspect each clinical site at least annually. AUC have modified the site inspection process to include colleagues from Student Services as well as Deans. AUC have revised the template of the site inspection reports and streamlined the process for getting the finalized reports back to the sites in a timely manner.

AUC, based on feedback from the clinical sites, has built resources to help students transition to clinical learning, provide an online backbone for clinical students, and provide additional practice opportunities for the USMLE Step 2 CS examination – at clinical sites where available and also independently. At individual clinical sites, during annual site inspections, medical school leadership shares data on student performance and outcomes and reviews standards. When areas for improvement are identified, the clinical site works in close collaboration with the medical school to make those improvements. AUC has an increasingly robust faculty appointment process that necessitates regular communication between the leadership of the medical school administration and the faculty and staff at clinical sites. Through this process, AUC are now tracking the scholarly productivity of both students and faculty. AUC holds an Annual Faculty Symposium, which serves two broad purposes: allow Medical Sciences and Clinical Sciences faculty members to meet on an annual basis to collaborate on major educational initiatives and allow Clinical Faculty Members from each discipline to meet together as a group to review and revise their clerkship objectives and essential patient encounters. The leadership of the medical school participates fully in the Annual Faculty Symposium. In 2016, the medical school administration hosted an additional faculty development and engagement day for one medical education champion from each of our fully tracked clinical sites. Regional symposia are held annually in the United Kingdom and are under development at select clinical sites in the United States.

ACCM reviews the updated Annual Database (Exhibit 8) each year and the biennial Institutional Self-Study (Exhibit 6) and the school is required to answer a list of questions and include information on clinical facilities (Exhibit 42). ACCM inspects clinical facilities which includes interviewing faculty, curriculum and students, at least once during the accreditation period (Exhibit 39) and more frequently if required. A Report on each site is provided to the school, which may list recommendations that the school must take action on and this is monitored by ACCM (Exhibit 48). If these are not implemented, the school must consider no longer using the site and may have to seek another suitable site, which has happened in the past.

Analyst Remarks to Narrative

The country indicates that students do have the opportunity to participate in clerkship that may be in a different location than where the school is located. The country provided a copy of the American University of the Caribbean affiliation agreement, as well as the reports that it uses to monitor these locations. Ultimately, the country states that Accreditation Commission on Colleges of Medicine's strives to have consistency and comparable evaluations across locations.

Program Length, Question 1

Country Narrative

The medical school must adhere to the standards set down by ACCM by complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4 Section 4.1.1, 5, & 6). Standard 4 requires a medical education programme to consist of no less than 130 weeks offered over four academic years. However, at the American University of the Caribbean (AUC) the entire medical training programme at AUC consists of 152 weeks of instruction (Medical Sciences 80 weeks & Clinical Sciences 72 weeks) and practical training over four academic years to obtain an M.D. degree. The first five semesters are spent on the island of St. Maarten where students are trained in the Basic Sciences, introduced to the clinical skills essential to the competent practice of medicine and provided direct patient experience.

After completing the first five semesters, passing the USMLE Step 1 examination, and completing the research module, students transition into clinical medicine where they spend the next five semesters in affiliated teaching hospitals, primarily in the U.S. & UK, rotating first through core specialties and then electives in selected areas where their primary interests lie.

The ACCM onsite inspection team reviews the integration of the basic science and clinical science courses, in addition to the multidisciplinary courses and senior elective courses offered by the programme during the freshmen, sophomore, junior and senior years. This includes reviewing the overall curricular objectives, course objectives, course content, laboratory exercise, types of patients available for teaching, the number of patients assigned to students to work up each week, clinical skills students are required to master, and redundancy of curricular materials. In addition, the team attends basic science course lectures and laboratory sessions during the onsite inspection (Exhibit 9).

ACCM receives a formal updated Database from the medical school in February each year (Exhibit 8) and the biennial Institutional Self-Study (Exhibit 6). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on medical programmes.

The country is not a member of the EC.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's Element 4.1 Curriculum specifies that the length of the basic science medical education program must be no less than 130 weeks and be offered over four academic years.

Curriculum, Question 1

Country Narrative

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4, 5, 8, 9 & 11). Standard 4 states that “the programme shall provide a general and broad learning in the principal medical disciplines”.

ACCM Standard 4 requires the Curriculum to include both didactic and practical instruction in the biomedical sciences disciplines representing – anatomy, histology, physiology, biochemistry, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, therapeutics, preventive medicine and basic and translational research. ACCM requires the medical school to describe the programme content in the basic sciences, including laboratory and other practical opportunities for direct application of scientific methods, observation and critical analysis (Exhibit 14 & 41).

AUC recently completed an extensive and comprehensive revision of both the Basic Sciences and Clinical Medicine portions of the curriculum. Initially, the AUC Curriculum Committee refreshed the educational programme objectives. Subsequently, each course director refreshed course objectives to align with the educational programme objectives. Using a curriculum mapping process, AUC studied its curriculum against the AUC educational programme objectives, the Accreditation Council of Graduate Medical Education (ACGME) competencies and the Entrustable Professional Activities for entering residency (EPAs) to evaluate the overall curriculum. The objectives are effective guides for educational programme planning. AUC continues to map course and class objectives to the AUC programme objectives using the automated Ilios platform. The map is being used by task forces and planning committees to identify gaps and redundancies in competencies and EPAs. One area identified for improvement is health systems science and population medicine where new curricula are being developed. This includes clinical epidemiology and evidence-based medicine. The educational programme objectives guide curriculum content and student assessment. In an effort to improve faculty awareness of programme objectives, these are integrated into the student handbook (Exhibit 26), faculty handbooks (Exhibit 25) and the residency guide (Exhibit 32) (Exhibit 6).

ACCM's Protocol requires the onsite ACCM inspection team during a campus inspection to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes. The team is also required to observe lectures and labs in a variety of basic and clinical sciences. The onsite evaluation team's report must address the content and structure of the curriculum in meeting the medical school's educational goals (Exhibit 9).

The ACCM team must also report on the role of the Curriculum Committee in overseeing the curriculum. ACCM Protocol also requires the ACCM inspection team to evaluate compliance through meeting with department chairs and course directors and attending the basic science departments' course lectures and laboratory sessions (Exhibit 2: Sections VII, VIII, IX).

ACCM receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year and the biennial Institutional Self-Study (Exhibit 6). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on requirements for medical programmes (Exhibit 8). ACCM reviews and assesses the institution relative to these guidelines by reviewing the AUC Annual Database (Exhibit 8), site inspections carried out and Reports written up (Exhibit (9, 11 & 13).

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's Element 4.2.1 addresses basic sciences. Specifically, 4.2.1 Instruction within the basic sciences includes laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena and critical analysis of data. Opportunities could include hands-on or simulated exercises where students either collect or utilize data to test and/or verify hypotheses or to address questions about biomedical principles and/or phenomena. The curriculum demonstrates where such exercises occur, the intent of the exercises, and how they contribute to the objectives of the course and the ability to collect, analyze and interpret data. The country is specific how ACCM monitors this information through collection of the annual database from the medical institution.

Curriculum, Question 2

Country Narrative

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4, 5, 8, 9 & 11).

Standard 4 states that “the programme shall provide a general and broad learning in the principal medical disciplines”.

ACCM Standard 4 requires the educational programme relating to the basic sciences to include both didactic and practical instruction in the biomedical sciences disciplines representing – anatomy, histology, physiology, biochemistry, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, therapeutics, preventive medicine and basic and translational research. ACCM requires the medical school to describe the programme content in the Basic Sciences, including laboratory and other practical opportunities for direct application of scientific methods, observation and critical analysis.

The school submits a biennial Institutional Self-study report that explains the role and rigor of the basic sciences curriculum committee to ensure proper standards related to the education (Exhibit 6). AUC's Institutional Self Study states "The basic sciences curriculum committee (BSCC) oversees all courses taught at all sites in the basic science years. This Committee analyses the course content, evaluation methods and the results of courses (Exhibit 15). AUC recognises the importance of identifying professional values for its students at the didactic and personal levels. Professionalism therefore serves as a tool used to identify behaviours deemed as important in individuals in their role as students, practitioners and members of health care teams. These personal values and principle are emphasised in pre-clinical courses including introduction to psychiatry and ethics." ACCM Protocol (Exhibit 2) requires the onsite ACCM inspection team to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes. The team is also required to observe lectures and labs in a variety of basic and clinical sciences. The onsite evaluation team's report must address the content and structure of the curriculum in meeting the medical school's educational goals. The team must also report on the role of the curriculum committee in overseeing the curriculum.

ACCM Protocol requires the onsite ACCM inspection team to evaluate compliance through meeting with department chairs, course directors and attending the basic science departments' course lectures and laboratory sessions. The team discusses and reports on the school's integration of the basic science and clinical sciences courses. Students at medical school must complete laboratory work in the areas of Gross Anatomy; Microscopic Anatomy; Neuro-anatomy; and Microbiology (Exhibit 2: Sections VII, VIII, IX).

ACCM also reviews and assesses the institution relative to this guideline by reviewing the AUC Annual Database (Exhibit 8) before onsite inspections are carried out and reports written up (Exhibit 9, 11 & 13). The onsite ACCM team inspects and inspections all laboratories within AUC and meets with the majority of instructors. This also includes the ACCM inspections team witnessing a range of lectures and practical demonstrations such as Anatomy, Histology and History taking. ACCM are satisfied that the standards of teaching and facilities are of a high standard.

ACCM receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year and the biennial Institutional Self-Study (Exhibit 6). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on requirements for medical programmes.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 4.2.1 addresses basic sciences. Specifically, it states that instruction within the basic sciences includes laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena and critical analysis of data. Opportunities could include hands-on or simulated exercises where students either collect or utilize data to test and/or verify hypotheses or to address questions about biomedical principles and/or phenomena. The curriculum demonstrates where such exercises occur, the intent of the exercises, and how they contribute to the objectives of the course and the ability to collect, analyze and interpret data. The country is specific how ACCM monitors this information through collection of the annual database from the medical institution.

Curriculum, Question 3

Country Narrative

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4, 5, 8, 9 & 11).

ACCM Standard 4 requires the "curriculum committee of faculty members to develop and evaluate a curriculum that provides a general medical education to prepare student to pursue further training at the graduate level." Faculty must regularly assess the students' clinical skills, knowledge, and attitudes. An assessment also must include the students' ability to interpret clinical data, laboratory data, radiographic data, to solve patient problems and to develop simple manage plans. To broaden the focus of "the clinical programmes, the school shall introduce principles in the practice of medicine in one field, [that] incorporates diagnostic and therapeutic techniques from other clinical areas, using an integrated and multidisciplinary approach".

Within the context of AUC's primary mission as a teaching institution, full-time faculty members are able to devote 5 to 15% effort to research activities. The faculty publishes scientific and pedagogical research in the peer-reviewed literature and present at international conferences. Recent research projects have focused on areas of joint interest between AUC and the St. Maarten Ministry of Health, including prevalence studies of Chikungunya and Zika, as well as population-based studies on Type 2 Diabetes Mellitus and Breast Cancer. In addition to presentation of research, medical sciences faculty are funded to attend one scientific meeting per year to ensure they remain up-to-date in their field of expertise and have an opportunity to gain Continuing Medical Education (CME) credits for licensure.

The engagement and involvement of students in research during their clinical years has been more difficult to track and assess given the distributed nature of the curriculum. Research productivity has been maintained at the United Kingdom hospitals and in the United States at Providence Hospital and Nassau University Medical Center. Resources are adequate to support opportunities for both faculty members and medical students to engage in research. Research on the medical sciences campus is supported by an intramural budget of \$150,000 supporting the following facilities:

Stephen L. Gaffin Research Laboratory: comprises about 1,000 square feet of dedicated research space. The laboratory includes a chemical hood, tissue culture hood, CO₂ incubator, -20°C freezer, refrigerator, centrifuges, thermocycler and electrophoresis supplies for basic molecular biology research. In addition, there is an embedding platform and fluorescent microscope for histopathological studies.

The Microbiology Laboratory comprises more than 900 square feet of dedicated research space. The laboratory includes two incubators, four refrigerators/freezers, -70°C freezer, autoclave, centrifuges and microscopes for microbiological research.

A full-time Research Technician with 18 years of experience supports the Gaffin Research and Microbiology Laboratories.

The recently completed campus expansion includes new Anatomy Laboratory teaching and research facilities. The dedicated research space comprises about 140 square feet with fume-hood and dissecting microscope and about 600 square feet with three autopsy stations with drain tables and dedicated dissecting and safety equipment. Full-time technicians support research and teaching in the Anatomy Laboratory.

The current budget represents an approximate 50% increase over 2009-10. Within the context of the school's primary mission as a teaching institution, no faculty currently receive extra-mural support. The facilities and resources are adequate for the current needs of the faculty and students and are consistent with the goals of the institution.

Medical students wishing to pursue research have the opportunity to do so throughout their medical education: At the AUC Medical Sciences Campus, students have the opportunity to take part in laboratory-based research projects under faculty mentorship beginning in their second semester and continuing through their fifth semester in the facilities described above. Students are alerted to the possibility of research during their orientation and at the school's Clinical Symposium each spring and on Research Day each fall.

Students have the opportunity to present their work at international meetings with travel funds included in the campus research budget. Students may earn Independent Research Credit by submitting a written proposal and final paper to a faculty committee. Since 2010, 112 students have received elective credit for Independent Research. Students are proactive in identifying research projects aligned with their interests and compatible with their academic progress. Those in academic difficulty are discouraged from undertaking research initiatives.

AUC students who wish to participate in research are able to do so; however, the limiting factor is the amount of time spent in clinical education and patient care. The adequacy and availability of communication to students about participation in research varies with different sites. Although students should be aware that research opportunities are available, some are not and this information could be communicated more aggressively at some sites. A few clinical students who wished to pursue a research project have been able to take time out of clinical educational activities for up to a year to participate in research projects approved by the medical school (Exhibit 6).

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 4.3.5 addresses research opportunities for students. Specifically, it states to maintain patient trust and public confidence, the faculty develop in the student the appropriate professional attributes of physicians as expected by the public, and to teach students to uphold the highest standards of behavior, conduct, integrity and ethics. The clinical program will also offer opportunities to appreciate the importance of basic and transnational research as applied to medicine. The country is specific how ACCM monitors this information through collection of the annual database from the medical institution.

Curriculum, Question 4

Country Narrative

ACCM Standard 4: (Exhibit 1) requires each medical school to provide "oversight over the learning experience of clinical students", which is defined in various aspects of the Standards, and requires the involvement of the school's Curriculum Committee in ensuring that the faculty oversees instructional programmes for active learning and independent study to enable students develop the necessary skills for lifelong learning. Students are encouraged to develop self-directed independent skills at every level of their training both in the basic science and clinical programmes.

AUC underscores the importance of community service in its philosophy, administrative organization, and academic orientation and believes that servant leadership and a spirit of social responsibility are the lifelong obligations of those privileged to serve as physician healers. AUC accepts responsibility for incarnating these dispositions during the formative stages of undergraduate medical education. The administrative organization is committed to service learning and community service activities. The medical sciences campus has a full-time faculty level position exclusively devoted to cultivating, supporting and incarnating the importance

of service to others as a responsibility of our medical students. There is an Assistant Dean for Service Learning and Community Affairs, Dr. Jackson (as well as an Associate Professor of Social Science) who has been with AUC since October 2012. Dr. Jackson has a budget to support the engagement and involvement of AUC students in a wide variety of community service activities. Such activities provide experiential exposure to health care disparities and the realities of unequal access to preventive, primary and specialty medical care. These service opportunities also familiarize learners with the importance of cultural competence and the psychosocial experiences and realities of those who come from backgrounds affording less privilege and opportunity than is typical of North American medical students. The importance and value of these initiatives are evidenced by reports of service learning and community service activities, which are presented to AUC's BOT at regular intervals. Educational activities throughout the curriculum are designed to increasingly require self-directed learning and the development of the skills and habits of lifelong learning. This begins in medical science courses with the infusion of active learning. Many of the medical science courses utilize the Turning Point audience response systems to promote active learning in the classroom. Students use the Echo lecture capture system to asynchronously review lectures and to post questions they have for teaching faculty. AUC studies have demonstrated the effectiveness of this technique of 'engaging students' out of class and improving learning outcomes on quizzes and exams. The microbiology course implemented flipped classroom sessions in which students review material before class and identify areas for further learning. Pharmacology currently utilizes four well-received small group sessions every semester focusing on general pharmacology, autonomic pharmacology, and antimicrobials, with several more planned focusing on endocrine, cancer chemotherapy, and CNS pharmacology. There is a simulation-based small-group exercise focused on cardiovascular pharmacology. Third-semester courses now conduct an 'integration simulation' taught in small groups applying medical science knowledge to clinical cases and high-fidelity simulation. Many of the exercises are integrated with other disciplines including Physiology, Microbiology, and ICM and instructors from those disciplines work together in developing these exercises. ICM courses are predominantly taught in small groups with interactive discussions and skills practice. Both types of activities serve as preparation for the fifth semester Introduction to Clinical Medicine course. In this course, students review sixteen cases in a small group facilitated by a physician. Similar to problem-based learning, students identify what they need to learn about the case and then work together to find the answers. In January 2017, AUC purchased institutional licenses for individual student subscriptions of Osmosis and UWorld. Both are proven educational resources that enhance learning, retention and exam performance through self and group study outside of the classroom. The clinical clerkships also require self-directed learning. Students have learning objectives, lists of essential patient encounters, and supervising faculty physicians to guide their learning. Students see patients under supervision, identify their learning needs, and supplement their learning through the Millennium programme. Millennium supports self-directed learning by housing the learning objectives and essential patient encounters, providing access to online clinical cases, and practice test questions (Exhibit 6).

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 4.1.7 addresses active learning opportunities for students. Specifically, it states there are opportunities available for active learning and independent study to foster the skills necessary for lifelong learning. A medical school should have a well-functioning library with adequate study space, access to Wi-Fi and the internet is essential. The country is specific how ACCM monitors this information through collection of the annual database from the medical institution.

Curriculum, Question 5

Country Narrative

ACCM Standard 4: (Exhibit 1) ACCM requires each medical school to provide "oversight over the learning experience of clinical students", which is defined in various aspects of the Standards, and requires the involvement of the school's Curriculum Committee in ensuring that the Faculty oversees the workup of patients by students. Oversight shall consist of: provision of a structured environment for students to work, an academic controlled organisation and supervision by faculty. There should be defined period of clerkship and adequacy of time for study. The faculty of the medical school should ensure practice opportunities (including practical procedures), monitoring of students' clinical experience, fostering problem solving skills, observing student performance and offering timely remediation. The oversight of students includes attendance records and, most importantly, the encouragement required to ensure professional attitudes consistent with patient care. Students are taught to independently research the literature, study independently or with other groups of students.

At AUC, service learning and the concept of servant leadership and social responsibility as moral imperatives for physicians are introduced during the first semester during the Introduction to Clinical Medicine 1 course. Students are exposed to the menu of community service activities currently supported by AUC and are encouraged to develop their own ideas and concepts as to how the school can improve the health and well-being of those in our communities.

Student involvement in community or University service is a requirement for initiation into the Honor and Service Society beyond the satisfaction of academic metrics. Individual academic achievement alone does not qualify one for membership. Medical students must evidence a concern for the "we" as they pursue individual excellence. AUC provides over 120 leadership opportunities across campus and within the community where students can evidence their commitment to assisting others. All

AUC's extracurricular student organizations have designated Community Service Chairs who develop community service activities consonant with the overriding mission of the particular organization. Community service and outreach efforts include diabetes screening, HIV screening and counselling, tutoring adult learners seeking high school degrees, funding a breakfast programme for at-risk elementary school children and mentoring of emotionally at-risk children and adolescents placed in custodial care at the ICAN foundation, among others. Campus service activities include a wide range of course tutoring, peer tutoring and anatomy assistant teaching experiences, which allow students to support the learning and success of one another (Exhibit 50).

AUC's wide variety of community service and outreach programmes are well-published in a daily electronic update and are discussed weekly at Student Government Association meetings, which are facilitated by the Assistant Dean for Service Learning and Community Affairs together with the Assistant Dean of Student Affairs.

AUC's Curriculum Committee have also developed a credit-bearing elective experience designed for those who are interested in using service learning as a vehicle to enhance learning within a particular course or around a particular topic. These projects will include a faculty sponsor, a community partner, and Dr. Jackson, who helps guide the learning for our students as they formally work to link their service activities with specific learning competencies and objectives related to the profession of medicine (Exhibit 6).

The AUC ICM 5 course includes three clinical experiences in St. Maarten: the St. Maarten Medical Center, a practitioner's office or the Project Health Education, Literacy Prevention (HELP). AUC students are allowed to select the activity based on their interest level.

The St. Maarten Medical Center includes two choices: rounding with or working with a physician in their daily activities. In the rounding choice, the student will make morning inpatient rounds with the physician and three other AUC students. In this activity, students will see patients and discuss the cases with the physician, a 1 to 2-hour time commitment. Based on evaluations and self-reflection, students enjoy this rotation as they are asked questions and discuss concepts which they feel helps correlate their medical science knowledge to the clinical setting and ultimately preparing them for their clinical years.

The second choice is to spend half a day with a practitioner, which can include family medicine, internal medicine, general surgery, dermatology, ENT, radiology, emergency medicine, paediatrics, psychiatry, obstetrics/gynaecology or anaesthesiology. This is a 4-hour commitment. Some rotations take place in outpatient settings in the clinics run by the medical centre while others take place in a hospital setting, such as the surgery and anaesthesiology rotation.

Students who choose the practitioner's office option usually learn in the Mullet Bay Clinic – a five-minute drive from the campus.

This is a hands-on experience as the student spends half a day exploring ambulatory medicine. The student interviews and examines the patient and then presents the case to the attending physician. This rotation gives the students the opportunity to use the clinical skills they have learned in ICM courses.

The third option is participating in Project Help, a community outreach programme, which works with public health issues, and research projects relevant to the community. These issues/projects are decided upon through meetings with the minister of health and island officials. In Project Help, the student will act as a physician, conducting a one-on-one interview and physical exam, ordering all pertinent screening tests and provide all education, counselling and follow-up on his or her patient. The student will then present his or her case to the faculty, which allows the opportunity to use all clinical skills and knowledge he or she has learned up to this point. Project Help is an introduction for some the challenges the student will encounter in the USMLE Step 2 CS Exam (Exhibit 8).

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 4.1.8 addresses service learning for its students. Specifically, it states that the curriculum promotes the development of problem solving skills, communication skills, procedural competency, an understanding of the principles of basic and translational research, and ethics as applied to medicine, and access to service learning opportunities. The country is specific how ACCM monitors this information through collection of the annual database from the medical institution.

Curriculum, Question 6

Country Narrative

ACCM Standard 4: (Exhibit 1) ACCM requires each medical school to provide "oversight over the learning experience of clinical students", which is defined in various aspects of the Standards, and requires the involvement of the school's Curriculum Committee in ensuring that the Faculty oversees the workup of patients by students. The curriculum allows students to acquire, through didactic and practical instruction, current understanding and advances in the biomedical science disciplines representing but not necessarily limited to anatomy, histology, physiology, biochemistry, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, therapeutics, preventative medicine and basic and translational research. Instruction within the basic sciences includes laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena and critical analysis of data. Opportunities could include hands-on or simulated exercises where students either collect or utilise data to test and/or verify hypotheses or to address questions about biomedical principles and/or phenomena. The curriculum demonstrates where such exercises occur, the intent of the exercises, and how they contribute

to the objectives of the course and the ability to collect, analyse and interpret data. The medical school includes a number of subjects in the basic sciences (Exhibit 14).

The entire AUC medical training programme consists of 152 weeks (Medical Sciences 80 weeks & Clinical Sciences 72 weeks) of instruction and practical training. During 2017, AUC completed an extensive and comprehensive revision of the Basic Sciences curriculum which included a decrease in the passive learning component with a concomitant increase in active learning. Overall time spent in the classroom was decreased, allowing for an increase in student-centred activities (e.g. formative assessment exercises). The incorporation of enhanced clinical skills instruction (professionalism, communication, etc.) is also a key feature. In addition, critical appraisal of the primary literature is incorporated throughout the curriculum allowing students to become facile with this important skill that will continue to be central to their life-long learning. The revised curriculum progresses from foundational material through integrated courses and finally into a systems-based approach. Using a curriculum mapping process, AUC studied its curriculum against the AUC educational programme objectives, the Accreditation Council of Graduate Medical Education (ACGME) competencies and the Entrustable Professional Activities for entering residency (EPAs) to evaluate the overall curriculum. The objectives are effective guides for educational programme planning. AUC continues to map course and class objectives to the AUC programme objectives using the automated Ilios platform. The map is being used by task forces and planning committees to identify gaps and redundancies in competencies and EPAs (Exhibit 6).

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's Element 4.2 addresses basic sciences. Specifically, 4.2 states that the curriculum allows students to acquire, through didactic and practical instruction, current understanding and advances in the biomedical science disciplines representing but not necessarily limited to anatomy, histology, physiology, biochemistry, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, therapeutics, preventative medicine and basic and translational research. The country is specific how ACCM monitors this information through collection of the annual database from the medical institution.

Curriculum, Question 7

Country Narrative

ACCM Standard 4 (Exhibit 1) requires instruction within the basic sciences to include laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena and critical analysis of data. Opportunities could include hands-on or simulated exercises where students either collect or utilise data to test and/or verify hypotheses or to address questions about biomedical principles and/or phenomena. The curriculum demonstrates where such exercises occur, the intent of the exercises, and how they contribute to the objectives of the course and the ability to collect, analyse and interpret data.

ACCM Protocol (Exhibit 2) requires the ACCM onsite inspection team to review overall curricular objectives, course content and laboratory exercises. The team is also required to observe lectures and labs in a variety of basic and clinical sciences. The onsite evaluation team's report must address the content and structure of the curriculum in meeting the medical school's educational goals. It must also report on the role of the curriculum committee in overseeing the curriculum. ACCM Protocol requires the inspection team to evaluate compliance through meeting with department chairs and course directors and attending the basic science departments' course lectures and laboratory sessions. The team shall discuss and report on the school's integration of the basic science and clinical sciences courses. Students at medical school must complete laboratory work in the areas of Gross Anatomy; Microscopic Anatomy; Neuro-anatomy; and Microbiology.

The AUC basic science education includes work in small groups and labs. These forums aid in the development of critical thinking as they encourage students to explore their own questions and discuss their ideas and those of their colleagues and teachers. Identifying and exploring questions is helpful for reflecting on clinical practice, but also serves as a basis for developing research opportunities. As reflective practice is essential for graduate physicians to maintain their academic growth and ongoing competence, small group learning, and labs help students identify problems and work with colleagues to achieve solutions. At AUC, it is operated by the Clinical Skills Simulation Centre and the Department is supervised by the Medical Director of High Tech Simulation. The clinical skills area consists of a foyer area for workshops before encounters as well as 16 exam rooms equipped with exam tables, sinks, chairs and all equipment needed for a physical exam. There are also two video cameras and a desktop computer per room. The exam rooms are utilized for interviews with standardized patients and for physical exam teaching and assessment. Each encounter with a standardized patient is recorded and feedback from the standardized patient is entered into the Learning Space software programme. There is a master control room where each exam room can be viewed. Additionally, there is a room for debriefing, feedback and surveys after encounters. There are three Harvey teaching areas, three ultrasound areas, and six SimMan Simulation ICU areas.

Since the opening of the Clinical Skills Lab in November of 2013, there has been development of a clinical skills team. A simulation manager has been hired, who oversees the high-tech simulation portion of the centre and the standardized patient director, a certified simulation educator, supervises the human simulation. Additionally, there are two other full-time employees and a number of part-time employees (standardized patients) working in the Simulation Centre.

The simulation cases in the Simulation Centre have been re-created as integrative sessions called Morning Rounds. Morning Rounds 1 consists of three encounters of patient presenting to the ER with shortness of breath. Each patient has a different aetiology. Students see the patient for 20 minutes. At the end of the patient inspections, faculty and students debrief the experience for an hour.

Morning Rounds 2 has the same logistics with three patients presenting to the ER with chest pain.

Morning Rounds 3 has the same logistics with one patient presenting with cough.

All current Morning Rounds are integrative simulations to encompass Basic Science learning, principles and concepts for third- and fifth-semester students.

Morning Rounds are currently being developed for fourth-semester students (Exhibit 8).

ACCM also receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the laboratory portion of Basic Science Curriculum including Curriculum Committee Minutes (Exhibit 15).

Answer to (h) 1st Question:

In 2017, AUC completed an extensive and comprehensive revision of the Clinical Sciences curriculum which include definition and revision of core clerkship learning objectives, revised core clerkship assessments, introduction of Engaged Learning Experiences with reflections, NBME Clinical Subject Shelf Exams, required patient notes, required patient logs to ensure student exposure to required clinical encounters and procedures, revised Clinical Faculty Evaluations (Exhibit 6). After completion of the Basic Sciences, students enter the clinical medicine portion of their studies.

The AUC clinical curriculum (Exhibit 41) is presented in an integrated and multidisciplinary approach with AUC students required to complete clerkships in Internal Medicine, Surgery, Obstetrics/Gynaecology, Paediatrics and Psychiatry. In addition, students are required to complete 30 weeks of electives. These opportunities allow time for students to follow their own interests. The clinical clerkships require self-directed learning. Students have learning objectives, lists of essential patient encounters, and supervising faculty physicians to guide their learning. Students see patients under supervision, identify their learning needs, and supplement their learning through the Millennium programme. Millennium supports self-directed learning by housing the learning objectives and essential patient encounters, providing access to online clinical cases, and practice test questions. Core clerkships list required patient encounters in the clerkship syllabus. Medical students are required to complete case logs indicating the number and types of patients encountered in each clerkship. Students submit electronic case logs through E*Value, a system which allows central monitoring of required patient encounters. When a live or simulated patient encounter is not available for a specific core condition, students complete an online case or structured reading on the topic. AUC Clinical Fellows assist in the ongoing review of patient logs to ensure that each clinical student is entering information in a timely fashion. The patient logs are housed within an E*Value system, which provides centralized reporting options. Reports provide information on individual student completion of specified patient encounters as well as clerkship-level data regarding the percentage of students who complete each specified patient encounter.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine's (ACCM) Element 4.2.1. addresses laboratory work in the basic sciences. Specifically, 4.2.1 states instruction within the basic sciences includes laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena and critical analysis of data. Opportunities could include hands-on or simulated exercises where students either collect or utilize data to test and/or verify hypotheses or to address questions about biomedical principles and/or phenomena. The curriculum demonstrates where such exercises occur, the intent of the exercises, and how they contribute to the objectives of the course and the ability to collect, analyze and interpret data. The country is specific how ACCM monitors this information through collection of the annual database from the medical institution.

Clinical Experience, Question 1

Country Narrative

Answer to 2nd Question:

ACCM Standard 4 (Exhibit 1) requires that the clinical programme is oriented towards a future career in medicine. The programme is offered under close faculty supervision of patient care in hospital and ambulatory facilities at all affiliated hospitals. The faculty of a medical school define the competencies to be achieved by its medical students through medical education programme objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education programme objectives are statements of the knowledge, skills, behaviours, and attitudes that medical students are expected to exhibit as evidence of their achievement through completion of the programme.

The school must ensure there is appropriate exposure to multidisciplinary areas such as emergency medicine, anaesthesiology and to disciplines supporting general medical practice such as clinical pathology and diagnostic imaging. Whether they are

covered in separate courses or in the required courses, the curriculum provides instruction in topics of special concern to society and the practice of medicine. This content and its associated clinical experiences will relate to each organ system, each phase of the human life cycle and continuity of care. In addition, topics will cover prevention, acute, chronic, rehabilitative, end-of-life and primary care in order to prepare the students for the many facets of life as a medical professional. These will promote recognition of wellness, determinants of health, opportunities for health promotion and disease prevention, recognition and interpretation of symptoms and signs of disease, the development of differential diagnoses and treatment plans. Additional important areas will allow the recognition of the health-related impact of behavioural and socio-economic factors so as to assist patients in addressing health related issues involving all organ systems.

AUC students must complete a total of 42 weeks of clinical clerkships in core specialty areas (Exhibit 41). During the remaining 30 weeks, students participate in elective clinical clerkships to gain more experience in key areas of medicine and provide them greater insight into specialty areas of particular interest. As part of their electives, all AUC students are required to complete four to six weeks of a Family Medicine Elective.

All AUC clinical students are in sites that are affiliated with residency programmes accredited by Accreditation Council on Graduate Medical Education (ACGME). AUC Students at these sites may have opportunities to attend the same educational sessions attended by residents, or by physicians attaining continuing medical education. The supervision of medical students during required clerkship activities is provided by qualified physicians, many of whom choose to have appointments with AUC. In the United States, AUC students undertake required clinical experiences at locations in which there is an ACGME-accredited programme in the specialty where the student is completing a required clerkship. AUC relies on the ACGME accreditation process to ensure that faculty members and residents are prepared for their responsibilities in medical student teaching/assessment and that medical students are adequately supervised. Medical students can also complete required clerkships in the United Kingdom. All hospitals, in which AUC students complete required clerkships, are part of the United Kingdom's NHS Trust, which trains UK medical students and registrars (residents in United Kingdom) and are approved by the General Medical Council (GMC). The GMC reviews and regulates physicians, United Kingdom medical schools and postgraduate training programmes in the United Kingdom.

In the clinical clerkships, site directors engage the clerkship directors at their sites at the mid-point of clerkship rotations to identify any students who are struggling or at risk of failing the clerkship. All students are encouraged to seek feedback early and often to ensure that they are meeting expectations. Many clerkship directors, preceptors and attendings conduct a mid-clerkship evaluations session with students to provide feedback on performance and plans for improvement. The AUC Clinical Assessment Form provide an assessment and narrative feedback for each student (Exhibit 54). AUC's clinical affiliation agreements specify that evaluations must be received within 30 days to ensure that students can use each clerkship's evaluation as formative feedback as they progress through required and elective clinical experiences.

clinical skills were assessed as follows: medical students were observed and received feedback on their clinical skills beginning in medical sciences, through a series of ICM courses (Exhibit 38). These courses are taught in small groups, supervised by faculty members, and routinely use standardized patient assessment and feedback. During clinical clerkships, students are observed and receive feedback in the course of their clinical clerkships and electives, all of which are evaluated with a standardized evaluation form and narrative comments. All students are required to pass the USMLE Step 2 CS examination prior to graduation. The total first-time pass rate for AUC students taking the USMLE Step 1 exam during 2016/2017 was 98% and for USLME Step 2, 92.9% in CK and 87.8% in CS. The total 2017 Match rate for those students who participated for the 1st time in 2017 was 84.4%. Historically, the greater majority of students match within a year of graduation (Exhibit 8).

Answer to 3:

The AUC Curriculum Committee is responsible for ensuring that clinical instruction covers all organ systems and includes the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care (Exhibit 14 & 41). The Curriculum Committee determines how this instruction is actually developed in courses, using horizontal and vertical alignment of the curriculum to ensure that there are no gaps. AUC has a very active Curriculum Committee which meets regularly, both virtually and in person (Exhibit 15). The committee is overseen by the Senior Associate Dean, Medical Education and Faculty Development. There is a Medical Sciences Subcommittee on the Sint Maarten campus, which is chaired by a basic science faculty member and includes faculty, students, and administration as members. The Clinical Sciences Subcommittee is chaired by a physician faculty member and includes members who are clinical chairs, students, and administration. The Curriculum Committee also has a five-person Executive Committee, which includes the Senior Associate Dean and the leaders from two subcommittees. In conjunction with AUC's educational information technology colleagues, these various committees review and map the curriculum on a routine basis to ensure that clinical instruction at AUC covers all organ systems and includes aspects of acute, chronic, continuing, preventive, and rehabilitative care.

AUC currently uses two learning management systems (LMSs), Blackboard for medical sciences and Canvas for clinical sciences. By September of 2018, AUC will have migrated from Blackboard to Canvas. At that time, AUC will have a single four-year LMS which supports student learning of acute, chronic, continuing, preventive, and rehabilitative care. Continues in (i)

Analyst Remarks to Narrative

The country asks its medical schools to adhere to the Accreditation Commission on Colleges of Medicine's standards for clinical sites. ACCM has specific standards that require the clinical program to be oriented towards a future career in medicine.

Further articulated in standard 4.3.1 it states that the clinical standards include:

- a) Internal medicine of not less than 12 weeks
- b) Surgery of not less than 12 weeks
- c) Paediatrics of not less than 6 weeks
- d) Obstetrics and gynaecology of not less than 6 weeks
- e) Psychiatry of not less than 6 weeks
- f) Family medicine of not less than 4 weeks, whether offered as a separate course or integrated into the five major clinical disciplines identified in paragraphs (a) through (e) above.
- g) Clinical electives of not less than 26 weeks

The country is specific how ACCM monitors this information through collection of the annual database from the medical institution. Additionally the country provided documentation demonstrating what it is included in the clinical curriculum.

Clinical Experience, Question 2

Country Narrative

AUC's academic leadership team oversees clinical content through annual inspections to each core clinical site. The centralized AUC curriculum and the decentralized site-specific curriculum are reviewed with faculty and students during these inspections and feedback from sites is solicited and incorporated. If there are opportunities for adjustment or improvement, these are addressed and follow-up occurs in an iterative fashion to ensure that correct content is covered, integrated, and mapped. All clinical sciences students and faculty have access to AUC's curriculum in Canvas.

Answer to (i):

AUC uses two major strategies to ensure consistency of educational quality and student assessment at different clerkship sites. First, every site is inspected by a Clinical Dean each year. During the site inspection, the Clinical Dean meets with the Clerkship Directors, Site Director, Department Chairs, Designated Institutional Official, and key personnel in the medical education department. The Clinical Dean shares in aggregate the students' evaluations of the clinical site and student performance on the National Board of Medical Examiners (NBME) subject examinations. Any differences in educational quality or student assessment are addressed at the specific site inspections. Second, key leaders at each clinical site meet in person in St. Maarten annually to review student satisfaction, assessment, and performance data and address any inconsistencies. This provides an annual opportunity to discuss best practices and problem-solve if inconsistencies are noted. The relationship between the leadership of the medical school and the clinical affiliates works very well because of well-defined lines of communication and an organizational structure that ensures final decisions are made by those who have a clear picture of all issues involved and have access to the details needed to implement decisions.

Medical school administration and administration of major clinical affiliates work in a collaborative manner at several levels, as follows: The Senior Associate Dean for Clinical Sciences meets on a weekly basis with the Executive Dean. The Clinical Deans meet on a bi-weekly basis to discuss site-related issues. The Clinical Deans and the Office of Student Services work closely with clinical sites through regular telephone conferences and site inspections to the affiliated clinical teaching hospitals. AUC leaders inspect each clinical site at least annually. AUC have modified the site inspection process to include colleagues from Student Services as well as Deans. They have revised the template of the site inspection reports and streamlined the process for getting the finalized reports back to the sites in a timely manner. The medical school, based on feedback from the clinical sites, has built resources to help students transition to clinical learning, provide an online backbone for clinical students, and provide additional practice opportunities for the USMLE Step 2 CS examination – at the clinical sites where available and also independently. At individual clinical sites, during annual site inspections, medical school leadership shares data on student performance and outcomes and reviews standards. When areas for improvement are identified, the clinical site works in close collaboration with the medical school to make those improvements. AUC has an increasingly robust faculty appointment process that necessitates regular communication between the leadership of the medical school administration and the faculty and staff at clinical sites.

Through this process, we are now tracking the scholarly productivity of both students and faculty. AUC holds an Annual Faculty Symposium, which serves two broad purposes: (1) allow Medical Sciences and Clinical Sciences faculty members to meet on an annual basis to collaborate on major educational initiatives and (2) allow Clinical Faculty Members from each discipline to meet together as a group to review and revise their clerkship objectives and essential patient encounters. The leadership of the medical school participates fully in the Annual Faculty Symposium. In 2016, the medical school administration hosted an additional faculty development and engagement day for one medical education champion from each of our fully tracked clinical sites. Regional symposia are held annually in the United Kingdom and are under development at select clinical sites in the United States (Exhibit 6).

ACCM receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the schools' medical programme.

Analyst Remarks to Narrative

The country asks its medical schools to adhere to standards for clinical sites. The Accreditation Commission on Colleges of Medicine has specific standards that require the clinical program to be oriented towards a future career in medicine. Specifically, standard 4.3 states that the medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement through completion of the program. The country is specific in how ACCM monitors this information through collection of the annual database from the medical institution. Additionally the country provided documentation demonstrate the clinical curriculum.

Clinical Experience, Question 3

Country Narrative

ACCM Standard 4 (Exhibit 1) requires that the clinical programme is oriented towards a future career in medicine. The programme is offered under close faculty supervision of patient care in hospital and ambulatory facilities at all affiliated hospitals. The faculty of a medical school define the competencies to be achieved by its medical students through medical education programme objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education programme objectives are statements of the knowledge, skills, behaviours, and attitudes that medical students are expected to exhibit as evidence of their achievement through completion of the programme.

The faculty of a medical school defines its medical education programme objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education programme objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g. course, clerkship) are made known to all medical students and those Faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

The school must ensure there is appropriate exposure to multidisciplinary areas such as emergency medicine, anaesthesiology and to disciplines supporting general medical practice such as clinical pathology and diagnostic imaging. Whether they are covered in separate courses or in the required courses, the curriculum provides instruction in topics of special concern to society and the practice of medicine. This content and its associated clinical experiences will relate to each organ system, each phase of the human life cycle and continuity of care. In addition, topics will cover prevention, acute, chronic, rehabilitative, end-of-life and primary care in order to prepare the students for the many facets of life as a medical professional. These will promote recognition of wellness, determinants of health, opportunities for health promotion and disease prevention, recognition and interpretation of symptoms and signs of disease, the development of differential diagnoses and treatment plans. Additional important areas will allow the recognition of the health-related impact of behavioural and socio-economic factors so as to assist patients in addressing health related issues involving all organ systems.

Answer to Question 2:

AUC students must complete a total of 42 weeks of clinical clerkships in core specialty areas. During the remaining 30 weeks, students participate in elective clinical clerkships to gain more experience in key areas of medicine and provide them greater insight into specialty areas of particular interest. As part of their electives, all AUC students are required to complete four to six weeks of a Family Medicine Elective (Exhibit 41). In general, AUC students experience a good balance of inpatient and ambulatory teaching. An inpatient and outpatient (ambulatory) component is required for all core clerkships. The balance may vary among sites, but the experience must allow students to complete essential patient encounters. During the annual site inspection conducted by the Clinical Dean, the structure of the clerkship programme is assessed by the following three means: Review of the student rotation surveys, which provides an objective review by the student on the hospital, its facilities and preceptors, Review of the patient case logs, which demonstrates the types of cases students are seeing, Direct feedback received from students regarding programme structure, which occurs during the site inspection's student meeting.

During a site review, if the inpatient or outpatient component is not present for all students, the Clinical Dean will meet with the Clerkship Director to review the requirements of the school and identify options that will allow for a proper structure such as incorporating a few instances of night float during the rotation.

Core clerkships list required patient encounters in the clerkship syllabus. Medical students are required to complete case logs indicating the number and types of patients encountered in each clerkship. Students submit electronic case logs through E*Value, a system which allows central monitoring of required patient encounters. When a live or simulated patient encounter is not available for a specific core condition, students complete an online case or structured reading on the topic. AUC Clinical Fellows assist in the ongoing review of patient logs to ensure that each clinical student is entering information in a timely fashion. The patient logs are housed within an E*Value system, which provides centralized reporting options. Reports provide information on individual student completion of specified patient encounters as well as clerkship-level data regarding the percentage of students who complete each specified patient encounter (Exhibit 6).

The total first-time pass rate for AUC students taking the USMLE Step 1 exam during 2016-2017 was 98% and for USLME Step 2, 92.9% in CK and 87.8% in CS. The total 2017 Match rate for those students who participated for the 1st time in 2017 was

84.4%. Historically, the greater majority of students match within a year of graduation (Exhibit 8).

ACCM also receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on clinical experience (Exhibit 15 & 42).

ACCM Protocol (Exhibit 2 Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations (Exhibit 48). Any recommendations are followed up and monitored by ACCM to ensure implementation occurs.

Analyst Remarks to Narrative

The country asks its medical schools to adhere to the Accreditation Commission on Colleges of Medicine's (ACCM) standards for clinical sites. ACCM has specific standards that require the clinical program include opportunities for exposure to hospital and the ambulatory settings. Specifically, standard 4.1.4 states that with the exception of senior electives, all courses are completed at the school and affiliated facilities. The senior electives (clinical clerkships) are under faculty supervision. Student instruction is rendered by adjunct instructors, senior house officers, registrars, residents, and graduate teaching assistants, in the settings of teaching hospitals, ambulatory care facilities and the school. The country is specific in how ACCM monitors this information through collection of the annual database from the medical institution. Additionally the country provided additional documentation about the clinical sites (exhibit 42).

Supporting Disciplines

Country Narrative

ACCM Standard 4 (Exhibit 1 Section 4.3) states: A curriculum committee of faculty members is responsible for developing and evaluating a curriculum that provides a general medical education to ensure that its graduates are prepared to pursue further training in the clinical clerkships (Exhibit 41). Medical education programme objectives are statements of the knowledge, skills, behaviours, and attitudes that medical students are expected to exhibit as evidence of their achievement through completion of the programme. The faculty of a medical school defines its medical education programme objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The Curriculum Committee designs a programme which encourages students to acquire an understanding of basic scientific knowledge which is fundamental to medicine and subject to regular reviews and updates. There must be appropriate exposure to multidisciplinary areas such as emergency medicine, anaesthesiology and to disciplines supporting general medical practice such as clinical pathology and diagnostic imaging. Whether they are covered in separate courses or in the required courses, the curriculum provides instruction in topics of special concern to society and the practice of medicine. This content and its associated clinical experiences will relate to each organ system, each phase of the human life cycle and continuity of care. In addition, topics must cover prevention, acute, chronic, rehabilitative, end-of-life and primary care in order to prepare the students for the many facets of life as a medical professional. These will promote recognition of wellness, determinants of health, opportunities for health promotion and disease prevention, recognition and interpretation of symptoms and signs of disease, the development of differential diagnoses and treatment plans. Additional important areas will allow the recognition of the health-related impact of behavioural and socio-economic factors so as to assist patients in addressing health related issues involving all organ systems. Students are commonly advised in their 4th year to take an elective in a subject they wish to know more about. The school must provide a structured environment for students to learn and work. Each discipline should be staffed by faculty members from the medical school who report to the chief of department or the course director. Regarding the medical facilities for the clinical training of students, ACCM Standard 4 requires medical schools to secure access to hospitals and to emphasise ambulatory facilities including hospitals accredited by the ACGME and the British NHS in all clinical disciplines where undergraduate medical education is offered.

ACCM Standard 4 further requires the institution's affiliated clinical teaching to be "of sufficient size, quality and accessibility to serve the needs of the institution", to have a professionally managed, a well-stocked library and to offer classroom facilities. Medical schools are required to "maintain - in force at all times - a clinical site affiliation agreement with each health care facility where students are present" (Exhibit 38). The medical school should define and distribute to students and the supervising faculty members a list of learning objectives and types of patients or clinical conditions that must be seen upon commencement of each clerkship. Core Syllabi for each rotation are supplied to students and faculty.

During AUC's curriculum review process, the subcommittee assessing the educational programme and structure mapped the educational programme objectives to learning outcome measures. The mapping exercise demonstrated a heavy reliance on the USMLE Step 2 CS and the clinical student evaluation. AUC clinical skills are assessed as follows: medical students were observed and received feedback on their clinical skills beginning in medical sciences, through a series of ICM courses taught in small groups, supervised by faculty members, and routinely use standardized patient assessment and feedback, all of which are evaluated with a standardized evaluation form and narrative comments. All students are required to pass the USMLE Step 2 CS examination prior to graduation. AUC institutes end-of-course assessments of history-taking and physical examination skills at the

end of ICM 2, ICM 3, and ICM 4. The ICM 4 assessment includes a clinical reasoning component requiring students to create a differential diagnosis and link key features to each diagnosis. Each student is observed in a clinical encounter and evaluated by faculty members using standardized checklists for clinical skills. AUC is planning a formative multi-station Observed Structured Clinical Encounter (OSCE) in the fifth semester ICM course during the January 2018 semester. In addition, AUC will initiate a formal simulation and assessment programme for medical procedures focusing on AAMC Clinical Skills Recommendations: aseptic technique, venipuncture, electrocardiogram, stool guaiac, universal precautions, wet mount and KOH prep, pap smear. AUC has an optional Clinical Skills Assessment (CSA), modelled after the USMLE Step 2 CS exam. More than 212 students have completed this formative assessment at four different locations across the United States in calendar year 2016. AUC is implementing this examination in the United Kingdom in the 2017- 2018 academic year. AUC plans to make this a required assessment to help students prepare for the USMLE Step 2 CS and provide additional information that all students are meeting the core clinical skills during 2018.

The Introduction to Clinical Medicine's OSCE (Objective Structured Clinical Examination) and the CSA provides the assessment for most core clinical skills; however, AUC also implemented activities to strengthen their ability to assess self-directed learning and critically reviewing the work of colleagues and providing constructive feedback. The AUC Clinical Fellows programme was designed to promote communities of learners during the clinical courses when students are geographically dispersed. The synchronous online sessions, led by recent AUC graduates, include exercises during which students write personal learning objectives to supplement the clinical course learning objectives receive feedback on those objectives, and revisit to discuss progress at the end of the clinical course. This provides the opportunity to assess each student's ability to self-direct their own learning. Also during these meetings, students present clinical cases and provide constructive feedback to their peers as they present cases (Exhibit 6).

Analyst Remarks to Narrative

The country asks its medical schools to adhere to the Accreditation Commission on Colleges of Medicine standards for supporting disciplines. ACCM standard 4.3.2 that states that there is appropriate exposure to multidisciplinary areas such as emergency medicine, anesthesiology and to disciplines supporting general medical practice such as clinical pathology and diagnostic imaging. The country is specific in how ACCM monitors this information through collection of the annual database from the medical institution. Additionally the country provided additional documentation about the clinical sites. Detailed information outlining the specifics of what experiences are offered at different locations was included in exhibit 42 (included in the section for Clinical Experiences question 3).

Ethics, Question 1

Country Narrative

Answer to Question 1:

ACCM expects medical schools to provide teaching of medical ethics and human values within the M.D. programme. ACCM Standard 4 (Exhibit 1) requires the clinical curriculum to include topics of special concern to society and the practice of medicine that includes, among other things, medical ethics, death and dying, domestic violence, alcohol and substance abuse, obesity, child abuse, human sexuality, public health, cost management, mental health issues, health maintenance, and geriatrics.

AUC provides the following within the M.D. (or equivalent) programme for students regarding teaching medical ethics and human values including topics and course objectives: AUC Ethical Principles (Exhibit 55).

AUC students are exposed to medical ethics and human values from the outset of and throughout their training. They are introduced to professionalism and the importance of ethical behaviour in workshops held in their first semester. Further, the "Introduction to Clinical Medicine" (ICM) clinical skills curriculum presented during all five semesters of medical sciences is designed to lay the foundation for the clinical skills essential to the practice of medicine and places a strong emphasis on patient-centred care, communication skills and respect for patient and family values.

The ICM curriculum is taught predominantly in small groups so students can practice their skills under the direct observation of a faculty member. Using standardized patients, students build their communication and relationship-building skills. ICM courses are designed to include the added requirement of professionalism to each small class or clinical skills activity. In ICM 5 which is taught during the fifth semester, small group discussions involve the topics of patient autonomy and confidentiality as well as the ethical dilemmas surrounding intimate partner violence. In addition to the ICM courses, a formal Medical Ethics course is taught at the beginning of the students' fifth semester. This course is intended to give students the basic tools to allow them to recognize ethical conflicts in a clinical setting as well as to provide them with the resources to critically examine and address the questions and concerns these conflicts present. The content and structure of the course specifically acknowledges that participants are physicians-in-training who are in the process of learning about medicine and beginning to seriously consider what it means to be a physician and to practice medicine. Therefore, the course materials are presented in such a way as to encourage students to learn specific information and to help them integrate that information into their future roles as practicing physicians. In addition, medical

ethics and human values are emphasized in the Behavioural Sciences course, which is also taught in the fifth semester of medical sciences. These two courses are designed to be complementary in nature to reinforce the importance of these issues. During clinical sciences, students are provided with various resources that have components of both medical ethics and human values. These include Access Medicine Case Files Collection: Medical Ethics and Professionalism, as well as Aquifer (formerly known as Med-U) modules: Culture in Health Care, Medical Home, Cultural Awareness, the Physician's Role, Caring for Children & Youth with Special Health Care Needs. Although AUC does not have specific clinical courses on medical ethics or human values, these topics are integrated throughout the medical and surgical specialty-specific curriculum and online resources are available to all students in their learning management system, Canvas (Exhibit 55).

Answer to Question 2:

ACCM Standard 4 (Exhibit 1) requires the clinical curriculum to maintain patient trust and public confidence, the faculty develop in the student the appropriate professional attributes of physicians as expected by the public, and to teach students to uphold the highest standards of behaviour, conduct, integrity and ethics. The clinical programme must also offer opportunities to appreciate the importance of basic and translational research as applied to medicine. The clinical programme must continue to develop the students' communication skills, including communications with patients and their families, colleagues and other health professionals.

ACCM receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including the teaching of medical ethics and human values.

Medical ethics and human values are integrated into all four years of the AUC curriculum. Assessment occurs at the individual course level. For example, the Medical Ethics course, taught during medical sciences, requires assessment on material in the form of a written exam (Exhibit 55). The Introduction to Clinical Medicine courses include simulated patient scenarios; students are evaluated on simulated patient interviews around ethical issues. AUC also tracks students' performance on high stakes examinations such as USMLE Step 1 across the various content areas. In addition to formal academic instruction and assessment, AUC has a comprehensive student affairs programme which tracks and monitors students' professional development. Student progress is tracked on a regular basis by academic and student affairs leaders as described: In medical sciences, the Assistant Dean for Student Affairs serves as Chair of the Medical Sciences Academic Support Board (MSAS). The purpose of MSAS is to identify struggling learners, including those struggling with their own professionalism, ethical issues, or human values, as quickly as possible. Participants in MSAS also include department chairs, wellness counsellors, academic skills counsellors, and the Assistant Dean for Academic Affairs. Those students are then provided with multi-modal, wrap-around support to maximize their potential for success. MSAS tracks students' performance throughout each semester and formally meets twice per semester. Campus leaders consistently promote professional behaviour amongst medical sciences students and actively address any concerns regarding student professionalism within medical sciences.

Within clinical sciences, student performance is tracked by the Clinical Leadership Team. The Assistant Dean for Academic and Student Affairs tracks struggling students and provides individual and group support to them. The clinical chairs provide additional academic support in their respective specialty areas. The Associate Dean for Student Affairs tracks and provides support and guidance to clinical sciences students who may have non-academic factors impacting their academic performance and to students who may be struggling with professionalism issues on their clinical rotations. Additionally, s/he serves as the University Conduct Officer and chairs the Administrative Review process for any student conduct complaints that rise to this level across the 4-year programme.

Analyst Remarks to Narrative

The country asks its medical schools to adhere to the Accreditation Commission on Colleges of Medicine (ACCM) standards for ethics. ACCM 4.3.5 to require that medical schools maintain patient trust and public confidence, the faculty develops in the student the appropriate professional attributes of physicians as expected by the public, and to teach students to uphold the highest standards of behavior, conduct, integrity and ethics. The clinical program will also offer opportunities to appreciate the importance of basic and translational research as applied to medicine. The country is specific in how ACCM monitors this information through collection of the annual database from the medical institution. Additionally the country provided copies of the medical ethics syllabus for American University of the Caribbean demonstrating application of this standard.

Communication Skills, Question 1

Country Narrative

ACCM Standard 4 (Exhibit 1) requires that medical education programme objectives are statements of the knowledge, skills, behaviours, and attitudes that medical students are expected to exhibit as evidence of their achievement through completion of the programme. The faculty of a medical school defines its medical education programme objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician.

ACCM requires the clinical curriculum: to maintain patient trust and public confidence, the faculty develop in the student the

appropriate professional attributes of physicians as expected by the public, and to teach students to uphold the highest standards of behaviour, conduct, integrity and ethics. The clinical programme must also offer opportunities to appreciate the importance of basic and translational research as applied to medicine. The clinical programme must continue to develop the students' communication skills, including communications with patients and their families, colleagues and other health professionals. The faculty must regularly assess and provide a written evaluation of the student's clinical skills, knowledge, and attitudes on each rotation. The quality and effectiveness of instruction is the most important standard of the educational programme and is overseen by a curriculum committee. Instructional techniques correspond to the objectives of each course, bear relationship to the general abilities of the student, and to the general school standards of quality.

To ensure that students possess the intelligence, integrity, personal and emotional characteristics perceived as necessary to become effective physicians, ACCM Standard 6 (Exhibit 1) requires that medical schools admit only those new and transfer students with these attributes. The school's admission committee must assess the proficiency of an applicant's writing skills and verbal communication skills as part of the admissions process.

ACCM Standard 4 defines professional support and encouragement. Supervising faculty members are expected to act as mentors and regularly demonstrate to students the values, attitude, and conduct physicians must practice in order to develop trusting working relationship with patients. Therefore "faculty should regularly observe, critique, and promote and evaluate the development of appropriate professional attributes in clinical students."

To evaluate student promotion and evaluation, ACCM Standard 5 & 6 (Exhibit 1) require the supervising faculty, by direct interaction, to evaluate the student's professional demeanour, behaviour and working relationships with patients, family of patients, colleagues, and other health care professionals.

In the AUC Institutional Self-Study (Exhibit 6), the University's Mission is to provide students of diverse backgrounds who exhibit a passion for the field of medicine with the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing clinician along with the skills and confidence needed to critically evaluate and apply new information. AUC defines its intended learning outcomes which are set out in the AUC Student Handbook (Exhibit 26) and the AUC Clinical Medicine Handbook (Exhibit 47), as follows:

AUC is dedicated to developing physicians who will be socially responsible and clinically superb. AUC's graduates are resilient, collaborative, scientifically adept, able to take charge of their own continuing education, and to lead the changes required to meet the needs of evolving populations and healthcare systems.

Educational Programme Objectives: Faculty have an obligation to ensure that the educational programme's learning objectives, curricular materials and learning environment are conducive to engendering successful medical professionals. As such the AUC objectives are designed to allow graduates to demonstrate proficiency in a multitude of critical areas. AUC has defined these criteria by synthesizing the thirteen Entrustable Professional Activities (EPAs) as defined by the American Association of Medical Schools and the six core competencies as outlined by Accreditation Counsel for Graduate Medical Education.

To ensure that students achieve these learning objectives prior to graduating, AUC assesses these competencies throughout the programme of medicine, and maintains a competency-based transcript for students. Students must demonstrate satisfactory achievement of each competency (including sub-categories thereof) in order to graduate (Exhibit 6).

ACCM Protocol (Exhibit 2 Section VII & VIII) requires the onsite ACCM campus inspection team to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes which would include assessing communication skills. The ACCM team is also required to observe lectures and labs in a variety of basic and clinical sciences. The onsite ACCM evaluation team's report must address the content and structure of the curriculum in meeting the medical school's educational goals. The team must also report on the role of the Curriculum Committee in overseeing the curriculum.

ACCM Protocol requires the inspection team to evaluate compliance through meeting with Department Chairs and Course directors. The team discusses and reports on the school's integration of the basic science and clinical sciences courses. In addition to observation, this is followed by a Report written up and sent to the school and government (Exhibit 9 & 11).

ACCM Protocol (Exhibit 2: Section VII) also requires ACCM to inspect all clinical sites at least once (Exhibition 49) or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations (Exhibit 42). Any recommendations are followed up and monitored by ACCM to ensure implementation occurs (Exhibit 48).

ACCM receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the schools' medical programme.

For example: Based on first time takers in 2016-2017 the pass rate on the USMLE Step 1 examination was 96.8% and for all takers the total pass rate for the same period was 98% percent (Exhibit 8). The AUC Annual Database Report 2016-2017 states "Students entering the 5th semester are required to pass USMLE Step 1 prior to entering the clinical science semesters. The NBME subject shelf tests are used in Basic Sciences, Introduction to Clinical Medicine (ICM) and all Clinical Sciences courses. AUC requires students to pass USLME Step 2 on completion of studies. Total First time Pass Rates of 92.9% in CK and 87.8% in CS from 1st July 2016 to 30th June 2017 were achieved by AUC students (Exhibit 8). AUC graduates from 1st July 2016 through June 30th 2017 had an 84.4 % residency placement in a large number of residency programmes (Exhibit 33). Therefore, the results demonstrate that AUC would appear to be successful in teaching good communication skills.

Analyst Remarks to Narrative

The country asks its medical schools to adhere to the Accreditation Commission on Colleges of Medicine (ACCM) standards for student communications. ACCM has standard 4.1.8 that states that the curriculum promotes the development of problem solving skills, communication skills, procedural competency, an understanding of the principles of basic and translational research, and ethics as applied to medicine, and access to service learning opportunities. While the country has explained in their narrative the process of reviewing students and how it assesses communication at the various locations, it is not clear to Department staff how or if the student is given individual feedback. NCFMEA may wish to ask for more details about how the faculty regularly assess and provide a written evaluation of the student's clinical skills, knowledge, and attitudes on each rotation.

Country Response

All AUC students, faculty, and clerkship directors are provided with clear information regarding the school's standards and policies for advancement, graduation, disciplinary action, appeal and dismissal. Information outlining Satisfactory Academic Progress and Academic Warning is available in the Student Handbook (Exhibit 26) as well as the Institutional Catalogue (Exhibit 24) for students. In addition, students in medical sciences are introduced to resources available to support academic success. The academic skills counsellor provides feedback such as consultation, coaching, and counselling related to time management, organizational skills, goal setting and prioritizing, stress management, learning styles, test anxiety, and effective study skills.

AUC has multiple mechanisms in place to ensure that clinical students are provided with individual feedback during each rotation and over the course of their clinical clerkships. As examples, every rotation, each student completes a written self-assessment (Exhibit 69) just before the middle of the rotation and receives feedback from a Clinical Education Fellow before bringing that information to faculty. At various times during the rotation, each student also receives written feedback on Clinical Skills Assessment (CSA) cases, written documentation/case notes, and professionalism. Each student routinely receives formal mid-clerkship feedback and a timely end-of-clerkship assessment from their clinical faculty, both in writing.

All clinical site and clerkship directors receive a description of AUC's foundational expectations for their roles. These two documents (Exhibit 59) highlight the requirement that mid-clerkship feedback be provided to every clinical student during each clerkship. These descriptions are distributed electronically to every site on a regular basis and to new educational leaders on an individual basis. These documents are then reviewed in person by an AUC Clinical Dean during annual site visits.

In AUC's medical sciences, nearly all of the evaluative examinations are grouped together as a block exam five times each semester with the fifth exam as a final comprehensive exam containing no new material. Students receive their scores from these exams within 24 hours. Coaching reports based on performance are generated for every student and serve as formative feedback. These coaching reports include student performance data related to the topics covered in the exams. In addition, many students visit one-on-one ACCM with their professors to review their reports and performance on specific exam items along with additional in-depth formative feedback on their current academic performance. Many professors discuss the exams generally in class. In the ICM classes in all five semesters, the faculty provides concurrent formative feedback in the form of a verbal narrative as students demonstrate their skills in interviewing, and in physical examination. Also, in ICM, students receive written narrative feedback on their written histories. All AUC professors are available for individual student consultation outside of regular class hours during posted office hours.

In the Clinical Clerkships, site directors engage the clerkship directors at their sites at the mid-point of clerkship rotations to identify any students who are struggling or at risk of failing the clerkship. All students are encouraged to seek feedback early and often to ensure that they are meeting expectations. Many clerkship directors, preceptors and Attendings conduct a mid-clerkship evaluations session with students to provide feedback on performance and plans for improvement.

The AUC Clinical Assessment Form provides an assessment and narrative feedback for each student. AUC's clinical affiliation agreements specify that evaluations must be received within 30 days to ensure that students can use each clerkship's evaluation as formative feedback as they progress through required and elective clinical experiences.

During their core clerkships, students are enrolled in a 9-month programme called Transition to Clinical Medicine (TCM) where they are assigned to a small group of students which is led by an individual Clinical Education Fellow, who is a recent AUC graduate. Each TCM group meets virtually on a monthly basis and students also meet individually with their fellow (CEF). Just before the middle of each core clerkship, students complete a written self-assessment (Exhibit 60) which is reviewed with their fellow (CEF). Students are then encouraged to bring these self-assessments with them to their formal mid-clerkship feedback sessions with faculty.

During TCM sessions, Clinical Education Fellows also work with individual clinical sciences students to give them feedback in writing about mock Clinical Skills Assessment (CSA) cases, written documentation/notes relating to those cases, and professionalism.

The CSA Grading Rubric and Note Feedback Forms (Exhibit 70) are used for assessing clinical skills. The Professionalism Rubric (Exhibit 78) is introduced to students at the start of TCM along with a presentation on professionalism. Students are then evaluated with this rubric at the end of TCM. The completed form is shared with individual students with AUC retaining a copy as well.

Formal mid-clerkship feedback is routinely provided to AUC students in individual meetings with clerkship directors or their Designees. AUC clinical deans stress the importance of mid-clerkship feedback at all site visits in meetings with clinical site directors, clerkship directors, and students. When distributed to clinical sites, the Mid-Clerkship Feedback Form (Exhibit 67) is

accompanied by a document outlining AUC's expectations for the mid-clerkship feedback process. The completed forms are kept locally at each site. Compliance with this expectation is currently 100% as monitored and tracked during site visits (with input from faculty and students) and through written course evaluations (students).

At the end of each clerkship, feedback from clinical faculty is incorporated into one summary Clinical Student Assessment Form (Exhibit 74) prepared by the clerkship director and submitted to AUC in a timely fashion. Clinical students review and sign these assessment forms after completion of each clerkship. Students are encouraged to use that assessment information as feedback to inform clinical skill development in subsequent rotations.

Academic standards and professionalism are an integral part of the learning environment and are presented in various ways and time points. During the medical sciences portion of the curriculum, the Student Promotion and Evaluation Committee (SPEC) contacts students who fail exams in a course with feedback. First semester students receive a HELP letter if they fail any of their first set of exams. The letter contains a checklist of resources and recommends that the student see their faculty advisor. Faculty Advisors also follow up with their Advisees to discuss the difficulty and review resources available to the student.

Currently AUC is evaluating the efficacy of new personalized, adaptive learning techniques with these students. A new PhD-trained Learning Specialist with expertise in personal adaptive learning techniques is working 50% of the time with First semester students who have failed one or more exams with AUC closely evaluating learning outcomes for this group of students.

Analyst Remarks to Response

In response to the draft staff analysis, the country explains how the student is given individual feedback. The country has provided documentation demonstrating the feedback forms that it uses to complete this review. The inclusion of this information resolves the concerns previously raised.

Staff Conclusion: Comprehensive response provided

Design, Implementation, and Evaluation, Question 1

Country Narrative

ACCM Standard 4 (Exhibit 1) requires the medical school to have a Curriculum Committee of faculty members who shall be responsible for developing and evaluating a curriculum that provides a general medical education to prepare its graduates to pursue further training and for careers as physicians devoted to the delivery of primary care. The system to evaluate the curriculum requires the Curriculum Committee to evaluate continuously curriculum weaknesses, goals, content, effectiveness, method of instruction and the degree to which the institutional achieves its goals. A school may measure the effectiveness of the curriculum by student attrition rate, student performance on standardized examinations, percentage of eligible graduates passing the USMLE and professional licensing examinations, percentages of graduates accepted into residency training programmes, follow up of graduates in employment and sampling the opinions of students and graduates. The curriculum committee of faculty may use these data sources to strengthen the curriculum.

ACCM Protocol (Exhibit 2 Section VII) requires an ACCM inspection team to evaluate the effectiveness of the institution's system of programme evaluation by appraising the programme outcomes and the mechanisms used to collect information and the extent to which the institution uses the information to improve the curriculum and instruction.

ACCM Protocol also requires the onsite ACCM inspection team to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes which would include assessing communication skills. The ACCM team is also required to observe lectures and labs in a variety of basic and clinical sciences. The onsite ACCM evaluation team's report must address the content and structure of the curriculum in meeting the medical school's educational goals. It must also report on the role of the Curriculum Committee in overseeing the curriculum.

ACCM Protocol requires the onsite ACCM inspection team to evaluate compliance through meeting with Department Chairs and Course directors. The ACCM team discusses and reports on the school's integration of the basic science and clinical sciences courses. In addition to observation, a Report is written up and sent to the school and government (Exhibit 9 & 11).

ACCM Protocol (Exhibit 2 Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations which would also include Faculty involvement (Exhibit 48).

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the schools' faculty roles relating to the curriculum process and methods used to measure the effectiveness of the curriculum such as student attrition rate, student performance on standardized examinations, percentage of eligible graduates passing the USMLE and professional licensing examinations and percentages of graduates accepted into residency training programmes (Exhibit 8). The Annual Database also includes Minutes of the Curriculum Committee which outlines and demonstrates the involvement and role Faculty has including the curriculum evaluation process (Exhibit 15).

Analyst Remarks to Narrative

The country has reported that it follows the Accreditation Commission on Colleges of Medicine (ACCM) standards for faculty involvement in curriculum development. Specifically, 4.1.3 states that a curriculum committee consisting of faculty members is responsible for developing and evaluating a curriculum that provides a general medical education to ensure that its graduates are prepared to pursue further training in the clinical clerkship. The management of the preclinical curriculum involves the participation of the faculty and the administration in an integrated manner. The application of these standards is captured in the annual database collected from the medical school on an annual database, as well as copies of the curriculum minutes and bylaws that cite faculty involvement.

Design, Implementation, and Evaluation, Question 2

Country Narrative

Answer to Question 1:

Yes, ACCM does require each medical school to have its own system for evaluating the effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation.

The medical school must adhere to the standards set down by fully complying with ACCM Standards and Protocol (Exhibit 1 Standard 4, 8 & 12) which requires each medical school to have its own evaluation system to ensure the effectiveness of its curriculum, including any changes required.

ACCM Standard 4 requires that the school in order to remedy those areas of the curriculum which require strengthening, the curriculum committee continuously evaluates curriculum weaknesses, goals, content, effectiveness, method of instruction and the degree to which the school goals are achieved. Curricular effectiveness may be measured by student attrition rate, student performance on standardised examinations, percentages of graduates accepted into residency training programmes, percentage of eligible graduates passing USMLE and professional licensing examinations, follow ups of graduates in employment, and sampling the opinions of students and graduates.

ACCM Standard 4 (Exhibit 1) states that a medical school must have a Curriculum Committee of faculty members who are responsible for developing and evaluating a curriculum that provides a general medical education so that its graduates are prepared to pursue further training at the graduate level. The goal of the Curriculum Committee is to design a programme that encourages students to acquire an understanding of basic scientific knowledge, a fundamental to medicine. The committee shall develop a programme that promotes problem solving skills, an understanding of the principles of basic and translational research as applied to medicine and access to service learning. In addition, the curriculum must have an orderly sequence of courses. AUC recently completed an extensive and comprehensive revision of both the Basic Sciences and Clinical Medicine portions of the curriculum. Initially, the AUC Curriculum Committee refreshed the educational programme objectives. Subsequently, each course director refreshed course objectives to align with the educational programme objectives. Using a curriculum mapping process, AUC studied its curriculum against the AUC educational programme objectives, the Accreditation Council of Graduate Medical Education (ACGME) competencies and the Entrustable Professional Activities for entering residency (EPAs) to evaluate the overall curriculum. The objectives are effective guides for educational programme planning. AUC continues to map course and class objectives to the AUC program objectives using the automated Ilios platform. The map is being used by task forces and planning committees to identify gaps and redundancies in competencies and EPAs. One area identified for improvement is health systems science and population medicine where new curricula are being developed. This includes clinical epidemiology and evidence-based medicine. The educational programme objectives guide curriculum content and student assessment. In an effort to improve faculty awareness of programme objectives, these are integrated into the student and faculty handbooks (Exhibit 6). ACCM Protocol requires the onsite ACCM inspection team to review and report on the institutions system of programme evaluation (Exhibit 2 Section VII, VIII & IX). The ACCM team reports on the indicators utilized by the Curriculum Committee to appraise programme outcomes such as scores on exams including standardized and licensed exams, graduation rates, residency acceptance rates, the employment status of graduates, student and graduate surveys. The ACCM team reports on the mechanisms used by the institution to monitor the quality of instruction and the breadth and depth of course content, the mechanisms used to collect information, and to what extent the institution has used the information to appraise and improve curriculum courses and instruction in a written Report (Exhibit 9 & 11).

ACCM receives a formal updated Annual/Cohort Databases (Exhibit 7 & 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including evaluation of the curriculum process which also includes Minutes of Curriculum Committee (Exhibit 15). For example: Based on first time takers in 2016-2017 the pass rate on the USMLE Step 1 examination was 96.8% and for all takers the total pass rate for the same period was 98% percent (Exhibit 8). The AUC Annual Database Report 2016-2017 states "Students entering the 5th semester are required to pass USMLE Step 1 prior to entering the clinical science semesters. The NBME subject shelf tests are used in Basic Sciences, Introduction to Clinical Medicine (ICM) and all Clinical Sciences courses. AUC requires students to pass USMLE Step 2 on completion of studies. Total first-time Pass Rates of 92.9% in CK and 87.8% in CS from 1st July 2016 to 30th June 2017 were achieved by AUC students (Exhibit 8). AUC graduates from 1st July 2016 through June 30th 2017 had an 84.4 % residency placement in a large number of residency programmes (Exhibit 33).

Answer to Question 2:

No, ACCM does not mandate the evaluation of the curriculum all medical schools to be provided by some centralized authority or body as it carries out its own evaluation.

Analyst Remarks to Narrative

The country indicates that there is not a central authority or body that carries out the evaluation of the curriculum. The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) standard 4.8.1 that states in order to remedy those areas of the curriculum which require strengthening, the curriculum committee continuously evaluates curriculum weaknesses, goals, content, effectiveness, method of instruction and the degree to which the school goals are achieved. Curricular effectiveness may be measured by student attrition rate, student performance on standardized examinations, percentages of graduates accepted into residency training programs, percentage of eligible graduates passing USMLE and professional licensing examinations, follow ups of graduates in employment, and sampling the opinions of students and graduates. The application of these standards is captured in the annual database collected from the medical school on an annual database, as well as copies of the curriculum minutes and bylaws that cite faculty involvement.

Design, Implementation, and Evaluation, Question 3

Country Narrative

Answer to Question 1:

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1 & 2, Standard 4, 8, 12 & 14). ACCM Standard 4 requires the medical school to have a curriculum committee of faculty members who shall be responsible for developing and evaluating a curriculum that provides a general medical education to prepare its graduates to pursue further training and for careers as physicians devoted to the delivery of primary care. The system to evaluate the curriculum requires the curriculum committee to evaluate continuously curriculum weaknesses, goals, content, effectiveness, method of instruction and the degree to which the institutional achieves its goals. A school may measure the effectiveness of the curriculum by student attrition rate, student performance on standardized examinations, percentages of graduates accepted into residency training programmes, percentage of eligible graduates passing the NBME Shelf Examinations, USMLE Steps 1 & 2, and other professional licensing examinations, follow ups of graduates in employment and sampling the opinions of students and graduates. The curriculum committee of faculty may use these data sources to strengthen the curriculum. For example: Based on first time takers in 2016-2017 the pass rate on the USMLE Step 1 examination was 96.8% and for all takers the total pass rate for the same period was 98% percent (Exhibit 8).

ACCM receives a formal updated Annual Database (Exhibit 8) and Cohort Databases (Exhibit 7) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. In relation to the new Cohort Databases: Every February, each medical school sends ACCM its Annual Database Report which covers the previous academic year (July 1 – June 30). This report records the activities of the entire medical school and is based on LCME guidelines. However, over recent years, some problems have arisen as this LCME-based instrument is designed to cover a single annual intake of students, whereas most Caribbean schools have three intakes, or cohorts, of students each year - January, May and September. To help ACCM to better understand the journey of each cohort through the medical schools ACCM accredits, ACCM requires short Cohort Database Reports, in addition to the Annual Database Report, to be completed by the medical school and returned together by 1st February. The Cohort Database Report consists of questions concerning Admissions, Enrolment, USMLE, Graduation and Residency. In February 2017, ACCM asked for reports on the January 2016 and May 2016 Cohorts so it is possible to fill in data regarding Admissions and Enrolment – subsequent data for these cohorts will be added in February 2018, February 2019 and February 2020, so these are 'living documents' which will be added to in a prospective study. In February 2018, ACCM asked for reports on the January 2017 and May 2017 Cohorts and it is possible to fill in data regarding Admissions and Enrolment only at that stage. Subsequent data for these cohorts on USMLE, Graduation & Residency (i.e. Q 42, 43, 52 & 54) are not available yet but will be added in February 2018, February 2019 and February 2020. These are 'living documents' which will be added to in future years to show how the January 2016 cohort fared.

The school is required to answer a list of questions (the Annual Database) covering all major aspects of the governance of the school including evaluation of the curriculum process and provide Minutes of Curriculum Committee (Exhibit 15 & 20).

The AUC Annual Database Report 2016-2017 states "Students entering the 5th semester are required to pass USMLE Step 1 prior to entering the clinical science semesters. The NBME subject shelf tests are used in Basic Sciences, Introduction to Clinical Medicine (ICM) and all Clinical Sciences courses. AUC requires students to pass USLME Step 2 on completion of studies. Total First time Pass Rates of 92.9% in CK and 87.8% in CS from 1st July 2016 to 30th June 2017 were achieved by AUC students (Exhibit 8). AUC graduates from 1st July 2016 through June 30th 2017 had an 84.4 % residency placement in a large number of residency programmes (Exhibit 33).

ACCM Protocol (Exhibit 2 Section VII, VIII & IX) requires the onsite ACCM inspection team to evaluate the effectiveness of the institution's system of programme evaluation by appraising the programme outcomes and the mechanisms used to collect information and to the extent that the institution uses the information to improve the design, implementation and evaluation of the

curriculum and instruction followed by a written Report which on approval by the ACCM Board is sent to the school and government (Exhibit 9 & 11).

Answer to Question 2:

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1 Standard 4, 8, 12 & 14).

ACCM receives a formal updated Annual Database (Exhibit 8) and Cohort Databases (Exhibit 7) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including assessing the extent to which the medical schools use data as part of the school's internal 'programme effectiveness and continuous improvement' process. ACCM Protocol (Exhibit 2 Section VII, VIII & IX) requires the ACCM onsite inspection team to review and report on the institutions system of programme evaluation. The ACCM team reports on the indicators utilized by the curriculum committee to appraise programme outcomes such as scores on exams including standardized and licensed exams, graduation rates, residency acceptance rates, the employment status of graduates, student and graduate surveys. The ACCM teams reports on the mechanisms used by the institution to monitor the quality of instruction and the breadth and depth of course content, the mechanisms used to collect information, and to what extent the institution has used the information to appraise and improve curriculum courses and instruction (Exhibit 14 & 41).

ACCM Protocol (Exhibit 2 Section VII, VIII & IX) requires the onsite ACCM inspection team to evaluate the effectiveness of the institution's system of programme evaluation by appraising the programme outcomes and the mechanisms used to collect information and to the extent that the institution uses the information to improve the curriculum and instruction followed by a written Report which on approval by the ACCM Board is sent to the school and government (Exhibit 9 & 11).

Analyst Remarks to Narrative

As stated in an earlier section, Accreditation Commission on Colleges of Medicine (ACCM) requires the curriculum committee to design a program that encourages students to acquire an understanding of the knowledge that is fundamental to medicine. In order to meet this charge, the curriculum committee must evaluate the curriculum on an ongoing basis. The country has provided documentation demonstrating how it conducts this review in accord with the guidelines in this section.

Admissions, Recruiting, and Publications, Question 1

Country Narrative

Answer to Question 1:

ACCM Standard 6 (Exhibit 1) requires that the school admits only those new and transfer students who possess the intelligence, integrity and personal and emotional characteristics that are perceived as necessary to become effective physicians. New and transfer students must have taken a medical school admission test such as MCAT as part of medical schools' admission practices to ensure they have the competency to become effective physicians. The MCAT is requested of North American resident students at AUC and is a consideration for admissions. Admitted students must submit their test results prior to enrolling into AUC. The Admissions Committee at AUC will use MCAT scores to assist in the Admissions decision but does not base decisions solely on MCAT scores. The school collects an MCAT transcript from prospective students which include information on all takes of the MCAT for that student. The transcript and its information is part of consideration of a student in the admissions process. The school's database only records a single MCAT score for applicants. The MCAT transcript, however, becomes part of each student's permanent application file.

ACCM receives a formal updated Annual Database (Exhibit 8) and Cohort Databases (Exhibit 7) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including MCAT results and the number of times students have taken the MCAT exam (Exhibit 8). The total mean scores for all students admitted in 2017 was 25.9 and 496.9 (Exhibit 8). The number of times that students took the exam is between one and six times (Exhibit 52). The average MCAT result for new students matriculating in 2016-2017 was 100% depending on the semester (Exhibit 8).

Answer to Question 2:

ACCM Standard 6 (Exhibit 1) requires that students must have taken a medical school admission test such as MCAT as part of medical schools' admission practices to ensure they have the competency to become effective physicians.

Analyst Remarks to Narrative

While it appears that the country utilizes the Accreditation Commission on Colleges of Medicine (ACCM) standards that require the collection of MCAT information and that there are spaces that ask for this information in the Annual Database (exhibit 8), it appears as though this information was included as a separate document, exhibit 52. It is not clear how the country utilizes the MCAT scores evaluate the quality of the schools admission practices. NCFMEA wish to seek further clarification on the use of this data to inform admissions at the school.

Country Response

The minimum admission requirements set out by ACCM are MCAT > 20 and Cumulative GPA >2.6 or MCAT > 24. Admissions, MCAT and GPA scores are monitored annually through review of Annual Database and any exceptions to the above rules must be justified to ACCM. The progress and outcomes of any students admitted under an Exceptions rule are closely monitored by ACCM.

During an onsite inspection, ACCM Protocol (Exhibit 2: Section VII, VIII, IX) requires the ACCM team to report on the school's admission policies, student selection requirements, the structure and role of the admission committee in the admission process, the demographics of the freshman class over a three-year period, implementation of the school's readmission policies and policies on the admission of transfer students followed by a written Report which on approval by the ACCM Board is sent to the school and government (Exhibit 9 & 11).

ACCM also monitors the information provided by the school in the Annual and Cohort Database Reports on the application pools, GPA and MCAT categories of present and projected students lists (Exhibit 8 & 7).

If ACCM found that a school was not meeting the minimum admission requirements as set out by ACCM and was not in compliance with ACCM Standards (Exhibit 1), the school would be informed and given a period of time to remedy this issue. If it was the case that the school did not progress or achieve this, in accordance with ACCM Protocol (Exhibit 2 Section X), ACCM would consider whether the school was still in compliance and may decide to put the school on a Probationary Accreditation status.

To date, this has not occurred with any school accredited by ACCM since it was founded in 1994.

Analyst Remarks to Response

In response to the draft staff analysis, the country has explained that MCAT data is utilized to inform admissions at the medical school. The country further explains the minimum admission requirements that it follows based on the standard established by the Accreditation Commission on Colleges of Medicine (ACCM). If the school has not met that standard, ACCM would consider the medical school to not be in compliance and may place a medical school on probationary accreditation status. The inclusion of this information resolves the concerns raised in the draft staff analysis.

Staff Conclusion: Comprehensive response provided

Admissions, Recruiting, and Publications, Question 2

Country Narrative

Answer to Question 1:

ACCM has established requirements for medical school student admissions in Standard 6 (Exhibit 1) and it states the following: At a minimum, admitted students shall possess three years of undergraduate education, including the completion of one year each of biology (with lab), physics (with), English, and two years of chemistry (with lab). Students may concentrate their undergraduate studies in any field of interest. However, a baccalaureate degree is preferred. Individuals shall be in good physical and mental health. Possess: A record of academic excellence, A good personal character, Standards of behaviour and conduct that will reflect favourably on themselves and on the medical profession, Personal integrity, Appropriate motivation and the sincere desire to serve their fellow man.

In addition, ACCM Standard 6 recommends that the Admissions Committee develop a process to evaluate and screen applicants for the attributes and characteristics cited above in an orderly process that is applied uniformly. ACCM encourages the Admissions Committee to conduct personal interviews in which screening of applicants includes, among other things, the following: Grade point averages, the type and degree of difficulty of courses taken, scores on the medical school admission test, proficiency of the applicant's writing skills, proficiency of the applicant's communication skills and evaluations from school pre-professional committees or undergraduate faculty members.

Regarding re-admission, ACCM Standard 6 requires the institution to define its policy regarding students who were suspended or dismissed for academic and non-academic reasons. ACCM requires the institution's policy and criteria for readmission to meet or exceed its admissions standards on aptitude, health, character, and motivation. Also, ACCM requires a medical school to define its policy on acceptance of transfer credits and not permit a transfer to occur beyond the sophomore year.

ACCM receives a formal updated Annual Database (Exhibit 8) and Cohort Databases (Exhibit 7) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including admissions including providing Minutes of the Admissions Committee (Exhibit 15).

During an onsite inspection, ACCM Protocol (Exhibit 2: Section VII, VIII, IX) requires the ACCM team to report on the school's admission policies, student selection requirements, the structure and role of the admission committee in the admission process, the demographics of the freshman class over a three-year period, implementation of the school's readmission policies and policies on the admission of transfer students followed by a written Report which on approval by the ACCM Board is sent to the school and government (Exhibit 9 & 11).

ACCM also monitors the information provided by the school in the Annual and Cohort Database Reports on the application pools, GPA and MCAT categories of present and projected students lists (Exhibit 8 & 7).

The AUC Institutional Self-Study (Exhibit 6) states that it encourages applications from students who are dedicated, enthusiastic, and well suited for the rigorous study of medicine. Prospective students must have a solid pre-medical undergraduate education incorporating appropriate science courses. AUC students are also expected to have a mature sense of values and sound goals for pursuing a career in medicine. Once enrolled at AUC, each student must be able to integrate all information received, demonstrate the ability to learn, analyse and synthesize data, and perform in a reasonably independent manner. AUC accepts students from wide educational and geographic backgrounds, with the belief that such a diverse student body can only enrich the overall educational experience.

Applicants are accepted based upon the presumption that all of their statements, both oral and written, are true and that all documents are authentic. If it is later discovered that false or inaccurate information was submitted, AUC may nullify acceptance into the programme, or if the student is registered, dismiss the student. Students or graduates of any accredited school or university in the world are invited to apply to AUC. Applicants from the United States (who are U.S. citizens or have permanent visas) or Canada are expected to have a minimum of three years of undergraduate studies or the equivalent of 90 semester hours or 135 quarter hours, including pre-medical requirements from an accredited school or university.

The AUC Admissions Committee evaluate the candidate's potential based upon the following criteria:

Intellectual and academic ability.

Communication skills, both oral and written.

Goals for entering the medical field.

Letters of recommendation and personal statement.

Knowledge of international medical education.

Special talents, hobbies, interests and international travel.

Personal qualities such as spontaneity, enthusiasm, motivation, perseverance and sound judgment.

Willingness to work as a team member, function effectively under stress and display flexibility.

Community service and leadership skills.

Volunteer experience, work or research in the medical field.

ACCM receives a formal updated Annual Database (Exhibit 8) and Cohort Databases (Exhibit 7) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including Admissions and providing Minutes of the Admissions Committee (Exhibit 15).

ACCM Protocol requires the onsite ACCM inspection team to review and report on the institutions system of programme evaluation including Admissions (Exhibit 2 Section VII, VIII & IX) followed by a written Report which on approval by the ACCM Board is sent to the school and government (Exhibit 9).

Answer to Question 2:

These are national admission standards as ACCM is the accrediting body for the St. Maarten government. ACCM ensures compliance by ensuring that standards of operation meet those required by ACCM Standards (Exhibit 1) and Protocol of Accreditation (Exhibit 2) which meet LCME Guidelines, as in the Caribbean medical schools currently under accreditation by ACCM, the student body is predominantly North American. The Liaison Committee on Medical Education (LCME) is the recognised accreditation authority for the accreditation of medical education programmes leading to the degree of M.D. in the United States and Canada. ACCM's standards and processes are therefore aligned with the Guidelines of the LCME. The medical schools have been accredited by ACCM, subject to continuing compliance with ACCM required standards. All are subject to regular interim site inspections of the basic medical science campus as well as inspection of all affiliated clinical training sites including completed annual documentation submitted which is assessed and reviewed by ACCM.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) standard for admissions that state: at a minimum, admitted students possess three years of undergraduate education, however special combined baccalaureate/MD degree programs may allow this to be reduced. Students may concentrate their undergraduate studies in any field of interest and to include arts, history, languages and social sciences is encouraged. A baccalaureate degree is preferred.

Further, standard 6.1.5 states that individuals admitted possess:

- a) A record of academic excellence
- b) Good personal character
- c) Standards of behavior and conduct that will reflect favorably on themselves and on the medical profession
- d) Personal integrity
- e) Appropriate motivation
- f) A sincere desire to serve their fellow man

This information is monitored through collection of the annual medical school database and verified during the onsite visit to the medical school.

Admissions, Recruiting, and Publications, Question 3

Country Narrative

ACCM Standards (Exhibit 1) requires that students shall be: in good physical and mental health, possess a record of academic excellence, be of good personal character, have standards of behaviour and conduct that will reflect favourably on themselves and on the medical profession, personal integrity, appropriate motivation and a sincere desire to serve their fellow man.

In addition, ACCM Standard 6 suggests that the Admissions Committee develop a process to evaluate and screen applicants for the attributes and characteristics cited above in an orderly process that is applied uniformly. ACCM encourages the Admissions Committee to conduct personal interviews in which the screenings of applicants include amongst other things, the following: grade point averages, the type and degree of difficulty of courses taken, scores on the medical school admission test, proficiency of the applicant's writing skills, proficiency of the applicant's communication skills and evaluations from school pre-professional committees or undergraduate faculty members

Regarding re-admission, ACCM Standard 6 requires the institution to define its policy regarding students who were suspended or dismissed for academic and non-academic reasons. ACCM requires the institution's policy and criteria for readmission to meet or exceed its admissions standards on aptitude, health, character, and motivation. Also, ACCM requires medical schools to define its policy on acceptance of transfer credits and not permit a transfer to occur beyond the sophomore year.

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including admissions criteria and providing Minutes of the Admissions Committee (Exhibit 15).

During an onsite campus inspection, ACCM Protocol (Exhibit 2) requires the ACCM inspection team to report on the school's admission policies, student selection requirements, the structure and role of the admission committee in the admission process, the demographics of the freshman class over a three-year period, implementation of the school's readmission policies and policies on the admission of transfer students (Exhibit 2: Section VII, VIII, IX). ACCM also monitors the application pools, GPA and MCAT categories of present and projected students lists provided by the institution in the Annual Database Report which is followed by a written Report that on approval by the ACCM Board is sent to the school and government (Exhibit 9 & 11).

AUC's mission is to provide students of diverse backgrounds who exhibit a passion for the field of medicine with the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing clinician along with the skills and confidence needed to critically evaluate and apply new information.

AUC attracts a diverse pool of students. Geographically, about 9% of students come from Canada, and 84.7% come from the United States (Exhibit 20). Further, AUC provides the opportunity for significant numbers of students from backgrounds traditionally under-represented in medicine. AUC students' success in the USMLE exams and graduates' success in being selected for post-graduate residency training programmes are evidence of achievement with regard to giving graduates the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing physician. All AUC students must pass USMLE Step 1 prior to entering clinical rotations (Years 3 & 4) and must pass Step 2CK and Step 2CS prior to graduation. While success on these exams does not fully measure students' achievement of learning objectives, it is a good barometer of how AUC students perform relative to graduates of U.S./Canadian and other foreign (non-U.S./Canadian) medical schools. In addition to continued strong performance on the USMLE exams, AUC continues its track record of success placing students in post-graduate residency training programmes. Many of these graduates are enjoying success as chief residents or fellows in leading U.S. teaching hospitals. In 2017, AUC graduated 212 students out of 255 – 83.1% of whom have received residencies and included in these residencies are some of the most reputable teaching hospitals and institutes in the United States and Canada (Exhibit 33).

To ensure that students achieve these learning objectives prior to graduating from the Medical University of the Americas, AUC assesses these competencies throughout the programme of medicine, and maintains a competency-based transcript for students. Students must demonstrate satisfactory achievement of each competency (including sub-categories thereof) in order to graduate (Exhibit 6).

Analyst Remarks to Narrative

The country adhere's to the Accreditation Commission on Colleges of Medicine (ACCM) standard for admissions that state: at a minimum, admitted students possess three years of undergraduate education, however special combined baccalaureate/MD degree programs may allow this to be reduced. Students may concentrate their undergraduate studies in any field of interest and to include arts, history, languages and social sciences is encouraged. A baccalaureate degree is preferred.

Further, standard 6.1.5 states that individuals admitted possess:

- a) A record of academic excellence
- b) Good personal character
- c) Standards of behavior and conduct that will reflect favorably on themselves and on the medical profession
- d) Personal integrity

- e) Appropriate motivation
- f) A sincere desire to serve their fellow man

This information is monitored through collection of the annual medical school database and verified during the onsite visit to the medical school.

Admissions, Recruiting, and Publications, Question 4

Country Narrative

ACCM Standards of Accreditation (Exhibit 1) have established the requirements for medical school student admissions in Standard 6 including the size of the applicant pool. Upon consultation with the administration, a Faculty Committee on Admissions define the size and characteristics of the student body. There is no minimum size requirement to be eligible for accreditation. However, there is sufficient enrolment to promote a collegial atmosphere of learning. Likewise, the school will not enrol more students than resources are available to support a quality education. Equally important, the school will not seek to maintain its enrolment through retention of academically weak students. In determining the student body size, careful consideration is given to: The availability of an applicant pool of sufficient quality and quantity. The size, quality, scope and accessibility of the: Library, Faculty offices, Faculty, Inpatient and ambulatory care facilities, Patient numbers in each of the clinical disciplines, Administrative and managerial resources, Financial resources, demands from other educational programmes which may result in dilution of resources.

ACCM Standard 6 (Exhibit 1) also requires the institution to publish its admissions policy in its academic catalogue. The school's publications, advertising and student recruitment policy present a balanced and accurate representation of the mission and objectives of the educational programme. AUC's prospectus, institutional catalogue (or equivalent document) (Exhibit 24) and website (Link: <https://www.aucmed.edu/>) provide an accurate description of the school, its educational programme, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical programme, and its requirements for the award of the MD degree. Upon consultation with the administration, a Faculty Committee on admissions define the size and characteristics of the student body.

ACCM Standard 11 (Exhibit 1) also requires that the school owns buildings, equipment and a campus of sufficient size, quality and design to fulfil its goals. University owned facilities include auditoriums, classrooms, student laboratories, a library, faculty offices, administrative offices, admissions office, and office for student services, research laboratories, sufficient animal care facilities, student dormitory facilities, dining facilities, student activities facilities, and recreational facilities.

ACCM Standard 12 (Exhibit 1) regarding Admissions also covers requirements regarding applicant pool size and entering class. An increase in enrolment above a threshold of 10% in one year or a cumulative increase of 20% in three years will be notified to ACCM one year in advance of the proposed expansion. The notification will be accompanied by documentation demonstrating the adequacy of the school's physical and educational resources to manage the increase in numbers.

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information regarding Application Pools, GPA and MCAT categories, present and projected lists of students as well as Minutes of the Admissions Committee (Exhibit 15).

The AUC Institutional Self Study (Exhibit 6) describes in some detail the process of recruitment and selection of medical students encompassing the full range of recruiting and marketing services. The size of the applications pool and the anticipated number of matriculation students are always measured against available resources of faculty, classroom and laboratory space and library/study facilities. Responsibility for the selection of student numbers resides with the Admissions Committee.

ACCM Protocol (Exhibit 2: Section VII, VIII, IX) requires the onsite ACCM inspection team to meet with key admissions officials to review the admissions requirements and processes, to examine the school's policies with respect to transfer students and to determine whether the school's processes and policies are followed in actuality. The ACCM team must report its findings with respect to each of these, verify the enrolment data provide by the institution and report whether an applicant pool of academically qualified students is available to fill the freshman class through a written Report, which on approval by the ACCM Board, is sent to the school and government (Exhibit 9 & 11).

Analyst Remarks to Narrative

The country adhere's to the Accreditation Commission on Colleges of Medicine (ACCM) standard for admissions that state that the faculty make the determination about the sizes of the applicant pool and the number of students selected. This number is not specifically prescribed. The narrative describes that the faculty will conduct a review to ensure that it has appropriate resources to ensure that the needs of the students are met. The country has provided a copy of the Admission Committee meeting minutes (exhibit 15) that indicates how they reviewed each student, however it is not clear how they are conducting the secondary review to ensure that resources are still being met for the number of students admitted. NCFMEA may wish to ask for additional clarity on this process.

Country Response

As stated, ACCM Standards of Accreditation (Exhibit 1) have established the requirements for medical school student admissions in Standard 6 including the size of the applicant pool. Upon consultation with the administration, a Faculty Committee on Admissions define the size and characteristics of the student body. There is no minimum size requirement to be eligible for accreditation. However, there must be sufficient enrolment to promote a collegial atmosphere of learning. Likewise, the school must not enrol more students than resources are available to support a quality education. Equally important, the school must not seek to maintain its enrolment through retention of academically weak students. In determining the student body size, careful consideration is given to: The availability of an applicant pool of sufficient quality and quantity. The size, quality, scope and accessibility of the: Library, Faculty offices, Faculty, Inpatient and ambulatory care facilities, Patient numbers in each of the clinical disciplines, Administrative and managerial resources, Financial resources, demands from other educational programmes which may result in dilution of resources.

AUC has multiple procedures in place to ensure that it has appropriate resources to ensure that the needs of the students are met. These range from counting lecture hall seating on the Sint Maarten campus to tracking patient volume at clinical sites in the United States and United Kingdom. Using a rigorous Self-study process, AUC faculty and leadership conduct regular formal reviews. In the last five years, AUC has completed two self-studies which were submitted to the ACCM in 2015 and 2017 (Exhibit 72 & 6).

Medical Sciences capacity:

As a routine part of the self-study process, there is a dedicated sub-committee focused on evaluating the educational resources in the context of current student numbers and anticipated growth. In both the 2015 and 2017 Self-studies, the Sub-Committee on Educational Resources determined that AUC had sufficient resources on the medical science campus for both the current and projected student body.

With respect to campus facilities, AUC conducts a periodic review to ensure they meet the needs of the students and the faculty. This periodic self-review process is sufficient for ordinary circumstances, as AUC's resources available on the medical science campus (i.e. library, faculty offices, faculty, study spaces, lecture halls, laboratories, etc.) are relatively consistent and the number of students has also remained relatively consistent. However, when Hurricane Irma hit Sint Maarten in 2017, AUC's available resources changed significantly forcing AUC to temporarily relocate. During these extraordinary circumstances, AUC employed its usual review procedures.

For example, before the resumption of classes on the Sint Maarten campus in January of 2018, a Return to Sint Maarten Task Force (Exhibit 73) was created to develop a comprehensive capacity assessment and relocation plan. The group comprised of more than 30 members including colleagues, subject matter experts, students, and alumni. This task force evaluated the status of the campus facilities and its ability to meet the programmatic needs of the students and faculty.

In 2018, the Sint Maarten campus capacity is greater than the current student body and projections for the next several years.

Clinical Sciences capacity:

Clinical Deans visit and inspect inpatient and ambulatory care facilities utilized for AUC clinical clerkships at least once per year. Clinical site resources are assessed routinely and comprehensively as part of this process, first with a Questionnaire (Exhibit 75) and then with a site visit and subsequent report (Exhibit 65). Annual site visit reports document the findings of this rigorous process and are shared with the relevant clinical site directors and AUC's Executive Leadership Team.

The AUC Clinical Site Visit Questionnaire includes information about the maximum number of AUC students the site can accommodate in each core clerkship and electives, if applicable, and the total number of AUC students that can be accommodated by the clinical site without dilution of the students' education experiences. It also tracks whether the site hosts students from other medical schools. Patient volume in each clinical discipline is quantified in advance of the site visits through the AUC site visit Questionnaire. The questionnaire is completed by clinical sites in preparation for an AUC site visit and then reviewed by clinical deans with faculty and students during the visit. The volume of clinical care provided by the clinical site is assessed in several ways, including the number of annual admissions, inpatient beds, annual Emergency Department visits and annual outpatient visits as well as provision of regional or supra-regional services. The number of patients managed/carried by students and the number of new patients worked up by students in a typical week in each clinical clerkship is also quantified and documented. These numbers are cross-referenced with students' clinical case logs.

Clinical deans also review the composition of the clinical care teams with each Clerkship Director and the currently rotating (or recently rotated) students, including the number of students, resident physicians, and attending physicians on the care teams. Physical resources within the clinical site necessary for or beneficial to student education, such as on-call rooms, study areas, medical libraries, computer and Wi-Fi access, and simulation facilities are also assessed. All of these data are tracked by AUC clinical deans.

In 2018, no clinical sites in the U.S. or U.K. (Exhibit 79) are experiencing capacity or resource issues.

Analyst Remarks to Response

In response to the draft staff analysis, the country explains how it conducts a review to ensure that resources are still being met for the number of students admitted and to ensure that the medical school has the capacity to serve those students. The country has included documents of questionnaires and explained how these determinations are made. The inclusion of this information resolves the concerns previously raised.

Staff Conclusion: Comprehensive response provided

Admissions, Recruiting, and Publications, Question 5

Country Narrative

ACCM Standard 6 (Exhibit 1) requires the school's publications, advertising and student recruitment policy must present a balanced and accurate representation of the mission and objectives of the educational programme. AUC's prospectus, institutional catalogue (or equivalent document) and website, provide an accurate description of the school, its educational programme, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical programme, and its requirements for the award of the MD degree. The American University of the Caribbean publishes an official institutional catalogue which provides comprehensive information regarding AUC (Exhibit 24). This includes its Mission Statement, Admission criteria, Course information, Tuition Fees and information about financial assistance. All documentation is in English. There is also a website (Link: <https://www.aucmed.edu/>) which provides further information and contact details.

AUC also publishes a Student Handbook (Exhibit 26) which provides detailed information regarding all aspects of the student's University Medical School Course and facilities. The AUC Student Handbook includes performance standards and expectations, methods of evaluation performance, guidelines regarding students' code of behaviour and professionalism and information regarding disciplinary procedures in the event of misconduct, including academic dishonesty. AUC also publishes a Faculty Handbook (Exhibit 28) outlining standards and procedures relating to AUC students including the roles and responsibilities of Faculty.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine (ACCM) Element 6.1.1 addresses advertising and recruitment. Specially Element 6.1.1 states that the school's publications, advertising and student recruitment policy present a balanced and accurate representation of the mission and objectives of the educational program. Its prospectus, catalog (or equivalent document) and website, provide an accurate description of the school, its educational program, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical program, and its requirements for the award of the MD degree. The country has provided a copy of the medical schools annual database to demonstrate that it collects this information on a regular basis and also a copy of the institution's catalog (exhibit 24).

Admissions, Recruiting, and Publications, Question 6

Country Narrative

Answer to Question 1:

ACCM Standard 5 (Section 5.2) (Exhibit 1) addresses a student's access to review the accuracy of his or her records in the context of the standards of due process as it applies to rules regarding methods of student evaluation, grading, standards of achievement for promotion, standards of achievement for honour roll, process and criteria for student dismissals, process for appeals, the right to challenge adverse decision and to be represented by counsel. Otherwise, with the exception of the faculty and the administration, student records are kept confidential by the school. ACCM has criteria in ACCM Standards of Accreditation for students to access their records to determine their accuracy. The AUC Student Handbook (Exhibit 26) also publishes ACCM's contact details should students wish to get in touch. However, ACCM Standard 13 has strict criteria set down as to what issues ACCM will deal with.

The AUC Student Handbook (Exhibit 26) outlines the following procedures for student record access:

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records.

These rights include:

The right to inspect and review the student's education records within 45 days after the School receives the student's request for access. A student should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) the student wishes to inspect. The school official must make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the school official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

The right to request the amendment of the student's education record(s) that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

A student who wishes to ask the school to amend a record should write to the school official responsible for the record, clearly identify the part of the record to be changed and specify why it should be changed. If the school decides not to amend the record as requested, the school will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures are provided to the student when notified of the right to a hearing. The right to provide written consent before the university discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent. Among the situations in which

FERPA allows disclosure of education records without a student's prior written consent is disclosure to school officials with a legitimate educational interest in access to the record. School officials include persons employed by the school; persons serving on the board of trustees; and students serving Medical University of the Americas on official committees of the School. A school official also may include a volunteer or contractor outside of the school who performs an institutional service or function for which the school otherwise would use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfil his or her responsibilities for the school.

FERPA also allows disclosure of directory information without a student's prior consent unless a student has directed the registrar in writing that his or her directory information may not be disclosed without the student's consent. Directory information includes the student's name, telephone listing, school and home address, school email address, photograph, date and place of birth, enrolment status, dates of attendance, participation in officially recognized school activities, honours and awards, and the other educational institutions attended.

The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA.

During an onsite inspection, the ACCM team reports on the institution's process and criteria for student dismissal and student discipline. The ACCM team determines whether the institution gives students prompt notification and the underlying reasons for the action. Regarding student appeals, the ACCM team assesses whether the institution gave the student the right to review the accuracy of their records and an opportunity for a hearing. The site inspection is followed by a written report, which on approval by the ACCM Board, is sent to the school and government (Exhibit 9 & 11).

Answer to Question 2:

ACCM Standard 5, Section: 5.2 (Exhibit 1) addresses student access to records and the confidentiality of student records. The records must be confidential and available only to faculty and administration on a need to know basis, unless released by the student or as otherwise governed by laws concerning confidentiality. Applicable law must govern the confidentiality of student records.

Analyst Remarks to Narrative

The country has not to date imposed its own confidentiality requirements regarding student records. The Accreditation Commission on Colleges of Medicine (ACCM) has a standard that states that the require the medical school to keep student records confidential. However, the student shall have the right to review and challenge his/her academic record at all times. The records must be confidential and available only to faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality. This is done through the Family Educational Rights and Privacy Act. The country explains that during the on site visit, the team does review whether the student was given the opportunity to review his or her records as required in the standards. The country included documentation of an interim visit report (exhibit 9), but it was not clear from this report that this review occurred. NCFMEA may wish to ask for further clarification on this review by the onsite visit team.

Country Response

As stated, during an onsite inspection, the ACCM team reports on the institution's process and criteria for student dismissal and student discipline including student records and access. The ACCM team determines whether the institution gives students prompt notification and the underlying reasons for the action. Regarding student appeals, the ACCM team assesses whether the institution gave the student the right to review the accuracy of their records and an opportunity for a hearing. The site inspection is followed by a written report, which on approval by the ACCM Board, is sent to the school and government (Exhibit 9 & 11). The Report may not specifically state this but a review was and is always carried out.

AUC students are given multiple opportunities to review their own records, some required, others optional. AUC provides details on this in a section titled "Student Records and Transcripts" (Exhibit 26) in the latest version of (the Institutional Course Catalogue which was amalgamated with) the AUC Student Handbook in May 2018.

Additionally, when registering for a clinical rotation, every student receives a summary sheet (Exhibit 80) by email which lists previous rotations taken, grades to date, and high stakes examination (NBME, COMP, and USMLE) dates and scores. Students review their summary sheet and MSPE letters with various advisors.

Students have on demand access to their transcript and can also log-in to AUC's Student Portal at any time to review unofficial transcripts. An official transcript (Exhibit 76) must be formally reviewed by the student before it is uploaded to ERAS as part of their residency application. Students also receive a Graduation Checklist (Exhibit 77) as a graduation requirement, every student must review and confirm they have reviewed their transcript.

Analyst Remarks to Response

In response to the draft staff analysis, the country explains how it has standards that allow for students to have access to their records. The country further explains that it always carries out a review of this during the site visit, but has not provided evidence of this review. Without documentation of this review, Department staff is unable to verify that this review has occurred. NCFMEA may wish to ask for the country to provide documentation demonstrating that a review to ensure that students can review their records

has occurred.

Staff Conclusion: Additional Information requested

Student Achievement, Question 1

Country Narrative

ACCM Standard 5 (Exhibit 1), requires institutions to have a Student Promotion and Evaluation Committee comprised of faculty members. Its purpose is to establish several methods for assessing the level of student knowledge and skills as compared to performance levels of students at other institutions. ACCM expects the school to have methods to distinguish the different degrees of student performance among the enrolled students. Each school must develop methods to assess performance in the areas of subject matter, course objectives, and the programme of studies. Additionally, ACCM expects each academic Department or division of the institution to enforce its standards without regard to where the institution offers the courses, e.g. at the main campus or a satellite facility.

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information regarding student evaluation as well as Minutes of the Student Promotion and Evaluation Committee (Exhibit 15).

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) Element 5.1.6 that requires the medical school to ensure that, throughout its medical education program, there is a centralized system set in place employing a variety of measures (including direct observation) for the assessment of student achievement, including students acquisition of knowledge, core clinical skills (e.g. medical history taking, physical examination), behaviors and attitudes as specified in the medical education objectives and also ensures that all medical students achieve these same medical education objectives. The methods adequately discriminate different degrees of student performance among those who are enrolled in the educational program. Assessment corresponds to subject matter, course objectives, and the program of studies. The country has included documentation of the annual medical school database to demonstrate how they monitor this topic, as well as copies of the Student Evaluation and Promotion Committee (SPEC) bylaws and minutes demonstrating faculty review this information.

Student Achievement, Question 2

Country Narrative

Yes, there are national requirements in place by which medical schools evaluate student achievement, and have been for some time, based on the United States Medical Licensing Examination (USMLE) Step 1 and 2. Students entering the Fifth semester are required to pass USMLE Step 1 prior to entering the clinical science semesters.

ACCM Standard 5 (Exhibit 1) requires institutions to have a Student Promotion and Evaluation Committee comprised of faculty members. Its purpose is to establish several methods for assessing the level of student knowledge and skills as compared to performance levels of students at other institutions. ACCM expects the school to have methods to distinguish the different degrees of student performance among the enrolled students. Each school must develop methods to assess performance in the areas of subject matter, course objectives, and the programme of studies. Additionally, ACCM expects each academic Department or division of the institution to enforce its standards without regard to where the institution offers the courses, e.g. at the main campus or a satellite facility. Course Directors are required to administer periodic and interim examinations to evaluate the degree of mastery of course material and the degree of problem solving skill attained. A student's faculty advisor is responsible for "helping students to maintain satisfactory academic progress, to guide students in determining a career path, and to direct students to an appropriate postgraduate position for further training".

ACCM Protocol (Exhibit 2) requires the onsite ACCM inspection team to meet with the Chair of the Student Promotion and Evaluation Committee and to review the methods which the medical school uses to evaluate students, including interim student evaluation and progress reports as well as the requirements for promotion, graduation and academic disciplinary action (Exhibit 2: Sections VII, VIII & IX). The team must report on, among other things, whether school policies concerning student promotion and evaluation are published, such as in the AUC Student Handbook (Exhibit 26) and the Residency Guide (Exhibit 32), the methods of student evaluation employed by the medical school, whether the grading system has been applied uniformly, and the average score and passing percentage on standardized examinations, and the general view of students concerning the effectiveness of the methods used by the school in evaluating and promoting students, including written Reports drafted that on approval of the ACCM Board are sent to the school and government (Exhibit 9 & 11).

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed, including the Student Promotion and Evaluation Committee

Minutes (Exhibit 15). The school is required to answer a list of questions covering all major aspects of the governance of the school including evaluating student achievement.

Answer to Question 2:

ACCM Standard 5 (Exhibit 1) requires that medical schools must have a Student Promotion and Evaluation Committee (SPEC) that defines, publishes and enforces its rules throughout the institution. The SPEC must include methods of student evaluation, a grading system, standards of achievement for promotion, standards of achievement for honour roll, processes and criteria for student dismissals, process for appeals, the right to challenge adverse decision and to be represented by legal counsel. In addition to the traditional test taking methods of student evaluation, the faculty must evaluate student performance based on observation of a student's performance, proficiency and mastery of the fundamental clinical principles, clinical skills and problem-solving abilities in each clinical area. Therefore, the criteria in this ACCM Standard allow the medical school also to establish its own methods of evaluating student achievement.

To determine if the requirements are adequate, the ACCM onsite inspection team meets with the Chairperson of the SPEC and reviews methods used by the medical school to evaluate student performance in the Basic Science and Clinical Science courses (Exhibit 2: Section VII, VIII, IX). The ACCM team reviews interim student evaluations and progress reports with student feedback to ensure that faculty identifies weak students early enough to begin counselling and tutoring if required. The ACCM team also reviews the school's requirements for student promotion, graduation, and academic disciplinary actions and Minutes of the SPEC (Exhibit 15) for evidence that student evaluation and promotion policies are developed and implemented. In addition, the ACCM team reviews the school's efforts in: Counselling students with regard to making satisfactory academic progress, selecting elective courses, guiding students in determining career paths and directing student to appropriate postgraduate positions (Exhibit 6). The ACCM team's Report (Exhibit 9 & 11) includes whether the school requires the publication of student promotion and evaluation policies, the methods of student evaluation, the uniform application of the grading system, the average score and passing percentage on standardized examinations, and the general view of students concerning the effectiveness of the methods used by the school in evaluating and promoting students.

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including evaluating student achievement.

Analyst Remarks to Narrative

The basis for student achievement is the United States Medical Licensing Examination (USMLE) Step 1 and 2. The country has included documentation of the annual medical school database to demonstrate how it monitors this topic, as well as copies of the Student Evaluation and Promotion Committee (SPEC) bylaws and minutes demonstrating faculty review this information.

Student Achievement, Question 3

Country Narrative

ACCM Standard 5 (Exhibit 1) requires that a medical school must have a Student Promotion and Evaluation Committee (SPEC) that defines, publishes and enforces its rules throughout the institution. Therefore, the criteria in this ACCM Standard allow the medical school also to establish its own methods of evaluating student achievement.

To determine if requirements are adequate, the ACCM onsite inspection team meets with the Chairperson of the SPEC and reviews methods used by the medical school to evaluate student performance in the Basic Science and Clinical Science courses (Exhibit 2: Section VII, VIII, IX). The ACCM team reviews interim student evaluations and progress reports with student feedback to ensure that Faculty identify weak students early enough to begin counselling and tutoring if required. The ACCM team also reviews the school's requirements for student promotion, graduation, and academic disciplinary actions and Minutes of the SPEC (Exhibit 15) for evidence that student evaluation and promotion policies are developed and implemented. In addition, the ACCM team reviews the school's efforts in: counselling students with regard to making satisfactory academic progress, selecting elective courses, guiding students in determining career paths and directing student to appropriate postgraduate positions.

The ACCM team's Report (Exhibit 9 & 11) includes whether the school requires the publication of student promotion and evaluation policies, the methods of student evaluation, the uniform application of the grading system, the average score and passing percentage on standardized examinations, and the general view of students concerning the effectiveness of the methods used by the school in evaluating and promoting students. ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed which including the monitoring of student progress.

The methods that AUC collects and uses to evaluate student educational experiences include: student evaluations of clerkships, core clerkship examination performance, OSCE results, required clinical encounters and procedures, and USMLE performance which is outlined in the AUC Student Handbook (Exhibit 26). In AUC's medical sciences, nearly all of the evaluative examinations are grouped together as a block exam five times each semester with the fifth exam as a final comprehensive exam containing no new material. Students receive their scores from these exams within 24 hours. Coaching reports based on performance are generated for every student and serve as formative feedback. These coaching reports include student performance data related to

the topics covered in the exams. In addition, many students' meet one-on-one with their professors to review their reports and performance on specific exam items along with additional in-depth formative feedback on their current academic performance. Many professors discuss the exams generally in class. In the ICM classes in all five semesters, the faculty provides concurrent formative feedback in the form of a verbal narrative as students demonstrate their skills in interviewing, and in physical examination. Also, in ICM, students receive written narrative feedback on their written histories.

In the clinical clerkships, site directors engage the clerkship directors at their sites at the mid-point of clerkship rotations to identify any students who are struggling or at risk of failing the clerkship. All students are encouraged to seek feedback early and often to ensure that they are meeting expectations. Many clerkship directors, preceptors and attendings conduct a mid-clerkship evaluations session with students to provide feedback on performance and plans for improvement.

The Introduction to Clinical Medicine's OSCE (Objective Structured Clinical Examination) and the CSA provides the assessment for most core clinical skills; however, AUC also implemented activities to strengthen their ability to assess self-directed learning and critically reviewing the work of colleagues and providing constructive feedback. The AUC Clinical Fellows programme was designed to promote communities of learners during the clinical courses when students are geographically dispersed. The synchronous online sessions, led by recent AUC graduates, include exercises during which students write personal learning objectives to supplement the clinical course learning objectives, receive feedback on those objectives, and reinspection to discuss progress at the end of the clinical course. This provides the opportunity to assess each student's ability to self-direct their own learning. Also, during these meetings, students present clinical cases and provide constructive feedback to their peers as they present cases.

The AUC Clinical Assessment Form provide an assessment and narrative feedback for each student (Exhibit 54). AUC's clinical affiliation agreements specify that evaluations must be received within 30 days to ensure that students can use each clerkship's evaluation as formative feedback as they progress through required and elective clinical experiences. AUC ensures consistency of educational quality and the evaluation of students across different sites of instruction by inspecting sites on an annual, with the scheduled events typically grouped in the spring and fall. Many sites are inspected far more frequently than once a year by clinical deans and colleagues. For example, AUC hold office hours, networking events, Match Day celebrations and faculty development sessions at key clinical sites, and these local inspections provide additional opportunities to engage with leadership at each site on the issue of consistency of educational quality and the evaluation of students across different sites of instruction. Each UK site is inspected at least twice a year by AUC's clinical deans. The Clinical Dean provides a comparative report of the NBME subject exam results to each clerkship director at the affiliated site during the site inspection. Clinical Deans review this information to identify trends and areas of concern and share the information with the Clerkship Directors. The Clinical Deans discuss challenges and collaborate with site and clerkship directors to develop plans for improvement (Exhibit 6).

AUC leadership uses a group of outcomes measures to evaluate and improve the educational programme. These include attrition, number/percentage of off-track students, USMLE examination performance, six-year graduation rate, residency attainment rate, student debt, and student loan default rate. AUC is addressing attrition by enhancing academic student support. Information about off-track students guided the development of a two-phase approach to keep students on-track. USMLE performance has informed multiple initiatives including curriculum revision; implementation of a clinical comprehensive examination prior to USMLE Step 2 CK; and development of a clinical skills assessment for students to take prior to USMLE Step 2 CS. Monitoring the time to graduation led AUC to streamline clinical scheduling to reduce time out of studies. Studies of student risk of not attaining a residency informed multiple initiatives to improve the residency attainment rate. The best evidence that AUC students are achieving institutional objectives is the residency attainment rate (Exhibit 32).

Analyst Remarks to Narrative

The country has included documentation of the annual medical school database to demonstrate how it monitors student academic progress, as well as copies of the Student Evaluation and Promotion Committee (SPEC) Bylaws and minutes demonstrating faculty review this information. SPEC is required to meet with the onsite evaluators from the Accreditation Commission on Colleges of Medicine to explain and review the decisions that they have made for allowing students to progress to the next stage in their medical education program.

Student Achievement, Question 4

Country Narrative

Yes, student performance outcomes measures, benchmarks, or requirements for schools, such as acceptable numbers of graduates from the school passing a licensing examination are established to determine whether to grant accreditation or approval to a medical school.

The medical school must adhere to standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1) and ACCM Protocol for Accreditation (Exhibit 2). With regard to the periodic re-evaluation and monitoring of medical schools, ACCM receive formal updated Annual and Cohort Databases (Exhibit 8 & 7) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year. The school is required to answer a list of questions which includes academic performance of students as well as information on Residency Match rates (Exhibit 6 & 33). The school also provides a

list of Residency programmes into which graduates have been accepted (Exhibit 51).

ACCM defines its standards of educational quality as Standards (Exhibit 1: Standard 4, 6, 8, 11, 12 & 14). Standard 1 establishes the requirements for institutional goals that include the educational mission, goals and objectives. ACCM requires the institution to publish and distribute its goals among its students, faculty and the public, generally through an institutional catalogue (Exhibit 24) or other publishing media. ACCM requires the medical school to engage in a planning process that sets the direction for the institution and identifies measurable outcomes that identify accomplishment of the goals or areas in need of improvement. Standard 14 requires medical schools to make every reasonable effort to collect data on postgraduate progression of their graduates.

ACCM Protocol requires the onsite ACCM inspection team to review and report on the institutions system of programme evaluation (Exhibit 2 Section VII, VIII & IX). The ACCM team reports on the indicators utilized by the curriculum committee to appraise programme outcomes such as scores on exams including standardized and licensed exams, graduation rates, residency acceptance rates, the employment status of graduates, student and graduate surveys. The ACCM team reports on the mechanisms used by the institution to monitor the quality of instruction and the breadth and depth of course content, the mechanisms used to collect information, and to what extent the institution has used the information to appraise and improve curriculum courses and instruction (Exhibit 9 & 11).

ACCM Protocol (Exhibit 2) also requires the onsite ACCM inspection team to meet with the Chief Executive Officer of the medical school to review the institution's educational goals for compliance and to summarize in a written report the educational goals of the medical school. The report comments on whether the institution has met its goals and these goals are familiar to faculty and students, and the extent to which the institution makes an effort to enhance its ability to reach its goals (Exhibit 9 & 11).

Through testing, ACCM requires the institution to ensure that students pass the USMLE Step 1 examination before beginning the 3rd year clinical science coursework. In addition, ACCM recommends that before graduation, students should also pass the USMLE Step 2 examination and the medical school requires this. The medical schools have been accredited, subject to their continuing compliance with ACCM required standards. All are subject to regular interim site inspections of the basic medical science campus as well as inspection of all affiliated clinical training sites (Exhibit 2: Section VII, VIII, IX).

ACCM also monitors the application pools, GPA and MCAT categories of present and projected students lists provided by the institution in the Annual and Cohort Database Reports (Exhibit 8 & 7).

Regarding non-compliance of ACCM Standards relating to accreditation, ACCM Protocols must be adhered to and have protocols in place to deal with this (Exhibit 2: Section V, X, XI, XII)

Evaluation of the medical school AUC is, and has been for some time, based on the United States Medical Licensing Examination (USMLE) Step 1 and 2.

Also, on an ongoing basis, the office of the Associate Dean, Clinical Medicine and the Clinical Department Chairs monitor the following information with regard to each core clinical site: Student Evaluations of the clinical site, Students' patient logs and patient notes, NBME Clinical Science Subject Exam performance and other student feedback (e.g., direct to Clinical Chair or Deans).

ACCM receives formal updated Annual and Cohort Databases (Exhibit 8 & 7) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including data collection tools.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) standards for student achievement. Specifically, standard 5.1.2 states that the medical school sets a goal of achieving and maintaining an 85% pass rate of first time takers on the USMLE Step 1. This benchmark is set as a reasonable objective for the accreditation approval of a fully developed medical school. Additionally standard 5.1.3 requires the passing of USMLE Step 2 Clinical Skills and USMLE Step 2 Clinical Knowledge as a prerequisite to graduation. This information is collected and reviewed in the annual medical database collected from the institution.

Student Achievement, Question 5

Country Narrative

AUC actively collects and utilizes information from students as part of its ongoing assessment of the programme. The primary sources of this information are course evaluations and clinical rotation evaluations. Additionally, the school conducts a survey each semester of all clinical students and a pre-graduation survey of all prospective graduates (Exhibit 6).

The standards that AUC collects and uses to evaluate student educational experiences include:

attrition, number/percentage of off-track students, USMLE examination performance, six-year graduation rate, residency attainment rate, student debt, and student loan default rate. AUC is also addressing attrition by enhancing academic student support. Information about off-track students guided the development of a two-phase approach to keep students on-track. USMLE performance has informed multiple initiatives including curriculum revision; implementation of a clinical comprehensive examination prior to USMLE Step 2 CK; and development of a clinical skills assessment for students to take prior to USMLE Step

2 CS. Monitoring the time to graduation led AUC to streamline clinical scheduling to reduce time out of studies. Studies of student risk of not attaining a residency informed multiple initiatives to improve the residency attainment rate.

In AUC's medical sciences, nearly all evaluative examinations are grouped together as a block exam five times each semester with the fifth exam as a final comprehensive exam containing no new material. Students receive their scores from these exams within 24 hours. Coaching reports based on performance are generated for every student and serve as formative feedback. These coaching reports include student performance data related to the topics covered in the exams. In addition, many students' meet one-on-one

with their professors to review their reports and performance on specific exam items along with additional in-depth formative feedback on their current academic performance. Many professors discuss the exams generally in class. In the ICM classes in all five semesters, the faculty provides concurrent formative feedback in the form of a verbal narrative as students demonstrate their skills in interviewing, and in physical examination. Also, in ICM, students receive written narrative feedback on their written histories.

In the clinical clerkships, site directors engage the clerkship directors at their sites at the mid-point of clerkship rotations to identify any students who are struggling or at risk of failing the clerkship. All students are encouraged to seek feedback early and often to ensure that they are meeting expectations. Many clerkship directors, preceptors and attendings conduct a mid-clerkship evaluations session with students to provide feedback on performance and plans for improvement. The AUC Clinical Assessment Form provides an assessment and narrative feedback for each student (Exhibit 54). AUC's clinical affiliation agreements specify that evaluations must be received within 30 days to ensure that students can use each clerkship's evaluation as formative feedback as they progress through required and elective clinical experiences.

clinical skills were assessed as follows: medical students were observed and received feedback on their clinical skills beginning in medical sciences, through a series of ICM courses. These courses are taught in small groups, supervised by faculty members, and routinely use standardized patient assessment and feedback. During clinical clerkships, students are observed and receive feedback in the course of their clinical clerkships and electives, all of which are evaluated with a standardized evaluation form and narrative comments. All students are required to pass the USMLE Step 2 CS examination prior to graduation.

The Introduction to Clinical Medicine's OSCE (Objective Structured Clinical Examination) and the CSA will provide the assessment for most core clinical skills. AUC also implemented activities to strengthen its ability to assess self-directed learning and critically reviewing the work of colleagues and providing constructive feedback. The AUC Clinical Fellows programme was designed to promote communities of learners during the clinical courses when students are geographically dispersed. The synchronous online sessions, led by recent AUC graduates, include exercises during which students write personal learning objectives to supplement the clinical course learning objectives, receive feedback on those objectives, and reinspection to discuss progress at the end of the clinical course. This provides the opportunity to assess each student's ability to self-direct their own learning. Also, during these meetings students present clinical cases and provide constructive feedback to their peers as they present cases.

AUC ensures consistency of educational quality and the evaluation of students across different sites of instruction by inspecting sites on an annual, with scheduled events typically grouped in the spring and fall. Many of AUC sites are inspected far more frequently than once a year by clinical deans and colleagues. For example, AUC holds office hours, networking events, Match Day celebrations and faculty development sessions at key clinical sites, and these local inspections provide additional opportunities to engage with leadership at each site on the issue of consistency of educational quality and the evaluation of students across different sites of instruction. Each UK site is inspected at least twice a year by AUC's clinical deans.

The Clinical Dean provides a comparative report of the NBME subject exam results to each clerkship director at the affiliated site during the site inspection. Clinical Deans review this information to identify trends and areas of concern and share the information with the Clerkship Directors. The Clinical Deans discuss challenges and collaborate with site and clerkship directors to develop plans for improvement (Exhibit 6).

AUC also has in place a robust process to evaluate, track and support the attainment of Satisfactory Academic Progress (SAP). The Maximum Time Frame for completion of the medical education programme is 14 terms of enrolment. The Maximum Time Frame is divided between the two components of the medical education programme: seven terms of enrolment to complete the medical sciences and seven terms of enrolment to complete the clinical sciences.

At the end of each two terms completed during medical sciences and clinical sciences course components, each student's academic progress is evaluated. The student's pace of progression is calculated by dividing successfully completed credits by attempted credits. SAP is a Pace of Progress greater than or equal to 67 percent. If below 67 percent, the student is placed on SAP probation and meets with the SAP Determination Committee to finalize and validate the student's academic plans, which will enable them to complete the medical sciences programme within the maximum seven semesters. These programmes in place are helpful for retaining students who have acclimated to the academic load, learned time management, and navigated the personal challenges of living abroad away from family and friends (Exhibit 6).

Analyst Remarks to Narrative

While it appears as though the medical school has a number of formal processes it follows to collect and use information from students on the quality of courses and clerkships, which includes such measures a regular annual evaluation of its students, it is not

clear if there are any larger collection standards that the Accreditation Commission on Colleges of Medicine has created for this regulation or if the country has specific requirements. The country explains that the institution reports on this information in the self-study process. NCFMEA may wish to ask more clarifying questions to better understand how this guideline requirement is communicated to the medical school.

Country Response

ACCM Standard 4 (Section 4.4 Exhibit 1) addresses the role of the school in all phases of the medical school's curriculum, including the clinical education portion. In designing clinical clerkships, the Faculty Curriculum Committee requires all clinical instruction to be carried out in both inpatient and outpatient settings (Exhibit 15). Regarding oversight of clinical students, the curriculum committee stipulates the types of patients or clinical conditions that the students must see and ensures that faculty oversees workups of patients by clinical students in wards and clinics. The oversight required by this Standard includes a) providing a structured environment for students to learn and work; b) providing an academic organization that is controlled by the medical school; c) ensuring that medical students are taught by faculty members of the school; d) defining clerkship objectives, e) scheduling adequate time for students to study and faculty to monitor the students' clinical experience, f) evaluation of clinical students among other things.

The faculty must regularly assess and provide a written evaluation (Exhibit 69) of the student's clinical skills, knowledge, and attitudes on each rotation. This assessment includes the student's ability to interpret clinical data, laboratory data, radiographic data, to solve patient problems, and to develop simple management plans as well as observations on problem solving ability, clinical reasoning and communication skills. The faculty must also regularly critique student performance and offer systematic, targeted, and timely feedback so that students can continually improve their skills. The faculty also require students to make regular presentations and to discuss their findings with the faculty. Finally, the faculty requires students to perform regular patient write-ups (Exhibit 62). The faculty and/or the course coordinator critically review a specific number of patient write-ups with each student personally. The school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship (which is four or more weeks in length) to allow sufficient time for remediation. Formal feedback typically occurs by at least the midpoint of the course or clerkship. For courses/clerkships less than four weeks in length, alternative means by which a medical student can measure his/her progress in learning is provided. The school has a fair and timely summative assessment of medical student achievement set in place during each course or clerkship of the medical education programme. Final grades are available within six weeks of the end of a course or clerkship. The faculty evaluates each student by oral examination, written examinations, standard patients, case reports (Exhibit 63) submitted by the student, and narrative evaluations based upon direct observation of the student. The narrative statements include written explanations for any failure and persistent marginal performance by the student. Student evaluations are regular and provide students prompt feedback on their performance, so that remedial action may be taken. In order to remedy those areas of the curriculum which require strengthening, the curriculum committee continuously evaluates curriculum weaknesses, goals, content, effectiveness, method of instruction and the degree to which the school goals are achieved. Curricular effectiveness may be measured by student attrition rate, student performance on standardised examinations, percentages of graduates accepted into residency training programmes, percentage of eligible graduates passing USMLE and professional licensing examinations, follow ups of graduates in employment, and sampling the opinions of students and graduates.

The AUC Curriculum Committee has specific responsibilities regarding the medical education curriculum which includes the analysis of course content, evaluation methods and results and ensuring that any inconsistencies are resolved in a timely manner. This guideline requirement is communicated to the medical school when an inspection of a clinical site is scheduled. The supporting documentation is requested and provided from the school as outlined above including written Reports and other evaluation documentation in relation to Medical School/Clinical Site Inspection Reports (Exhibit 65) and Student Logs, (Exhibit 62 & 63) and Student Evaluations (Exhibit 64). Information that the school collects and processes in relation to the previous response is also provided to ACCM for review in the Institutional Self-study (Exhibit 6).

As stated, ACCM requires that AUC ensures consistency of educational quality and the evaluation of students across different sites of instruction by inspecting clinical sites on an annual basis, with scheduled events typically grouped in the spring and fall. Many of AUC sites are inspected far more frequently than once a year by clinical deans and colleagues. ACCM clinical site inspections include written Reports about the site including completed Hospital Questionnaires Part 1 & 2 completed (Exhibit 45), School/Hospital Affiliation Agreement (up to date and signed) (Exhibit 38), Medical School/Clinical Site Inspection Reports (Exhibit 65 & 66) and Student Logs & Evaluations (Exhibit 62, 63 & 64).

Analyst Remarks to Response

In response to the draft staff analysis, the country explains how it communicates and applies the requirements of this guideline to the medical school. The country has included documents of student diagnosis logs, student procedure logs, and student evaluations that demonstrate that the clerkships are reviewed from all of these perspectives. The inclusion of this information resolves the concerns previously raised.

Staff Conclusion: Comprehensive response provided

Student Services, Question 1

Country Narrative

ACCM Standard 10 (Exhibit 1) addresses student services and includes counselling and guidance; student health; and student financial aid and budgeting. ACCM receives formal updated Annual and Cohort Databases (Exhibit 8 & 7) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering provision of student services (Exhibit 8). ACCM Protocol (Exhibit 2: Section VII, VIII, IX) directs the ACCM onsite inspection team to report whether the school provides student counselling and the level of student satisfaction with the health and counselling services through written Reports which are sent to the school and government (Exhibit 9 & 11).

The first five semesters are spent on the island of St. Maarten where students are trained in the Basic Sciences, introduced to the clinical skills essential to the competent practice of medicine and provide direct patient experience. Support to help students prepare for their medical studies and life at AUC on St. Maarten begins before the students arrive, including a welcome package and webinar that cover topics from what personal and school supplies to bring with them, to IT support, to personal services provided. Information is included about housing which is followed up by direct contact by the student Housing Coordinator to assist in housing needs. Also prior to the start of the first semester, students are encouraged to work with the Financial Aid Department to access funds required to pay tuition and cover living expenses. Accepted students can also inspect the AUC Facebook page (Link: <https://www.facebook.com/aucmed>) to learn more about the academic programme, campus, and the island of St. Maarten. New AUC students must participate in a comprehensive orientation programme for one week – AUC Introductory Week. Once students are part of the AUC community, an array of resources are available to support diverse needs, beliefs, and practices. Among the eleven AUC student-led organizations, four are related to nationality or racial/ethnic heritage; two are focused on medicine; three are faith-based; one is committed to understanding and tolerance of all sexualities. Each student-led organization has a faculty advisor. AUC provides space for weekly worship services for diverse religious groups. Holidays connected to different religions and cultures are recognized in various ways, including featured foods in the school cafeteria. Student services have expanded with the addition of a second student wellness counsellor, an on-campus financial aid advisor, regional clinical coordinators in the Northeast and Southeast U.S., and additional academic skills support. AUC provides opportunity for less academically prepared students than US allopathic medical schools. This means that AUC accepts more students at risk of academic difficulty. AUC uses multiple methods to help students succeed. AUC believes these systems have been effective as evidenced by the percentage of students whose entering credentials place them “at a risk for attrition graduate” from the programme.

The first learning skills specialist was hired and began in August 2017. This specialist will serve as the Director of a Teaching and Learning Centre, which opened in the September 2017 semester. A Medical Sciences Academic Support Board was implemented to provide additional student support in the January 2018 semester. AUC hired a consultant to provide additional support for higher risk students until the Teaching and Learning Centre is up and running. During clinical sciences, students also receive academic counselling and guidance from the Associate Dean for Student Affairs. Subject specific remediation is available to clinical students through the Clinical Department Chairs.

AUC also has in place a robust process to evaluate, track and support the attainment of Satisfactory Academic Progress (SAP). The Maximum Time Frame for completion of the medical education programme is 14 terms of enrolment. The Maximum Time Frame is divided between the two components of the medical education programme: seven terms of enrolment to complete the medical sciences and seven terms of enrolment to complete the clinical sciences.

AUC has two student services offices devoted to assisting students with planning their career. The Office of Clinical Student Services is comprised of clinical advisors who provide general advisement to students on rotation scheduling for core and elective clerkships. The Office of Student and Professional Development works with students as they are finishing their third year and preparing to enter the National Resident Matching Program (NRMP). An advisor from that office conducts webinars on bolstering their application to the US Match and other foreign residency application programmes such as the Canadian Residency Match (CaRMs).

The Physician Match Advisor (PMA) Programme provides clinical students the opportunity to engage with a physician in their desired specialty with the purpose of improving their residency application materials and developing a robust strategy for applying and interviewing for residency positions. PMAs also review personal statement and CVs. With an increasing number of Canadians attending AUC, AUC recently instituted enhanced support to Canadian students entering the Canadian match through presentations and opportunities to interact with Canadian alumni.

Tuition at AUC remains competitively lower than that of some Caribbean medical schools as well as non-resident tuition at some US medical schools. AUC has established new scholarships to provide deserving and highly qualified medical school students the opportunity to defray the cost of attending AUC. AUC also participates in the William D. Ford Federal Direct Loan Programme to allow and assist with students applying for Federal Student Aid (Exhibit 21). Student loan default rates remain low at a current three-year cohort default rate of 0.5%. The AUC Student Finance team is committed to helping students effectively manage their debt. AUC provides a Financial Planning Guide which is available on the Student Finance website and financial aid presentations are given to students each semester. The Student Finance Advisors provide individual assistance beginning at admission to the university and continuing through graduation.

A clinical psychologist and a clinical social worker serve as AUC Wellness Counsellors and are available to students during medical sciences at all times while in St. Maarten. Confidentiality is assured through a confidentiality statement, which all students receiving counselling services must complete. The absence of conflict is assured by the Wellness Counsellor not being involved in any coursework, grading, dismissal or reinstatement proceedings for students. The Wellness Counsellor is available five days per week including walk-in times and evening hours. Additionally, a university mental health crisis line is available for students to call on evenings or weekends after hours. AUC introduced student satisfaction surveys for wellness counselling in 2017. For clinical students, the Associate Dean of Student Affairs serves as a liaison for students who request a referral for individual counselling with a health care provider covered by AUC's health insurance plan.

Continues in (m)

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) guidelines for student services in the following ways:

ACCM's Element 10.1 Counseling and Guidance also specifies that a faculty advisor will be assigned to each student for academic and personal counseling, including counseling on course selection, student conduct, postgraduate training, licensure, and procedures for filing student appeals and grievances. It also specifies that students will have access to confidential psychological counseling on campus and that new students will receive an orientation to the institution's services.

ACCM's Element 10.2 Student Health requires that the institution provide medical services to students and publicize the availability of health insurance and long-term disability coverage. Vaccinations against communicable diseases must also be provided, and students must be educated in the treatment and prevention of infections and environmental diseases.

ACCM Element 10.3 Student Financial Aid and Budgeting requires that the school's financial aid officer provide students with detailed summaries of the estimated costs of tuition, books, supplies, and personal living expenses required to complete the program. Information on financial aid must be provided. Upon the conclusion of the program, the institution must also counsel students on their student loan indebtedness, their responsibility for repayment, and their average monthly payments.

ACCM Element 10.4 Placement Assistance The school must have an effective system to guide students on choosing electives, making suitable career choices and in navigating residency match programs and processes.

ACCM Element 11.1 requires that institutions must own their own buildings, equipment, and a campus of sufficient size and quality to fulfill its goals. Facilities must include offices for student services, student dormitory facilities, dining facilities, student activities facilities, and recreational facilities.

This information is verified during the onsite visit to the school and the country has included a copy of the interim report demonstrating review of these services.

Student Services, Question 2

Country Narrative

Answer to (i):

Accessibility of faculty and administrators, Faculty members and administrators make themselves available to students in several ways. Preventative and therapeutic health services, including immunizations and health and disability insurance are provided. All students are required to have health insurance; disability insurance is not required. Accepted students submit a Student Health Clearance Certificate prior to matriculation. Students provide results from a physical exam conducted and signed by a licensed physician listing and explaining acute or chronic health problems, date of the exam, and other results of the exam. Students also submit a signed statement affirming good health and no habituation or addiction to drugs or behaviour/judgment altering substances. In addition, students submit documentation and results of tuberculin skin test, HIV test, and immunity to a list of diseases. Students are required to resubmit these documents upon matriculation into clinical sciences.

For medical sciences students' health care needs, AUC identified a Dutch physician (who is not in a supervisory role with students) who provides therapeutic and preventative health services. The physician attends orientation for the first semester students so that students have some familiarity with access to health care. The physician talks to them about health on the island and avoiding health concerns such as Dengue fever, Zika virus, etc. AUC provides a shuttle bus to transport students to the clinic, which operates Monday through Saturday. Clinical students may coordinate health care with a covered provider by contacting their insurance carrier.

Students receive training related to environmental hazards associated with learning in a patient care setting. The ICM 2 course includes content on hazards and appropriate precautions, and students are quizzed on their learning. These topics are explored in

more depth in the ICM 5 course in which Occupational Safety and Health Administration (OSHA) training is covered (Exhibit 6).

Answer to Question 1: Access to academic Records:

ACCM Standard 5 (Exhibit 1) addresses a student's access to review the accuracy of his or her records in the context of the standards of due process as it applies to rules regarding methods of student evaluation, grading, standards of achievement for promotion, standards of achievement for honour roll, process and criteria for student dismissals, process for appeals, the right to challenge adverse decision and to be represented by counsel. Otherwise, with the exception of the faculty and the administration, student records are kept confidential by the school. ACCM has criteria in ACCM Standards of Accreditation for students to access their records to determine their accuracy. The AUC Student Handbook (Exhibit 26) also published ACCM's contact details should students wish to get in touch. However, ACCM Standard 13 has strict criteria set down as to what issues ACCM will deal with.

The AUC Student Handbook outlines the following procedures for student record access:

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. Among the situations in which FERPA allows disclosure of education records without a student's prior written consent is disclosure to school officials with a legitimate educational interest in access to the record. School officials include persons employed by the school; persons serving on the board of trustees; and students serving AUC on official committees of the school. A school official also may include a volunteer or contractor outside of the school who performs an institutional service or function for which the school otherwise would use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfil his or her responsibilities for the School.

FERPA also allows disclosure of directory information without a student's prior consent unless a student has directed the registrar in writing that his or her directory information may not be disclosed without the student's consent. Directory information includes the student's name, telephone listing, school and home address, school email address, photograph, date and place of birth, enrolment status, dates of attendance, participation in officially recognized school activities, honours and awards, and the other educational institutions attended.

The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA.

During an onsite inspection, the ACCM team reports on the institution's process and criteria for student dismissal and student discipline (Exhibit 9 & 11). The team determines whether the institution gives students prompt notification and the underlying reasons for the action. Regarding student appeals, the team assesses whether the institution gave the student the right to review the accuracy of their records and an opportunity for a hearing.

Answer to Question 2:

ACCM Standard 5, Section 5.2 (Exhibit 1) addresses student access to records and the confidentiality of student records. The records must be confidential and available only to faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality. Applicable law must govern the confidentiality of student records.

Analyst Remarks to Narrative

The country has not to date imposed its own confidentiality requirements regarding student records. The Accreditation Commission on Colleges of Medicine (ACCM) has a standard that states that they require the medical school to keep student records confidential. However, the student shall have the right to review and challenge his/her academic record at all times. The records must be confidential and available only to faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality. This is done through the Family Educational Rights and Privacy Act. The country explains that during the on site visit, the team does review whether the student was given the opportunity to review his or her records as required in the standards. The country included documentation of an interim visit report (exhibit 9), but it was not clear from this report that this review occurred. NCFMEA may wish to ask for further clarification on this review by the onsite visit team.

Country Response

As stated, during an onsite inspection, the ACCM team reports on the institution's process and criteria for student dismissal and student discipline including student records and access. The ACCM team determines whether the institution gives students prompt notification and the underlying reasons for the action. Regarding student appeals, the ACCM team assesses whether the institution gave the student the right to review the accuracy of their records and an opportunity for a hearing. The site inspection is followed by a written report, which on approval by the ACCM Board, is sent to the school and government (Exhibit 9 & 11). The Report may not specifically state this but a review was and is always carried out.

AUC students are given multiple opportunities to review their own records, some required, others optional. AUC provides details on this in a section titled "Student Records and Transcripts" (Exhibit 26) in the latest version of (the Institutional Course Catalogue which was amalgamated with) the AUC Student Handbook in May 2018.

Additionally, when registering for a clinical rotation, every student receives a summary sheet (Exhibit 80) by email which lists previous rotations taken, grades to date, and high stakes examination (NBME, COMP, and USMLE) dates and scores. Students review their summary sheet and MSPE letters with various advisors.

Students have on demand access to their transcript and can also log-in to AUC's Student Portal at any time to review unofficial transcripts. An official transcript (Exhibit 76) must be formally reviewed by the student before it is uploaded to ERAS as part of their residency application. Students also receive a Graduation Checklist (Exhibit 77) as a graduation requirement, every student must review and confirm they have reviewed their transcript.

Analyst Remarks to Response

In response to the draft staff analysis, the country explains how it has standards that allow for students to have access to their records. The country further explains that it always carries out a review of this during the site visit, but has not provided evidence of this review. Without documentation of this review, Department staff is unable to verify that this review has occurred. NCFMEA may wish to ask for the country to provide documentation demonstrating that a review to ensure that students can review their records has occurred.

Staff Conclusion: Additional Information requested

Student Complaints, Question 1

Country Narrative

Yes, ACCM has written procedures for investigating student complaints relating to medical schools. ACCM has three standards that medical schools must use to address student complaints (Exhibit 1). In ACCM Standard 5, in the section regarding student promotion and evaluation, ACCM requires the Student Promotion and Evaluation Committee (SPEC) to enforce related rules that "shall consist of methods of student evaluation, grading system, standards of achievement for promotion, standards of achievement for honour roll, process and criteria for student dismissals, process for appeals, the right to challenge adverse decisions and to be represented by legal counsel."

These rules also offer the student the right to due process regarding notification, evidentiary presentation, and the right to review the accuracy of the records and to prepare a response to defence.

Procedure:

ACCM Protocol (Exhibit 2) for the onsite ACCM team under Standard 5 requires the team to report on the institution's process and criteria for student dismissal and student discipline (Exhibit 9). During the review, the team will assess whether student receive prompt notification and the underlying reasons for the action taken by the school. The team will also report on the institution's process for students to appeal an adverse decision.

ACCM Standard 6 (Exhibit 1) addresses student dismissals and requires the medical school's SPEC to develop policies and procedures for dismissal of students who fail to meet the academic and behavioural standards. Each institution must publish these standards and make them available to every student such as the Institutional Catalogue (Exhibit 24) and Student Handbook (Exhibit 26). Additionally, the school's dismissal procedures must include provisions for due process and appeal.

ACCM Protocol for the site inspection team is not required to include a report on this section because it is duplicative of Standard 4 regarding student promotion and evaluation.

ACCM Standard 13 covers complaints to the medical school and complaints about the medical school. This Standard includes ensuring information and contact details about ACCM are included in the AUC Student Handbook (Exhibit 26) including a link to ACCM's website (which is how students are made aware of complaints procedures in relation to ACCM). The medical school is required to maintain a Complaints Log detailing any complaints submitted, the process and actions taken to resolve them. Each of these standards and protocol for inspection teams only deals with student disciplinary or appeal actions, and not with the process an institution must have for handling student complaints related to ACCM Standards. However, ACCM Protocol (Exhibit 2: Section VII, VIII, IX) addresses how ACCM will investigate complaints. In addition to maintaining records of all complaints received, it will only review complaints that deal with a school's failure to comply with ACCM Standards of Accreditation. If ACCM reviews the complaint and finds it credible and supported by sufficient evidence, the ACCM will forward a copy of the complaint to the school. If the school refutes the complaint, the ACCM will dismiss the complaint and notify the complainant at the conclusion of the inquiry. If the school fails to refute the complaint, the ACCM will open an inquiry that will only focus on the complaint. ACCM does not review nor interfere in routine business decisions or operations of the school that includes, among other things, business decisions or operations of the school such as student and faculty dismissals. ACCM notifies all complainants of this policy.

Procedure to address Student Complaints:

The AUC Student Handbook includes adopted procedures for handling complaints about programme quality that ACCM established (Exhibit 26). The procedures require ACCM to only investigate complaints that, if substantiated, may constitute non-compliance with accreditation standards. It will not intervene on any complaint regarding admission, appointment, promotion or dismissal of faculty or students. ACCM has clearly outlined the policies and procedures that ensure due process to students with grievances as well as the procedures to ensure that student complaints regarding the elements of accreditation are timely resolved. However, ACCM does include in its review of the school as to whether the school has in place appropriate procedures for handling such internal matters. The procedures outline the requirements that the complainant must meet to substantiate the complaint and the authorization to release information, the timelines for the school's response, and the timelines for rendering a decision. If an ad-hoc subcommittee of ACCM undertakes an onsite inspection, it reports to ACCM at its next regularly scheduled

meeting and ACCM renders its decision within 30 days of its meeting regarding the complainant.

Analyst Remarks to Narrative

The country adheres to Accreditation Commission on Colleges of Medicine (ACCM) standards for handling of student complaints. ACCM's elements state the following:

13.1.1 The medical school ensures that its procedure for student complaints is published in the student handbook and/or on the school's intranet. A faculty advisor is available to counsel students on filing grievances. The procedures define how the complaint must be made, what committee will process the complaint, and give an estimated timeline for investigation, and, if upheld, resolution. The procedure ensures that there is timely notification to the complainant of the result of the investigation, whatever the outcome.

13.1.2 The medical school maintains a log of complaints which have been both submitted and processed, and the actions taken to resolve them.

The country has provided documentation demonstrating that this information is reviewed by ACCM during the onsite visit to the school. As for complaints submitted to ACCM, if warranted appropriate the agency will investigate complaints within 30 days of receipt.

Student Complaints, Question 2

Country Narrative

Answer to 1st Question:

ACCM has three Standards (Exhibit 1) for medical schools to address student complaints. In ACCM Standard 5, a section was developed regarding student promotion and evaluation, ACCM requires the Student Promotion and Evaluation Committee (SPEC) to enforce related rules that "shall consist of methods of student evaluation, grading system, standards of achievement for promotion, standards of achievement for honour roll, process and criteria for student dismissals, process for appeals, the right to challenge adverse decisions and to be represented by legal counsel. These rules also offer students the right to due process regarding notification, evidentiary presentation, and the right to review the accuracy of the records and to prepare a response to defence.

ACCM Protocol (Exhibit 2) for the onsite ACCM team under Standard 5 requires the team to report on the institution's process and criteria for student dismissal and student discipline (Exhibit 9). During the review, the team will assess whether a student received prompt notification and the underlying reasons for the action taken by the school. The ACCM team will also report on the institution's process for students to appeal an adverse decision.

ACCM Standard 6 addresses student dismissals and requires the medical school's SPEC to develop policies and procedures for dismissal of students who fail to meet the academic and behavioural standards. The school must publish these standards and make them available to every student. Additionally, the school's dismissal procedures must include provisions for due process and appeal. The protocol for the inspection team is not required to include a report on this section because it is duplicative of Standard 4 regarding student promotion and evaluation.

Answer to 2nd Question:

Yes, students are made aware of this as ACCM Standard 13 (Exhibit 1) covers complaints to the medical school and complaints about the medical school. This Standard includes ensuring information and contact details about ACCM are included in AUC Student Handbook (Exhibit 26) including a link to ACCM's website (Link: <http://www.accredmed.org/>) which is how students are made aware of complaints procedures. The medical school is required to maintain a Complaints Log detailing any complaints submitted, process and actions taken to resolve them.

Each of these standards and protocol for the inspection teams only deals with student disciplinary or appeal actions, and not with the process an institution must have for handling student complaints related to the standards (ACCM accreditation standards). However, ACCM Protocol does address how ACCM will investigate complaints the Commission receives (Exhibit 2: Section VII, VIII, IX). In addition to maintaining records of all complaints received, it will only review complaints that deal with a school's failure to comply with ACCM Standards of Accreditation (Exhibit 2: Section XIII). If ACCM reviews a complaint and finds it credible and supported by sufficient evidence, ACCM will forward a copy of the complaint to the school. If the school refutes the complaint, ACCM will dismiss the complaint and notify the complainant at the conclusion of the inquiry. If the school fails to refute the complaint, ACCM will open an inquiry that will focus only on the complaint. ACCM will not review nor interfere in routine business decisions or operations of the school that includes, among other things, business decisions or operations of the school such as student and faculty dismissals. ACCM notifies all complainants of this policy.

The AUC Student Handbook adopted procedures for handling complaints about programme quality that ACCM established in 2004 (Exhibit 26). The procedures require ACCM to only investigate complaints that, if substantiated, may constitute non-compliance with accreditation standards. It will not intervene on any complaint regarding admission, appointment, promotion or

dismissal of faculty or students.

ACCM has clearly outlined the policies and procedures that ensure due process to students with grievances as well as the procedures to ensure that student complaints regarding the elements of accreditation are timely resolved. However, ACCM does not include in its review of the school as to whether the school has in place appropriate procedures for handling such internal matters. The procedures outline the requirements that the complainant must meet to substantiate the complaint and the authorization to release information, the timelines for the school's response, and the timelines for rendering a decision. If an ad-hoc subcommittee of ACCM undertakes an onsite inspection, it reports to ACCM at its next regularly scheduled meeting and ACCM renders its decision within 30 days of its meeting regarding the complainant.

ACCM receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including student complaints. If there have been any complaints, the logs/records are provided to ACCM for review.

Answer to 3rd Question:

In the past six years, there have been three complaints made about AUC to ACCM which did not relate to non-compliance with accreditation standards.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) standards for handling of student complaints. ACCM's elements state the following:

13.1.1 The medical school ensures that its procedure for student complaints is published in the student handbook and/or on the school's intranet. A faculty advisor is available to counsel students on filing grievances. The procedures define how the complaint must be made, what committee will process the complaint, and give an estimated timeline for investigation, and, if upheld, resolution. The procedure ensures that there is timely notification to the complainant of the result of the investigation, whatever the outcome.

13.1.2 The medical school maintains a log of complaints which have been both submitted and processed, and the actions taken to resolve them.

The country has provided documentation demonstrating that this information is reviewed by ACCM during the onsite visit to the school. As for complaints submitted to ACCM, if warranted appropriate the agency will investigate complaints within 30 days of receipt. The country has stated that there have been 3 complaints submitted to ACCM, but that they were not within purview of the accreditation standards.

Finances, Question 1

Country Narrative

Response to Question 1:

ACCM Standard 7 (Exhibit 1) requires the institution to possess sufficient financial resources to carry out its mission for the size of its student body, possess adequate reserve of funds and seek alternative sources of income derived from such sources as endowment, annual giving to avoid taxing the schools' resources (Exhibit 1). Although the application narrative states that ACCM requires that the institution debt not exceed 50 percent of the total assess, Standard 7 specifically states "to ensure stability, the institutional debt shall not exceed more than 15% of its total assets."

ACCM Standard 7 designates the institution's Chief Financial Officer to oversee the institution's financial resources, assist in preparing and controlling the budget, and supervise the accounting and reporting system and collect, manage, and disburse funds. ACCM Protocol (Exhibit 2: Section VII, VIII, IX) ensures that the onsite inspection team reviews Minutes of the Board of Trustees for evidence that it governs the school by securing financial resources, amongst other things. An onsite ACCM inspection team assesses and reports whether the income, such as endowment, annual giving, clinical services, government funds, grants, tuition and other sources sustained the expenses during the past three years, the changes in the income levels for the same period, and if deterioration exists, the institution's plan to restore the school to a stable financial condition without adversely affecting educational quality. The ACCM team reviews the roles of the Department heads and faculty representatives in developing the institutional budget including whether their roles are advisory or participatory in final budget decisions. ACCM also reviews the fiscal strength of a medical school when there is a substantive change, such as a change of ownership. ACCM will review information obtained from the ACCM inspection team to determine whether the new owner can ensure that the medical school will continue to comply with ACCM Standards of Accreditation.

Currently, AUC revenue sources are stable and have been steadily growing over the past several years. Revenue growth is projected to continue over the next five years. Student tuition and fees account for almost all revenue, with additional smaller amounts contributed from enrolment deposits and student housing. The revenue stream is sufficient to meet the educational needs of our students. Were any circumstances to arise that would present a financial risk to the programme, AUC's parent company,

Adtalem Global Education, would supplement AUC finances to allow for enrolled students to complete the programme (Exhibit 6).
Answer to Question 2:

ACCM receives a formal updated Annual Database from the medical school in February each year (Exhibit 8). The school is required to answer a list of questions covering all major aspects of the governance of the school including finance and submit a set of independently audited accounts (Exhibit 31). These documents are reviewed by the ACCM Convenor of the school with regular reports presented at each ACCM Board Meeting concerning all matters relating to the school (Exhibit 9).

Answer to Question 3:

ACCM has the authority, together with an agreement with the government of St. Maarten, and responsibility for evaluating the size and scope of medical education in different types of medical schools, private or for-profit. ACCM reports to the St. Maarten Government. The medical schools have been accredited, subject to their continuing compliance with the required standards set down in ACCM Standards of Accreditation (Exhibit 1) and ACCM Protocol for Accreditation (Exhibit 2). In particular ACCM Standards 1, 3, 4, 6, 11 and 12 address this. Currently, there is only one ACCM accredited medical school on St. Maarten within the jurisdiction of the Government of St. Maarten. The school is subject to regular interim site inspections of the basic medical science campus as well as inspection of all affiliated clinical training sites. ACCM receives a formal updated Annual Database (Exhibit 8) from the medical school in February each year which is reviewed and assessed.

Analyst Remarks to Narrative

The country adheres to Accreditation Commission on Colleges of Medicine (ACCM) Element 7 regarding Fiscal Resources that addresses sources of income, debt, the chief financial officer, budget planning and compliance, fees and students refunds, and Title IV loan default rates and default prevention. The element specifies that the institution must possess sufficient financial resources to carry out its mission for the size of the student body. Institutions are required to have adequate reserve funds and to seek alternative sources of income such as endowments, annual giving, clinical services, grants, and other sources of income to avoid dependence on student fees.

The country has provided a copy of its latest financial report indicate that the American University of the Caribbean provided the required financial information, but this information does not appear to have been audited by a 3rd party. NCFMEA wish to seek clarification on how the financial are reviewed and if their is an audit process that occurs.

Country Response

To ensure that a medical school is adhering to ACCM Standard 7, ACCM requires that a set of independently audited Financial Statements (Exhibit 31) including a Financial Statement of Accountability (Exhibit 31) are provided annually together with a completed Annual Database (Exhibit 8). Please see updated version of AUC Financial Statements for 2017.

Also, the Financial Statements are reviewed by ACCM and if there are any queries or issues noted, these are sent to ACCM Auditors for further review and comment followed by notification to the school if required.

Analyst Remarks to Response

In response to the draft staff analysis, the country explains how it conducts audits of its financial statements. The country has included financial account statements that demonstrate that the audits are conducted from a third party. The inclusion of this information resolves the concerns previously raised.

Staff Conclusion: Comprehensive response provided

Facilities, Question 1

Country Narrative

ACCM Standards of Accreditation (Exhibit 1) stipulates that facilities must be sufficient for realization of the curriculum, which includes those resources necessary for fulfilment of goals related to the medical school.

ACCM Standard 11 addresses the school's facilities and equipment as follows: "The institution shall own buildings, equipment and a campus of sufficient size, quality and design to fulfil its goals. University owned facilities shall include auditoriums, classrooms, student laboratories, a library, faculty offices, administrative offices, admission office, office for student services, research laboratories, sufficient animal care facilities, student dormitory facilities, dining facilities, student activities facilities, and recreational facilities."

With respect to hospital and ambulatory facilities, Standard 11 (Exhibit 1: Section 11.2) states: The institution shall offer a broad range of clinical services . . . [t]o ensure that students fulfil the educational requirements of the curriculum, the . . . clinical sciences programme shall be placed under the direct control and supervision of the medical school dean, department chairs, and the faculty... In fulfilling its mission, the institution's affiliated clinical teaching facilities shall also be of sufficient size, quality and accessibility to serve the needs of the institution... The medical school shall maintain, in force at all times, an affiliation agreement with each health care facility where students are present. The agreement shall be in writing and shall outline the roles and responsibilities of both parties in the education process...Such agreement shall include educational objectives, faculty

responsibilities, evaluation procedures, classrooms, library resources, student study areas and quiet sleeping quarters for students scheduled to take calls.

ACCM Protocol (Exhibit 2) requires the ACCM onsite inspection team to inspect facilities and equipment to ensure compliance with Standard 11 including auditoriums, classrooms, student laboratories and lounges, faculty offices, administrative facilities, research laboratories and libraries. ACCM Protocol requires the ACCM onsite inspection team to report on the faculty in the basic and clinical sciences with respect to professional growth, continuing medical education, faculty collaboration, faculty research activities, professional security and academic freedom, workload, etc. The ACCM team is also required to ascertain the faculty views of the curriculum and the student body, faculty familiarity with the educational goals of the school, and faculty knowledge of student performance and the success of the medical school's graduates in post-graduate training and professional practice.

The ACCM team report should address whether the size, quality and design of the general facilities are sufficient for the size of the faculty and student body, the level of research activities and the nature of the curriculum. For each hospital and ambulatory facility, the team should report on the quality of the facility and whether affiliation agreements exist for each one (Exhibit 9 & 11)).

The ACCM team is required to report whether the size of the faculty is adequate and proportional to match (a) the size of the student body, (b) the scope of patient care, and (3) the level of research activities. In addition, for each Department, the team should report faculty size; the amount of space allocated to the department; the total budget and amount of contributions from other sources, e.g., parent university, research grants, clinical services and government; the percentage of time faculty devotes to teaching, research, patient care, and faculty committee work; and any major strengths or weaknesses in the department. Finally, the ACCM team is to report on a number of other faculty issues, such as workload, professional growth, policies for selection and promotion, etc.

ACCM Standard 12 (Exhibit 1) and ACCM Protocol (Exhibit 2: Section XIII) also addresses this by requiring the school to report any substantive changes whether in regard to campus extensions, curriculum, resources or admissions.

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which includes information on the school's facilities which are reviewed and assessed.

Answer to (c):

Answer to Question 1:

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which includes information on the school's facilities which are reviewed and assessed.

AUC facilities include offices for faculty, administrators, and support staff; laboratories and other space appropriate for the conduct of research; student classrooms and laboratories; lecture halls sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including space for student study and space; and equipment for library and information access. With the modest growth in enrolment over the past number of years, this has been matched by continued growth and improvement in the quality of campus facilities. For example, in January 2014, AUC opened a new academic building, which provided an additional auditorium with a seating capacity of 420, allowing AUC the space needed for large-group learning for the cohorts enrolled in September. The new academic building also provided improved space for anatomy instruction, increased small-group meeting and study rooms, a testing centre, additional faculty offices, and a simulation/standardized patient facility for clinical skills training. In 2016-2017, AUC completed a renovation project to add dedicated student academic support space, to increase study rooms and offices in relation to planned growth, and upgrade research and recreational areas. A new Centre for Teaching and Learning office wing was outfitted with a conference room, small-group learning rooms, and teaching rooms. The renovation also included individual quiet study rooms; a new space for the Research and Microbiology Lab; a temporary 4,500 square feet fitness centre with equipment, treadmills, and a multipurpose room; and a student lounge with table tennis. Faculty and staff offices were also renovated. A 5,000 square feet outdoor covered space was created to serve as an eating and study space. An IT suite was added to facilitate student and faculty access to onsite IT support.

An upgrade to the wireless network system of the St. Maarten campus in 2016 provides greater coverage, speed, and reliability to ensure students and faculty have access to resources from anywhere on campus. In May, 2016 the campus bandwidth was doubled from 75 Mbps to 150 Mbps. In 2016, AUC acquired an adjacent property. Planned renovations will provide additional student and faculty housing, small-group teaching and study rooms, outdoor recreational space, and parking. The medical sciences campus in St. Maarten is required to meet all US federal requirements for disaster preparedness planning, including performing drills to test and practice the emergency preparedness plan. The preparedness plan is updated annually and includes the following related documents: emergency response plan, hurricane preparedness plan, crisis communications plan, and continuity of operations plan.

Analyst Remarks to Narrative

The country adheres to several the Accreditation Commission on Colleges of Medicine (ACCM) standards for facilities. These elements are as follows:

11.1 Medical School Facilities

The school owns buildings, equipment and a campus of sufficient size, quality and design to fulfil its goals. University owned facilities include auditoriums, classrooms, student laboratories, a library, faculty offices, administrative offices, admissions office, and office for student services, research laboratories, sufficient animal care facilities, student dormitory facilities, dining facilities,

student activities facilities, and recreational facilities.

11.1.1 The school employs architects to design a campus and its facilities which are aesthetically pleasing. The school also maintains a comprehensive master plan for its orderly growth and development.

11.1.2 There are effective management of physical facilities, maintenance, janitorial services, upkeep of the campus grounds, and adequate security to promote an environment that is safe and conducive to the learning process.

11.1.3 Budgetary allocation of funds for physical facilities is sufficient for their proper maintenance and operation.

The country has included documentation of the onsite visit report that demonstrates how the review of facilities was included during the onsite visit.

Facilities, Question 2

Country Narrative

Continuing answer from (b):

The preparedness plan is updated annually and includes the following related documents: emergency response plan, hurricane preparedness plan, crisis communications plan, and continuity of operations plan. On a systems level, the campus uses a combination of personnel and technology resources to manage access control and surveillance at teaching facilities. Proactively, the campus maintains a cross-functional team to identify persons who may pose a risk of violence to themselves or others on campus. Basic life safety systems for fire detection and reporting meet or exceed local fire safety codes under St. Maarten law. AUC library houses 4,826 monographs, including 1,713 unique titles and 150 eBooks and subscribes to 43 online journals including a number of databases which are all authoritative, updated and recognized sources for information in medical and clinical sciences. The library has an active interlibrary loan service for journal articles with turnaround time of 24-48 hours. The library is open and staffed daily from 08:00 -23:00 (115 hours per week.) and 08:00 – 02:00 prior to block exams and finals. In response to student requests, a quiet study room was made available 24 hours a day, 7 days a week, beginning May 1, 2017. There is also a link on the library portal to a list of other campus locations that are available for study. Research assistance and consultation with the librarian is available Monday - Friday, 08:00 - 16:00 and other times by appointment. Students on and off campus have access to research assistance and interlibrary loan services at any time via email. The library recently introduced a new portal (library.aucmed.edu) that allows authorized users, regardless of location, anytime access to all electronic resources, including eBooks, online journals and databases. The portal also includes a direct email link to the librarian, FAQs, database tutorials, daily hours of operation and other pertinent information. The AUC Library Director provides individual training on PubMed and other library databases as needed or requested, offers a current awareness service that sends journal table of contents in emails to the students, faculty and staff and manages the information needs of the AUC community. The AUC Library Director also contributes to a class on research and literature searching which is part of ICM 1.

In January 2017, the campus migrated from AUC's previous learning management system (LMS) to Blackboard. All students are provided with the appropriate electronic textbooks according to course requirements. The books are provisioned through the Blackboard Learning Management System (LMS) to the VitalSource platform. The didactic component of the curriculum is supported through advanced lecture hall equipment. In all lecture halls, separate programme and voice audio systems ensure high-quality sound for multimedia content. High-lumen, DICOM (Digital Imaging and Communication in Medicine) compliant video projectors are supplemented by flat-panel monitors in spaces where student line-of-sight distance and angle are less than optimal. All lecture spaces have built-in on-screen annotation systems. Most recently, AUC has added lecture capture capability in all large classrooms, addressing student requests for the opportunity to review lectures as part of their study and review of material. The platform chosen, Echo360, includes a rich toolset of engagement features such as Q&A forums contextualized to lecture content, and the capability for students to flag confusing content.

On the medical sciences campus, both web and locally hosted computer-based summative assessments are delivered in a 285-seat testing centre. Additional testing capacity is provided in lecture halls with wired connections and university-owned laptops. Both the testing centre and the lecture hall facilities, including the workstations and the seating arrangement, comply with National Board of Medical Examiners (NBME) requirements. NBME subject exams, NBME customized exams and a USMLE Step 1 simulated exam are also delivered using the university's testing facilities. Future plans are to move both the medical sciences content and the clinical sciences content onto a common LMS, opening up opportunities for a more seamless, integrated experience for the students across all four years of the curriculum.

Clinical locations are required to provide medical library access that includes online computer medical data base access and other learning resources (Exhibit 6).

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4, 5, 8, 9 & 11).

ACCM Standard 4 (Exhibit 1) requires the "curriculum committee of faculty members to develop and evaluate a curriculum that

provides a general medical education to prepare student to pursue further training at the graduate level.”

Within the context of AUC’s primary mission as a teaching institution, full-time faculty members are able to devote 5 to 15% effort to research activities. The faculty publishes scientific and pedagogical research in the peer-reviewed literature and present at international conferences. Recent research projects have focused on areas of joint interest between AUC and the St. Maarten Ministry of Health, including prevalence studies of Chikungunya and Zika, as well as population-based studies on Type 2 Diabetes Mellitus and Breast Cancer. In addition to presentation of research, medical sciences faculty are funded to attend one scientific meeting per year to ensure they remain up-to-date in their field of expertise and have opportunities to gain Continuing Medical Education (CME) credits for licensure. Resources are adequate to support opportunities for both faculty members and medical students to engage in research including an intramural budget of \$150,000 in supporting the various facilities.

Medical students wishing to pursue research have the opportunity to do so throughout their medical education: Students have the opportunity to take part in laboratory-based research projects under faculty mentorship beginning in their second semester and continuing through their fifth semester in the facilities described above. Students are alerted to the possibility of research during their orientation and at the school’s Clinical Symposium each spring and on Research Day each fall.

Students have opportunities to present their work at international meetings with travel funds included in the campus research budget. Students may earn Independent Research Credit by submitting a written proposal and final paper to a faculty committee. Since 2010, 112 students have received elective credit for Independent Research. Students are proactive in identifying research projects aligned with their interests and compatible with their academic progress. Those in academic difficulty are discouraged from undertaking research initiatives.

Research productivity has been maintained at the United Kingdom hospitals and in the United States at Providence Hospital and Nassau University Medical Center. Students who wish to participate in research are able to do so; however, the limiting factor is the amount of time spent in clinical education and patient care (Exhibit 6).

The medical school does not conduct animal research or use facilities for animal research.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) standards for facilities. Specifically, the medical school buildings must have laboratories, lecture halls, and other facilities that are appropriate for the students it serves. Element 11.1.2 requires that there are effective management of physical facilities, maintenance, janitorial services, upkeep of the campus grounds, and adequate security to promote an environment that is safe and conducive to the learning process.

The agency has included a copy of the self-study report in which the school reports about the status of facilities and explains that the information is further verified during the onsite visit.

Faculty, Question 1

Country Narrative

Answer to Question 1 & 2:

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1) and ACCM Protocol for Accreditation (Exhibit 2) to provide an education that adheres to LCME standards. ACCM Standards of Accreditation (Exhibit 1) includes standards for determining if the faculty is "sufficient magnitude for the size of the student body and the scope of the programme." Additional ACCM Standards include standards of qualifications that assist in determining appropriateness and qualifications for leadership at an institution.

ACCM Protocol (Exhibit 2: Sections VII, VIII, IX) requires the ACCM onsite inspection team to ensure that and report that the school has an effective efficient administrative structure able to perform its unique responsibilities efficiently and that the design and the size of the administration is of sufficient magnitude for the size of the student body and the scope of the programme. The team is also expected to review and report if the appointed faculty are adequate and qualified for the positions they hold, as well as providing a review of the facilities and equipment (Exhibit 9 & 11).

ACCM Standard 3 (Exhibit 1) addresses institutional management and administration, requiring an institution to “design an administrative structure so that each division is able to perform its unique responsibilities efficiently. The design and the size of the administration shall also be of sufficient magnitude for the size of the student body and the scope of the programme.”

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. ACCM inspects the school and its facilities through Interim Inspections every two years as well as drafting a written Report which is sent to the school and the St. Maarten government (Exhibit 9 & 11).

At AUC, while the basic science faculty are involved in research and certain administrative functions (e.g., committee service), their primary duty is teaching. Faculty members only undertake other activities once their teaching, including individual student support (e.g., required office hours), is complete. Teaching is the primary focus of the school, and as such is a critical requirement for faculty retention/promotion, as well as in the hiring of faculty. Teaching, as well as research, and professional activities and service, are considered in all promotion considerations. The minimum requirements for all faculty (i.e., Assistant Professor) are described

in the AUC Faculty Handbook (Exhibit 25). The appointment, re-appointment, tenure and promotion, and dismissal guidelines for Faculty are contained in the AUC Faculty Handbook.

AUC's policies for faculty appointment, renewal and promotion lacked specificity and required updating so a task force was created to clarify the role of a faculty member and redesign the criteria for faculty appointment, renewal, and promotion. The new criteria were approved by AUC leadership and endorsed by the AUC Board of Trustees in April 2017. Faculty development has run largely in parallel to the recent curriculum revision process during 2017.

The Faculty Rank and Promotions Committee makes recommendations on incoming rank of newly hired faculty members and promotion of current faculty members. When an applicant is offered a full-time faculty position, credentials are reviewed by the Faculty Rank and Promotions Committee with input from the department chairperson. The chair of the committee makes a recommendation for rank to the Campus Dean, which is finalized as part of the offer letter.

Employee contracts for the medical sciences campus faculty stipulate a conflict of interest policy prohibiting full-time faculty from any employment outside of Adtalem Global Education, a stricter policy than that outlined by Adtalem Global Education in the Code of Conduct and Ethics regarding institutional and non-institutional conflict of interest. AUC does not have a tenure track or tenured positions. Department Chairpersons provide their expectations to individual faculty members. Medical Sciences Faculty have temporary time-limited contractual appointments. Clinical faculty members are employed by their hospital/health care systems. Site and Clerkship Directors select the physicians who will supervise medical students. At the present time, Clinical Chairs review the selected physicians and recommend a faculty appointment, which is confirmed by the clinical dean.

Faculty members on the medical sciences campus are regularly evaluated by the Campus Dean, department chairs and students. Appointments are reviewed and renewed each year during a formal evaluation process. Evaluations are integrated into an annual review document, which addresses academic performance and suggests what is required for continued improvement and retention, but not promotion. The annual faculty evaluation serves as the time to identify faculty members who are not performing well and are at risk for dismissal. For the annual evaluation, each faculty member completes a self-review, providing a self-rating of needs improvement, meets expectations, or exceed expectations in four areas: teaching and learning; scholarly achievement and professional development; university, public, or professional leadership; and participation in university life. The faculty member also provides a narrative justifying the self-rating. The faculty member's supervisor (chairperson or dean) also completes the rating and discusses differences in ratings during the faculty review. A final evaluation is given with supporting narrative outlining areas of strength and areas of growth. If a faculty member receives "needs improvement" ratings in any category or overall, the faculty member, chairperson of the faculty member's department, and Campus Dean collaborate on a plan to improve performance and monitor progress. If expectations cannot be met, faculty members may not have their contracts renewed.

Promotion is based on requests that must be made by department chairs or academic deans to the Faculty Rank and Promotions Committee with subsequent approval by the appropriate academic dean. Clinical Deans and Site Directors provide feedback to clinical faculty.

Answer to Question 3 & 4:

The only remote sites where AUC students undertake their clinical training are based in North America and the UK.

ACCM Standards (Exhibit 1: Standards 3, 4, 8, & 11) recommend that all clinical sites have ACGME-residency training programmes (USA), American Osteopathic Association (AOA), Royal School of Physicians and Surgeons of Canada (RCPSC) or equivalent graduate medical education programmes are present in family practice or that core specialty or be recognised by the general medical council (GMC) for postgraduate training. The medical school is required to provide oversight over the learning experience of clinical students. There must be an academic organisation in each clinical site that is directly controlled by the medical school. It must encompass all major clinical departments and their subdivisions where the students receive their clinical education. Each clinical department must be staffed by physicians who are faculty members of the medical school and who report to the chief of the department or the course director.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine ACCM element 8.1.1 regarding faculty size. Specifically Element 8.1.1 states that the school appoints a sufficient number of faculty members with the qualifications and time required to deliver the medical curriculum and to fulfill other educational missions. The number of faculty members is dependent on the total number of students enrolled in the program. However, the overall full time equivalent faculty (FTE) to student ratio is 1:8.

Additionally, the country adheres to ACCME element 4.3.5 which states to maintain patient trust and public confidence, the faculty develop in the student the appropriate professional attributes of physicians as expected by the public, and to teach students to uphold the highest standards of behavior, conduct, integrity and ethics. The clinical program will also offer opportunities to appreciate the importance of basic and translational research as applied to medicine.

This information is verified during the onsite visit report and the country has provided a copy of the onsite visit report.

Faculty, Question 2

Country Narrative

Continuing (e) Answer to Question 3 & 4:

Supervision of the medical students must be carried directly by physicians who are faculty members of the medical school. There must be faculty members in each core discipline where clerkships are taught. These faculty members should be physically present and available and in house and are specifically hired, paid and regularly evaluated for teaching, patient care and clinical research. The clinical staff may be experienced attending physicians or resident physicians under the supervision of attending physicians. However, all attending physicians must hold medical school appointments. The faculty must expose students to a broad range of learning experiences (Exhibit 1: Standard 4).

ACCM Protocol (Exhibit 2 Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations (Exhibit 39). Any recommendations are followed up and monitored by ACCM to ensure implementation occurs (Exhibit 48). AUC clinical resources are adequate to ensure each student can progress through the current required clinical training at an appropriate pace, see adequate numbers of patients, and receive appropriate supervision. This is monitored by reviewing time needed to complete clinical training, AUC's clinical inventory, students' case logs and students' evaluations, and performing site inspections. Currently, AUC maintains an extensive network of affiliation agreements with approximately 58 teaching sites for both core clerkships and elective clerkships in the United States and the United Kingdom. Clerkship structure components include hospital-based inpatient services (daily ward teaching rounds as part of a team with attending and resident physicians) and outpatient ambulatory clinics operated by the hospital or federally qualified health centres (FQHCs). Appropriate teacher/learner ratios and patient mix are monitored through frequent communication with the teaching site and from student feedback during the clinical dean's annual site inspection as well as the Clinical Student Assessment Form.

The school continues to expand its clinical network of training sites to align itself with measured enrolment growth. In the last three years, AUC has increased the training capacity that allows students to complete all their core rotations at one clinical site. In the 2016-17 academic year, approximately 48% of students were scheduled to complete all their core rotations at one clinical site. AUC has signed 10-year training agreements with Western Connecticut Health Network (Danbury Hospital), Bronx Lebanon Hospital Center, and Baton Rouge General Medical Centre.

AUC intends to expand its Family Medicine offerings in order to implement a required Family Medicine elective. AUC has an approximate 1:1 ratio of available Family Medicine rotations to clinical students. In order to facilitate scheduling, they intend to increase Family Medicine offerings by approximately 15%.

AUC and its affiliated hospital sites work collaboratively to ensure a quality clinical education.

The US and UK clinical deans interact frequently with the site directors to ensure information flows bi-directionally. Clinical Deans share information about student performance and student satisfaction. Site directors share information about students' preparation for clinical rotations, student progress, and any challenges with students or in meeting the educational requirements. AUC Clinical Deans also inspect each clinical site at least once per year to meet with Site Directors and AUC students to review the educational programme at the site and confirm that our educational objectives are being met. Clinical Advisors and Coordinators work closely with hospital site coordinators to ensure that students complete all necessary requirements (i.e. update immunization, provide a drug screen, etc.) to begin at a clinical site. AUC also has Senior Clinical Advisors for the Northeast and Southeast regions. These advisors provide an additional level of support for our sites and students. This intimate level of cooperation both ensures that students are receiving a clinical education that conforms to AUC's curriculum guideline, and that students receive a similar clinical experience regardless of which affiliate provides that training.

Each hospital/health care system site has a Site Director and Clerkship Directors. Clerkship Directors assign physician hospital staff as preceptors for students. Clinicians involved in the education of AUC students are given the opportunity to obtain AUC faculty appointments (with rank determined by the appropriate AUC Clinical Chair) and access to our electronic learning system and curriculum guidelines. Clerkship Directors interact with AUC's clinical department chairs and AUC Clinical Deans regularly on educational issues such as curriculum and student evaluations (Exhibit 6).

While AUC does not gather specific information from affiliated clinical sites regarding faculty protected time for teaching, the school does monitor the clinical faculty's willingness to teach through the student end of clerkship surveys. Additionally, students can (and have) contacted the office of the Associate Dean, Clinical Medicine or the Clinical Department Chairs with concerns about clinical faculty members who may not have sufficient time for teaching. In these instances, the office of the Associate Dean and/or the Clinical Department Chairs work directly with the affiliation clinical sites to rectify the situation. AUC also carries out its own regular inspections to clinical sites followed by written Reports (which are reviewed by ACCM) to ensure all clinical policies and goals are being complied with (Exhibit 42).

Answer Conflict of Interest:

As stated, there are guidelines and policies set in place within ACCM Standards of Accreditation to deal with situations should they arise.

At AUC, for the basic science faculty, each faculty member meets with the Associate Dean, Basic Sciences each semester to discuss their performance. While strengths and weaknesses are discussed with each faculty member, specific performance improvement plans are developed where significant or persisting problems exist. Where teaching skills are a concern, faculty members may be referred to their Course Director or Department Chair for assistance in adjusting teaching styles. Faculty may also be referred to teaching resources (e.g. archived faculty development lessons, online teaching resources). Faculty performance in the clinical medicine portion of the programme is reviewed as part of the end-of-rotation student evaluations but

may also be the focus on an ad hoc concern raised by one or more students. In either case, where significant concern exists, the Associate Dean, Clinical Medicine discusses the concern with the Clerkship Director and/or the preceptor directly. An improvement plan may involve local or online teaching resources, including the AUC faculty development webinar series and archived lecture series (Exhibit 6).

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) element 8.2.1 that states that the school has policies that deal with circumstances in which the private interests of faculty or staff may be in conflict with their official responsibilities. The country further explains in their narrative that they handle these situations on a regular individual basis. The country has further provided a copy of its onsite visit report, in which conflict of interest is explored with the faculty at the medical school when the site team is onsite.

Library

Country Narrative

Yes, there are national standards related to the quality of a medical school's library.

ACCM Standard 9 (Exhibit 1) establishes library requirements and states: "To achieve the educational goals of its students and faculty, the school maintains a library with physical facilities of sufficient size and design, adequate collection, up-to-date equipment for using non-print materials, and a competent professional staff to manage the library and to assist its users."

In addition to the above, Standard 9 specifies: "The library develops priorities for the selection of medical books, medical journals, and other non-print materials. These priorities include current editions of widely use medical books and periodicals which meet the needs of the campus community. Standard reference materials are current and broad in coverage. The general collection includes materials of sufficient depth and size to support the educational programme offered by the school."

These priorities also include other learning materials such as the most advanced computer hardware, self-tutorial instructional software, audio-visual materials, slides, online materials, and models to augment the traditional classroom and laboratory experience. The school employs qualitative criteria in developing of its print and non-print materials. Students, faculty and administration should have access to appropriate information technology resources including access to Wi-Fi which are sufficient to support the achievement of the school's goals. Information technology staff with appropriate expertise should be available to assist students, faculty and administration.

ACCM Protocol (Exhibit 2) requires the onsite ACCM inspection team to meet with the chief librarian and to review and report whether a library has an adequate number and variety of books and periodicals including Wi-Fi/Internet access to online medical information to support a clinical education programme (Exhibit 9).

The Library at AUC houses 4,826 monographs, including 1,713 unique titles and 150 eBooks and subscribes to 43 online journals including a number of databases which are all authoritative, updated and recognized sources for information in medical and clinical sciences. The library has an active interlibrary loan service for journal articles with turnaround time of 24-48 hours. The library is open and staffed daily from 08:00 -23:00 (115 hours per week.) and 08:00 – 02:00 prior to block exams and finals. In response to student requests, a quiet study room was made available 24 hours a day, 7 days a week, beginning May 1, 2017. There is also a link on the library portal to a list of other campus locations that are available for study. Research assistance and consultation with the librarian is available Monday - Friday, 08:00 - 16:00 and other times by appointment. Students on and off campus have access to research assistance and interlibrary loan services at any time via email. The library recently introduced a new portal (library.aucmed.edu) that allows authorized users, regardless of location, anytime access to all electronic resources, including eBooks, online journals and databases. The portal also includes a direct email link to the librarian, FAQs, database tutorials, daily hours of operation and other pertinent information.

The AUC Library Director provides individual training on PubMed and other library databases as needed or requested, offers a current awareness service that sends journal table of contents in emails to the students, faculty and staff and manages the information needs of the AUC community. The AUC Library Director also contributes to a class on research and literature searching which is part of ICM 1. The course is designed to provide a basic working knowledge of the National Library of Medicine's Medline database and search engine, PubMed. Students are encouraged to schedule one-on-one time with the librarian to learn the basic principles of literature searching and PubMed.

All students are provided with the appropriate electronic textbooks according to course requirements. The books are provisioned through the Blackboard Learning Management System (LMS) to the VitalSource platform. Once downloaded, the books are permanently available regardless of location. The library recently introduced a new portal (library.aucmed.edu) that allows authorized users, regardless of location, anytime access to all electronic resources, including eBooks, online journals and databases. The portal also includes a direct email link to the librarian, FAQs, database tutorials, daily hours of operation and other pertinent information. AUC's IT Services support the needs of the educational programme through a variety of means across the curriculum. In addition to a new 24-hour study room, there are three large quiet study rooms in the library. All seats, regardless of location, have access to power and Wi-Fi. 10 additional computers for student use have been added. Three small group study rooms in the library are equipped with large screens that connect wirelessly to laptops and other electronic devices. All group study

rooms are booked in advance and are available during library hours. Booking is done in 30-minute increments and is restricted to four hours per day. Eight dormitory study rooms are also available on a first-come, first-served basis from 23:00-06:30. The library staff monitors the study rooms for noise level, temperature, cleanliness, security etc., and address issues as they arise (Exhibit 6). ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which includes information on the school's facilities which are reviewed and assessed.

Analyst Remarks to Narrative

The country adheres to Accreditation Commission on Colleges of Medicine (ACCM) element 9.1 for library. Specifically Element 9.1 states that to achieve the educational goals of its students and faculty, the school maintains a library with physical facilities of sufficient size and design, adequate collection, up-to-date equipment for using non-print materials, and a competent professional staff to manage the library and to assist its users. The collection of print and non-print materials must be organized and cataloged for easy access. The library has opening hours sufficient for students to have ready access to its resources.

The agency has provided documentation of the verification of the library services during the onsite visit.

Clinical Teaching Facilities, Question 1

Country Narrative

Answer to Question 1:

Yes, there are affiliation agreements between medical schools and clinical teaching sites which are provided to ACCM by the school (Exhibit 38). Teaching agreements are required between medical schools and clinical teaching sites, usually hospitals or medical centres. These are, of course, approved by the institutions themselves and then assessed by ACCM as per ACCM Standards (Exhibit 1) and Protocol (Exhibit 2).

Teaching agreements between AUC and the Medical Service of the St. Maarten Government is dealt with by the principals themselves.

Answer to Question 2:

For each hospital and ambulatory facility used by the school for clinical teaching purposes, ACCM Standard 11 (Exhibit 1) requires the school's affiliation with these facilities to be written and contain provisions outlining the roles and responsibilities of the hospital and school in the education process in these affiliated agreements. The agreements must contain provisions that include: Educational objectives, Faculty and department chief appointments and responsibilities, Evaluation procedures and Classrooms, library, student study areas, and sleeping rooms for students scheduled to take calls. The school itself arranges and approves an agreement with a clinical site.

Before a clinical site inspection takes place, certain documentation is provided in advance by the school to ACCM which includes the following: Hospital Questionnaires Part 1 & 2 completed (Exhibit 45)

School/Hospital Affiliation Agreement (up to date and signed) (Exhibit 38)

Up to date CV's of any new Medical Faculty (relating to School) not included in latest Annual Database

Letters of Appointment/Certificates for hospital/preceptor faculty (first site inspection only)

Previous Medical School/Clinical Site Inspection Reports (Exhibit 42)

Previous ACCM Inspection Report (if not a new site) (Exhibit 39)

Student Logs & Evaluations

List of School Medical Students (and their Cores) available for interviewing

Hospital Inspection Timetable/Agenda

All documents are checked and reviewed by ACCM and by the assigned Clinical Site Inspection Team consisting of two ACCM Commissioners.

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 46). The sample agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 38). ACCM is responsible for ensuring the quality of the clinical teaching sites. ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once (if required a reinspection is scheduled) during the accreditation cycle, including a written Report (including any recommendations that must be implemented within a certain time period) which is sent to the school (Exhibit 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will inspect the new site within twelve months of the placement of students (Exhibit 49).

Answer to Question 3:

Yes, ACCM is notified of changes and updates to clinical sites, including affiliations agreements with hospitals and clinics in the Annual Database (Exhibit 8), that ACCM receives from the medical school in February each year, which is reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on Clinical Sites, as to whether still in use (if not, they are removed from ACCM's list), whether students are attending

or whether there are any new clinical sites.

At AUC, all hospital core sites are ACGME-accredited teaching institutions, all preceptors are board certified (or board eligible) physicians with privileges in the hospital, all hospitals and preceptors receive and use the AUC provided core clinical curriculum, which contains the stated objectives, planned competencies, reading assignments and assessment methods (Exhibit 41 & 47). AUC also carries out its own regular inspections followed by written Reports on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 42).

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) Element 11.2.4 that states in fulfilling its mission, the school's affiliated clinical teaching facilities are of sufficient size, quality and accessibility to serve the needs of the school. The country has provided documentation of the clinical site handbook, as well as a report from the site visit conducted to ensure that the facilities are reviewed as part of the onsite visit.

Part 3: Accreditation/Approval Processes and Procedures

Onsite Review, Question 1

Country Narrative

Question 1 & 2:

Onsite review: Yes, ACCM is the entity that is responsible for accrediting medical schools at St. Maarten and conducts an onsite review at a medical school prior to granting it accreditation. The ACCM accreditation/approval process begins with an Application package submitted by the school, which includes a completed Profile Database (Exhibit 29) and an Initial Institutional Self-Study (Exhibit 40), and a set of financial independently audited accounts, that is processed and reviewed by ACCM. After a school has had its application reviewed by ACCM, a decision is made. If the decision is not of a positive nature, ACCM makes recommendations as to what the medical school could carry out to assist in achieving accreditation. Once these recommendations are put in place, the medical school is in a position to re-apply again if it so wishes. If ACCM decides that the school meets the eligibility criteria, an in-depth inspection of the medical school campus site is conducted to evaluate whether it demonstrates a readiness and ability to comply with ACCM Standards of accreditation (Exhibit 1).

The guide used to assist in conducting an onsite campus inspection is ACCM Protocol - Section VII & VII and in relation to drafting a site Report ACCM Protocol - Section IX (Exhibit 2). ACCM Protocol (Exhibit 2: Section VII & VIII) addresses the comprehensive onsite inspection and review of a medical school which takes up to three days and specifies the daily format for conducting the onsite inspection, including the subjects for each group or individuals interviewed. This review includes, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students. The accreditation/approval process must include an onsite review of all core clinical clerkship sites.

Part of this onsite inspection requires a meeting with government representatives. ACCM also requires an initial letter from the Government recognizing ACCM as a medical accreditation agency for that country and a Resolution (Exhibit 44) approved and signed. If a decision was made to grant an accreditation status to the University, a tri-partite Heads of Agreement (HOA) (Exhibit 43) must be approved and signed by the government, the school and ACCM. The inspection includes a thorough comprehensive onsite review of the school to include all of training sites (if any - but not including geographically remote clinical sites), during which sufficient information is collected to determine if the school is in fact operating in compliance with ACCM accreditation Standards (Exhibit 1) and Protocol (Exhibit 2).

After the site inspection is complete, an onsite inspection report is written up including any recommendations and presented to the ACCM Board for a decision to either grant or deny provisional accreditation. Following a decision, the report is sent to both the medical school and the government.

If an accreditation status is granted to a school, ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school. The sample affiliation agreement should contain provisions consistent with the requirements of ACCM Standard 11 (Exhibit 38). ACCM Protocol (Exhibit 2: Section VII & VIII) requires the ACCM inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 45 & 46). ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once during the accreditation cycle, including a written Report (including any recommendations that must be implemented within a certain time period) which is sent to the school (Exhibit 39). If ACCM receives information that the school has affiliated with a new teaching site, the new site is inspected within twelve months after placement of students (Exhibit 49). As ACCM is accrediting multiple schools that may use a common core clinical clerkship site, where sites have a single coordinator responsible for the educational experience of students from the multiple schools, and where ACCM whenever it inspections that site, interviews students from all schools, then that site does not

require being inspected more than once during the accredited period. AUC also carries out its own regular inspections followed by written Reports, on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 42).

ACCM continues to ensure compliance with ACCM Standards through reviewing and assessing the institution relative to inspection of site, faculty and facilities, by reviewing the AUC Annual Database (Exhibit 8) and the biennial AUC Self-Study (Exhibit 6), as well as two biennial Interim Site inspections carried out within a six-year accreditation period including an onsite report written up (Exhibit 9). These inspections are also conducted to ensure any recommendations made during a previous inspection have been implemented.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) elements and standards for onsite review of the medical school. Throughout this process, the medical school submits a self-study, an onsite report is created and written, and documentation is collected about the viability of school, including audited financial records. ACCM also conducts reviews of clinical sites. Documentation demonstrating the ACCM review of the school in this country was included that had the site visit report, the self-study, and reports of the clinical sites.

Onsite Review, Question 2

Country Narrative

Answer to Question 1:

Yes, onsite reviews take place at all clinical clerkship sites by both ACCM and the school.

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the ACCM inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 45 & 46). The sample agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 38).

Answer to Question 2:

ACCM is responsible for ensuring the quality of the clinical teaching sites. ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once during the accreditation cycle, including a written Report which is sent to the school (Exhibit 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will inspect the new site within twelve months of the placement of students (Exhibit 49).

AUC also carries out its own regular inspections followed by written Reports, on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 42).

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 45 & 46). The sample affiliation agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 38). ACCM is responsible for ensuring the quality of the clinical teaching sites.

ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once during the accreditation cycle and more frequently if required (Exhibit 48), which includes a written Report that is sent to the school (Exhibit 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will inspect the new site within twelve months of the placement of students (Exhibit 49).

AUC also carries out its own regular inspections followed by written Reports, on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 42).

Answer to Question 3:

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 45 & 46). The sample affiliation agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 38). ACCM is responsible for ensuring the quality of the clinical teaching sites.

ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once during the accreditation cycle and more frequently if required (Exhibit 48), which includes a written Report that is sent to the school (Exhibit 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will inspect the new site within twelve months of the placement of students (Exhibit 49).

AUC also carries out its own regular inspections followed by written Reports, on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 42).

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) elements and standards for onsite review of the medical school. ACCM conducts reviews of all clinical sites. Documentation demonstrating the ACCM review of the American University of the Caribbean which consisted of the site visit report, the self-study, and reports of the clinical sites. The country states that ACCM is the entity that is responsible for ensuring the quality of the teaching clinical sites.

Onsite Review, Question 3

Country Narrative

Answer to Question 1:

If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will inspect the new site within twelve months of the placement of students (Exhibit 49).

Answer to Question 2:

ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once during the accreditation cycle or more frequently if required, including a written Report which is sent to the school (Exhibit 39 & 48).

Answer to Question 3:

If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will inspect the new site within twelve months of the placement of students, including a written Report which is sent to the school (Exhibit 49).

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) standards for conducting reviews of the clinical sites. These standards state that if information that the medical school has affiliated with a new teaching site, they will conduct a review within 12 months. ACCM further monitors these clinical sites through written reports.

Onsite Review, Question 4

Country Narrative

In regard to Clinical Clerkships, there are affiliation agreements between medical schools and clinical teaching sites which are provided to ACCM by the school (Exhibit 38). Teaching agreements are required between medical schools and clinical teaching sites, usually hospitals or medical centres. These are, of course, approved by the institutions themselves and assessed by ACCM as per ACCM Standards (Exhibit 1) and ACCM Protocol (Exhibit 2).

For each hospital and ambulatory facility used by the school for clinical teaching purposes, ACCM Standard 11 (Exhibit 1) requires the school's affiliation with these facilities to be written and contain provisions outlining the roles and responsibilities of the hospital and school in the education process in these affiliated agreements. The agreements must contain provisions that include: Educational objectives, Faculty and department chief appointments and responsibilities, Evaluation procedures and Classrooms, library, student study areas, and sleeping rooms for students scheduled to take calls. The school itself approves the agreement with the clinical site.

Before a clinical site inspection takes place, certain documentation is provided in advance by the school to ACCM which includes the following: Hospital Questionnaires Part 1 & 2 completed (Exhibit 45)

School/Hospital Affiliation Agreement (up to date and signed) (Exhibit 38)

Up to date CV's of any new Medical Faculty (relating to School) not included in latest Annual Database

Letters of Appointment/Certificates for hospital/preceptor faculty (first site inspection only)

Previous Medical School/Clinical Site Inspection Reports (Exhibit 42)

Previous ACCM Inspection Report (if not a new site) (Exhibit 39)

Student Logs & Evaluations

List of School Medical Students (and their Cores) available for interviewing

Hospital Inspection Timetable/Agenda

All documents are checked and reviewed by ACCM and by the assigned Clinical Site Inspection Team consisting of two ACCM Commissioners.

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 46). The sample agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 38). ACCM is responsible for ensuring the quality of the clinical teaching sites. ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once (if required a reinspection is scheduled) during the accreditation cycle, including a written Report (including any recommendations that must be implemented within a certain time period) which is sent to the school (Exhibit 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will inspect the new site

within twelve months of the placement of students (Exhibit 49).

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) elements that require affiliation agreements for all teaching sites. The country has further provided documentation that includes examples of these agreements that outline the details of the arrangement between the medical school and the clinical site.

Onsite Review, Question 5

Country Narrative

Educational programmes are offered by the medical school and there are affiliation agreements between medical schools and clinical teaching sites which are provided to ACCM by the school (Exhibit 38). Teaching agreements are required between medical schools and clinical teaching sites, usually hospitals or medical centres. These are, of course, approved by the institutions themselves and then assessed by ACCM as per ACCM Standards (Exhibit 1) and Protocol (Exhibit 2).

For each hospital and ambulatory facility used by the school for clinical teaching purposes, ACCM Standard 11 (Exhibit 1) requires the school's affiliation with these facilities to be written and contain provisions outlining the roles and responsibilities of the hospital and school in the education process in these affiliated agreements. The agreements must contain provisions that include: Educational objectives, Faculty and department chief appointments and responsibilities, Evaluation procedures and Classrooms, library, student study areas, and sleeping rooms for students scheduled to take calls. The school itself approves the agreement with the clinical site.

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 45 & 46). The sample agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 38). ACCM is responsible for ensuring the quality of the clinical teaching sites. ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once (if required a reinspection is scheduled) during the accreditation cycle, including a written Report (including any recommendations that must be implemented within a certain time period) which is sent to the school (Exhibit 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will inspect the new site within twelve months of the placement of students (Exhibit 49).

ACCM is notified of changes and updates to clinical sites, including affiliations agreements with hospitals and clinics, in the updated Annual Database (Exhibit 8) ACCM receives from the medical school in February each year which is reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on Clinical Sites, as to whether still in use (if not, they are removed from ACCM's list), students are attending or whether there are any new clinical sites.

At AUC, all hospital core sites are ACGME-accredited teaching institutions, all preceptors are board certified (or board eligible) physicians with privileges in the hospital and all hospitals and preceptors receive and use the AUC provided core clinical curriculum, which contains the stated objectives, planned competencies, reading assignments and assessment methods (Exhibit 6). AUC also carries out its own regular inspections followed by written Reports, on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 42).

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) elements that require affiliation agreements for all clinical sites. They have further provided documentation that includes examples of these agreements that outline the details of the arrangement between the medical school and the clinical site.

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

All ACCM members are Commissioners and ACCM inspection team members themselves, who are qualified through training and professional medical experience as medical educators to make policy and accreditation decisions, including complying with ACCM Protocol (Exhibit 2 p.p.5-10). Members (Commissioners) serve ACCM without compensation. ACCM Commissioners represent individuals who possess the academic qualifications and experience necessary to effectively evaluate medical schools for accreditation. ACCM adjusts the size of its membership in proportion to the number of medical schools it accredits, with a ratio of Commissioners to accredited medical schools set at three to one. Each onsite campus inspection team consists of three Commissioners, unless it's an Interim Site or a Clinical Site inspection, in which case it is two members. Each school has a Convener and Deputy Convener appointed by the Board who are responsible for that school.

ACCM Protocol defines the experience and qualifications of the Commissioners/onsite evaluators to include:

An earned M.D. from a medical school.
Completion of postgraduate training.
Specialty certification from a recognized medical society.
Experience as a chief academic officer of a medical school.
Experience as a chief or senior faculty of a basic science department. Experience as an administrator at a postgraduate teaching hospital.
Experience in undergraduate and graduate medical education, teaching, research and patient care. Experience in the medical school evaluation process.

A Commissioner representing the public.

ACCM Protocol also describes the specific qualifications and duties of the members who serve on inspections teams at the medical schools.

ACCM holds three Meetings annually, the ACCM MACI, ACCM AGM and ACCM Board Meetings (Exhibit 35) which the majority of Commissioners attend to review Reports, receive updated information, discuss matters and make decisions as well as other ad hoc Meetings when required (which include Minutes taken).

Training takes place when a new member joins the Board as a Commissioner. A training session (Exhibit 37) is organized for a new member over a period of a day with each new member given a copy of the ACCM Standards (Exhibit 1) and Protocol (Exhibit 2) and the ACCM Commissioners Handbook (Exhibit 34) documents to use as a guide including signing a Conflict of Interest Form (Exhibit 36).

All positions are currently filled with two new members joining as Commissioners and one member retiring within the last two years. Training is also ongoing and continues with Commissioners gaining experience through being involved in a set number of duties and through having access to written/electronic documentation relating to ACCM, reviewing Annual/Cohort Databases and Institutional Self-Study documentation, attending Board Meetings, writing Reports, processing Applications from medical schools/governments seeking accreditation, scheduling and carrying out onsite campus and clinical site inspections of medical schools and clinical sites (Exhibit 2 p.p.5-10).

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) standards for those who are decision makers within the organization. This includes requirements for the commissioners that states the individual has an earned M.D. degree from a recognized medical college; postgraduate training; specialty certification from a recognized medical society; experience as a chief medical officer of a medical college; experience as a chief or senior faculty of a basic science department; experience as an administrator at a postgraduate teaching hospital; experience in undergraduate and graduate medical education, teaching, research, and patient care; and experience in the medical school evaluation process.

The commission also includes at least one public representative who is not a member of a related profession or association. The number of commissioners is adjusted to the number of accredited medical schools, with a commissioner school ratio of 3:1. The country has included documentation of the ACCM handbook for Commissioners, example conflict of interest forms, and documentation of the training conducted for its members. In a prior section it was stated that the commissioners also serve as site visits for the onsite visits.

Re-evaluation and Monitoring, Question 1

Country Narrative

Member institutions accredited by the ACCM must meet ACCM Standards (Exhibit 1) and Protocol (Exhibit 2). ACCM's accreditation process includes regular re-evaluation and monitoring of its accredited medical schools in order to ensure continued compliance with ACCM Standards and Protocol.

The ACCM accreditation period is six years and each school must undergo a comprehensive re-evaluation for each accreditation period. Following a successful Application and after a team of Commissioners conduct a thorough in depth onsite inspection of the school, a Report is written and presented for discussion at an ACCM Board Meeting. Depending on the Report's findings, a school may be granted an accreditation status.

The onsite inspection includes a review of the parent campus, all satellite health care facilities and sites where the school maintains an educational presence. Since each accredited school must have continued compliance with ACCM Standards of accreditation, ACCM requires an accredited school to submit Annual & Cohort Database reports (Exhibit 7 & 8) and the biennial Institutional Self-Study (Exhibit 12). The information reported by the school in these Databases report includes the following: Institutional Information, Admissions, Enrolment, Faculty, Curriculum, Evaluation, USMLE, NBME, Hospitals, Graduation and Residency, General Information and Administration.

ACCM continues to ensure compliance with ACCM Standards through reviewing and assessing the institution relative to inspection of site, faculty and facilities, by reviewing the AUC Annual & Cohort Databases (Exhibit 7 & 8) and the biennial AUC

Institutional Self-Study (Exhibit 12), as well as two biennial Interim Site inspections carried out within a six-year accreditation period including an onsite report written up (Exhibit 9 & 11). These inspections are also conducted to ensure any recommendations made during a previous inspection have been implemented. The Report is also sent to both the school and the government for a review and response.

If the Annual Database Report and/or supporting documentation indicated that a school has fallen out of compliance with ACCM Standards, ACCM will begin a programme review at the school to determine whether it is necessary to change the school's accreditation status. During the accreditation period, ACCM would also conduct an onsite inspection at the school.

Other post accreditation oversight rendered by ACCM includes substantive changes or adverse actions taken by another accrediting agency or regulatory body. Whenever a school undergoes a change in ownership or governance, the school is required to complete relevant sections of the Institutional Self-Study (Exhibit 6) and the Annual Database (Exhibit 8) pertaining to the change. ACCM would schedule an onsite inspection of the school within six months from the receipt of the notification letter from the school.

In addition, if the school wants to establish a new branch campus, ACCM requires the school to complete relevant sections of the Institutional Self-Study (Exhibit 6) and the Annual Database (Exhibit 8) and to include a letter with the projections concerning the branch's revenue and expenses. From the date of receipt of the school's notification letter, ACCM will conduct an onsite inspection within six months.

To date, AUC has been fully compliant with ACCM Standards and Protocol since it was first accredited in 1995.

Analyst Remarks to Narrative

The country adheres to Accreditation Commission on Colleges of Medicine (ACCM) standards that indicate that the maximum period of a grant of accreditation is six years for a college that is in full compliance. All accredited schools are required to submit annual medical school database reports. Also all accredited colleges must submit a self-study and submit to an on-site review prior to receiving renewed accreditation.

Re-evaluation and Monitoring, Question 2

Country Narrative

Answer to Question 1:

ACCM requires all schools accredited by ACCM to ensure continued compliance with ACCM Standards and Protocol. The principle compliance tools utilized by ACCM to monitor compliance are two documents - the Annual Database Report (Exhibit 8) and the biennial Institutional Self-Study (Exhibit 12). Each year, ACCM forwards an Annual Database Report to the schools for completion. If the Database indicates a school has fallen out of compliance, ACCM will "open a programme review on the school to determine whether to change its accreditation status".

Change of Ownership: dealt with by ACCM Standard 12 (Exhibit 1) and ACCM Protocol: Section XIII (Exhibit 2)

Investigation of Complaints to the Commission: dealt with by ACCM Standard 13 (Exhibit 1) and ACCM Protocol: Section V - XVI (Exhibit 2), the ACCM Website (Link: <http://www.accredmed.org/>) and through the AUC Student Handbook (Exhibit 26).

ACCM Procedures for handling Complaints about Programme Quality: ACCM Protocol: Section XVI – Appendix A (Exhibit 2).

Investigation of Complaints to ACCM: ACCM Protocol: Section XIII (Exhibit 2) ACCM only reviews complaints (formal, written and including back-up supporting documentation if applicable) that deal with a school's failure to comply with ACCM Standards of Accreditation and will only consider complaints that have not been resolved satisfactorily at the institutional level. ACCM does not deal with anonymous complaints. If the complaint is credible...then ACCM will review and forward a copy...to the school. If the school fails to refute the charges, ACCM will open an inquiry and will notify the complainant of its findings at the conclusion of the inquiry.

It is assumed but not actually documented in ACCM Protocol (but stated in ACCM Protocol for handling Complaints about Programme Quality) that the school would also be contacted regarding the inquiry. The degree of seriousness of the complaint and the reply of the school would obviously affect the inquiry and were the position to be of a serious nature the inquiry committee would not shrink from advising ACCM of the need for the school to be called into question.

ACCM has written procedures to investigate complaints it receives involving a school's failure to comply with ACCM Standards of accreditation. After reviewing the complaint to determine its credibility, ACCM will forward a credible complaint to the school for a response. If ACCM does not find the complaint credible or the school refutes the complaint, ACCM will dismiss the complaint and notify the complainant of its decision. Although ACCM annually publishes a list of schools it accredits on its website, ACCM has not received any complaints to date (apart from three complaints made about AUC to ACCM within the past six years which did not relate to non-compliance with accreditation standards).

Answer to Question 2:

Answer to Question 2:

ACCM Standard 5 (Exhibit 1) and ACCM Protocol (Exhibit 2) requires the onsite team to report on the institution's process and criteria for student dismissal and student discipline (Exhibit 9). During the review, the team will assess whether student receive prompt notification and the underlying reasons for the action taken by the school. The team will also report on the institution's

process for students to appeal an adverse decision.

ACCM Standard 6 (Exhibit 1) addresses student dismissals and requires the medical school's SPEC to develop policies and procedures for dismissal of students who fail to meet the academic and behavioural standards. Each institution must publish these standards and make them available to every student such as the Institutional Catalogue (Exhibit 24) and Student Handbook (Exhibit 26). Additionally, the school's dismissal procedures must include provisions for due process and appeal.

ACCM Protocol for the site inspection team is not required to include a report on this section because it is duplicative of Standard 4 regarding student promotion and evaluation.

ACCM Standard 13 covers complaints to the medical school and complaints about the medical school. This Standard includes ensuring information and contact details about ACCM are included in the AUC Student Handbook (Exhibit 26) including a link to ACCM's website (which is how students are made aware of complaints procedures in relation to ACCM). The medical school is required to maintain a Complaints Log detailing any complaints submitted, the process and actions taken to resolve them. Each of these standards and protocol for inspection teams only deals with student disciplinary or appeal actions, and not with the process an institution must have for handling student complaints related to ACCM Standards. However, ACCM Protocol (Exhibit 2: Section VII, VIII, IX) addresses how ACCM will investigate complaints. In addition to maintaining records of all complaints received, it will only review complaints that deal with a school's failure to comply with ACCM Standards of Accreditation. If ACCM reviews the complaint and finds it credible and supported by sufficient evidence, the ACCM will forward a copy of the complaint to the school. If the school refutes the complaint, the ACCM will dismiss the complaint and notify the complainant at the conclusion of the inquiry. If the school fails to refute the complaint, the ACCM will open an inquiry that will only focus on the complaint. ACCM does not review nor interfere in routine business decisions or operations of the school that includes, among other things, business decisions or operations of the school such as student and faculty dismissals. ACCM notifies all complainants of this policy. ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which includes information on any student complaints (Exhibit 6: General Information Section No. 70).

Analyst Remarks to Narrative

The country adheres to Accreditation Commission on Colleges of Medicine (ACCM) standards that indicate that all accredited schools are required to submit annual medical school database reports. Also all accredited colleges must submit a self-study and submit to an on-site review prior to receiving renewed accreditation. As part of that review, the medical school must review complaints that are brought to its attention. The country has included documentation demonstrating that during the onsite visit that information was reviewed in accordance with this process.

Substantive Change

Country Narrative

ACCM Standard 12 (Exhibit 1) requires all accredited schools to report substantive changes related to: campus extensions, curriculum changes, resource changes, and changes in admission numbers. ACCM continues to ensure compliance through reviewing and assessing the institution relative to inspection of site, faculty and facilities, by reviewing the AUC Annual Database (Exhibit 8) and the biennial AUC Institutional Self-Study (Exhibit 12), as well as two biennial Interim Site inspections carried out within a six-year accreditation period including onsite reports written up which are sent to the school and government for review and response (Exhibit 9 & 11). These inspections are also conducted to ensure any recommendations made during a previous inspection have been implemented. Other post accreditation oversight rendered by ACCM includes substantive change or adverse actions taken by another accrediting agency or regulatory body. Whenever a school undergoes a change in ownership or governance, the school is required to complete relevant sections of the Institutional Self-Study (Exhibit 6) and the Annual Database (Exhibit 8) pertaining to the change. ACCM would schedule an onsite inspection of the school within six months from the receipt of the notification letter from the school.

For each substantive change, the ACCM onsite inspection team reviews the institution's goals for compliance under this guideline. The ACCM inspection team prepares an inspection report, including any recommendations that must be implemented within a certain time period, on whether the new owner or governors can ensure that the school or whether a branch campus will continue to comply with ACCM Standards of accreditation which is reviewed by the ACCM Board who decide whether to continue, change or add conditions to the terms of the school's accreditation status based on the findings in the inspection report.

In addition, if the school wishes to establish a new branch campus, ACCM requires the school to complete relevant sections of the Institutional Self-Study (Exhibit 6) and the Annual Database (Exhibit 8) and to include a letter with cost projections concerning the branch's revenue and expenses. From the date of receipt of the school's notification letter, ACCM will conduct an onsite inspection within six months. ACCM will also determine whether to continue, change or add conditions to the terms of the school's accreditation status.

Currently at AUC, due to the Hurricane in September 2017, there have been a number of plans concerning substantive change. ACCM had scheduled an interim site inspection to take place at the St. Maarten campus from 11-13th September, 2017. Due to the severity of the Hurricane, ACCM was informed that the island was left devastated with no water, electricity or communications including much of the infrastructure, airport and other buildings destroyed. The school itself had suffered considerable damage to

campus buildings and that all students and Faculty have been evacuated. Due to this unprecedented situation, the inspection was cancelled as we understood that AUC was not in a position to operate on St. Maarten for some time.

Following numerous discussions with AUC, a number of options were fully explored and a decision taken to temporarily relocate to the UK at the University of Central Lancashire, a public university based in Preston. Lancashire was chosen as AUC had leaders, relationships and contracts in place including access to sufficient educational and housing resources. ACCM had no accreditation objections to AUC moving the school temporarily to the UCLan site in Preston, England based on certain conditions being met: That AUC provide ACCM with a letter setting out detailed plans, intentions and time-lines concerning the temporary relocation to the UCLan site in Preston, England including all address and contact details, and a provisional date as to when the school may return to St. Maarten.

That ACCM schedule a campus site inspection to the UCLan site in Preston as soon as feasible and appropriate, (which was carried out in January 2018) (Exhibit 11).

That AUC request a letter from the St. Maarten government approving these relocation plans (as requested by U.S. Dept. of Education, the NCFMEA and the ECFMG) and provide a copy to ACCM (Exhibit 57).

ACCM notified the NCFMEA and ECFMG of the situation in October 2017. Following acceptance by NCFMEA, ACCM sought a deferral from the Spring to the Fall of 2018 for a submission and presentation of St. Maarten to NCFMEA which was agreed. AUC leadership assessed the campus and the island to determine their readiness for a return to Sint Maarten. AUC campus repairs were undertaken with all repairs expected to be completed by May 2018. The Sint Maarten infrastructure, including potable water, food supply, electricity, and internet was restored in the areas surrounding the campus. Commercial flights resumed with some banks and restaurants re-opening at end of 2017. AUC estimated that approximately 500 students could be housed within the AUC dorms and surrounding rentals for the January semester.

AUC leadership carefully considered the educational opportunities and the constraints of the Sint Maarten campus and island and decided that, for the January 2018 semester - AUC would hold Semesters 1, 2, and 3 in Sint Maarten, while continuing Semesters 4 and 5 in Preston, UK. For the May 2018 semester, AUC planned to conduct semesters 1-4 in Sint Maarten and allow the rising Semester 5 students to complete their medical sciences training without another relocation. For the September 2018 semester, AUC plans for the entire medical science programme to reside in Sint Maarten.

However, AUC has also proposed launching two initiatives in 2018 in collaboration with their new partner, the University of Central Lancashire (UCLAN), UK: To develop and market a formal link between UCLAN's existing Bachelor of Medical Sciences (BMS) and AUC's School of Medicine. To launch a second medical sciences campus for AUC in Preston, UK which would be the foundation of AUC's new UK Track for non-US students.

AUC have provided a written update on its emerging multi-campus model with respect to Standard 12: Substantive Change (Exhibit 53, 56 & 57). These two initiatives supersede the original 2017 proposal to develop a one-year Premedical Programme on the Sint Maarten campus which AUC is no longer pursuing. These plans will have no impact on AUC's original Sint Maarten Track, except perhaps to enhance international connections and opportunities.

ACCM responded to these plans through discussions and conditions set out in the Interim Inspection Report (Exhibit 9). No substantive issues were identified and it is recommended that AUC continue with Unconditional Accreditation for a period of 6 years until December 31st 2021 provided that AUC ensure a number of conditions are met. Following this, a further discussion will be scheduled and ACCM will make a decision on these proposed plans and inform both AUC and the St. Maarten government. Currently, these actions are being followed up on with further correspondence and discussions due to take place (Exhibit 53, 56 & 57).

Analyst Remarks to Narrative

The country adhere to the Accreditation Commission on Colleges of Medicine res (ACCM) elements for substantive change. They are outlined as follows:

12.1 Campus Extension or Branch Campus

Notification of plans to start a branch campus or expand an existing campus will be given one year in advance of the planned creation or expansion.

12.2 Curriculum

ACCM will be notified of plans for major modifications to the curriculum, including goals, plans, methods and intended evaluation of results. Resources required must be considered.

12.3 Resources

Substantive changes in school resources (faculty, physical facilities or the budget), including changes in clinical sites, will be notified in advance and supporting documentation submitted for review prior to the change taking place.

12.4 Admissions

An increase in enrolment above a threshold of 10% in one year or a cumulative increase of 20% in three years will be notified to ACCM one year in advance of the proposed expansion. The notification will be accompanied by documentation demonstrating the

adequacy of the school's physical and educational resources to manage the increase in numbers.

The country provided documentation demonstrating its review of a substantive change based on the standards for ACCM.

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

Answer to Question 1:

The country requires ACCM Commissioners to maintain 'independent' of a conflict of interest by ensuring that they do not meet conflict criteria as outlined in the ACCM Protocol for Accreditation (Exhibit 2).

To ensure that bias or conflict of interest by those involved in the accreditation evaluation and decision-making processes do not exist, ACCM Protocol addresses the independence of the Commissioners involved in these processes as follows:

To maintain independence of the Commission and to avoid conflicts of interest, new Commissioners shall not be selected or elected by individuals and organizations such as:

An officer of the accredited school or the school itself.

An officer of a school seeking accreditation of the school itself.

An officer of a related professional association or the association itself.”

The same individuals listed above do not participate in the development of review of the Commission budget.

Additionally, ACCM policy states an individual may be disqualified from serving on the Commission or inspection team if any of the following conditions exist:

Is employed by the medical school seeking accreditation. Employed means as a full-time faculty member, administrator or consultant.

Was employed by another institution that has a substantial contractual business relationship with the medical school seeking accreditation.

Was employed by another institution that has the same ownership or governance as the medical school seeking accreditation.

Was enrolled at the medical school seeking accreditation, meaning as a full-time student or resident.

Was connected to the chief academic officer seeking accreditation. This means as colleagues employed by the same organization and who carried on regular professional interaction at their previous places of employment. This provision excludes situations in which there were no professional contacts, in spite of common institutional affiliations.

Was employed at a medical school that maintained a substantive working relationship with the medical school seeking accreditation.

Has a prejudicial view towards the school seeking accreditation

Is related to an employee of the school by blood or marriage.

Each Commissioner signs a Conflict of Interest Form on becoming a Director of ACCM (Exhibit 36). ACCM Commissioners have no relationship with the medical school other than to act as inspectors and Accreditors. There is no possible incentive or personal motivation for conflict. Finally, the ACCM inspection team reviews the school's bylaws and codes of regulation for evidence that the duties and responsibilities of the principals in the school are free of conflicting interests with the school. These policies contain an extensive list of exclusions that prevents a Commissioner from participating on an inspection team or making an accreditation decision that challenges the objectivity of the accreditation process.

Answer to Question 2:

To ensure that ACCM Standards (Exhibit 1) of accreditation are applied consistently, the Commissioners themselves conduct every aspect of the accrediting operations, e.g. onsite inspections, policy-making and decision-making. To control against inconsistent application of ACCM Standards, the Commission conducts the inspection in a predetermined and structured format following ACCM Protocol (Exhibit 2) that serves as a blueprint for conducting the inspection and ensuring that different teams evaluate different schools with equal uniformity and consistency. These policies contain an extensive list of exclusions that prevents a Commissioner from participating on an inspection team or making an accreditation decision that challenges the objectivity of the accreditation process. For example, following a site inspection, when an inspection Report is drafted and presented to the ACCM Board for approval and a decision, the ACCM inspection team do not vote on a decision.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) element 2.3 that states that the school is governed by an independent and voluntary Board of Trustees, as the highest authoritative body of the school. Its members are selected by the board itself and may represent the founders, supporting governmental agency, or the public who have an interest in the general welfare of the school.

In order to develop school policies that best promote school and public welfare, board members are selected to serve the school, with staggered terms of office and for sufficient duration, based on their abilities and interests. Board members are free of conflicting interest with the school and independent of the administration.

Furthermore, an individual is disqualified from serving on the board if s/he (or an organisation s/he is/was affiliated with):

- a) Has a financial interest in the school
- b) Has a business relationship with the school
- c) Is employed by the medical school
- d) Is a consultant to the medical school
- e) Has a family member or relative (by blood or marriage) who is connected to the medical school in ways described in the above paragraphs (a) through (d).

The agency has demonstrated that they collect this information through the example conflict of interest form (exhibit 36). The example included was not signed and the NCFMEA may wish to ask for signed examples from the different individuals involved with the institution.

Country Response

Please see signed Conflict of Interest Forms for each Commissioner (Exhibit 61).

Analyst Remarks to Response

In response to the draft staff analysis, the country has included signed copies of the Conflict of Interest forms. This resolves the concerns previously raised in the draft staff analysis.

Staff Conclusion: Comprehensive response provided

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

To ensure that ACCM Standards (Exhibit 1) of accreditation are applied consistently, the Commissioners themselves conduct every aspect of the accrediting operations, e.g. onsite inspections, policy-making and decision-making. To ensure consistency in complying with ACCM Standards, ACCM conducts the inspection in a predetermined and structured format that serves a blueprint for conducting the inspection and ensuring that different teams evaluate different schools with equal uniformity and consistency. ACCM Commissioners have no relationship with the medical school other than to act as inspectors and accreditors.

One of ACCM's procedures to ensure consistent application of ACCM Standards is the utilization of the ACCM Commissioners to conduct every aspect of its accrediting operations, from onsite inspection to policy-making to decision-making by following and being fully compliant with ACCM's Protocol (Exhibit 2). The policy further states that, in general, each team is composed of three Commissioners (one of these must be a Basic Scientist) for a full accreditation campus site inspection and two Commissioners for an Interim Site or Clinical Site inspection. These inspections are also conducted to ensure any recommendations made during a previous inspection have been implemented. The Report is also sent to the school and the government for a review and response. If the Annual Database Report and/or supporting documentation indicated that a school has fallen out of compliance with ACCM Standards, ACCM will begin a programme review at the school to determine whether it is necessary to change the school's accreditation status.

Analyst Remarks to Narrative

The Accreditation Commission on Colleges of Medicine (ACCM) maintains published standards of accreditation which all of its accredited institutions must meet. It has an established review process which includes the submission of an institutional self-study that is directly tied to its published standards. Institutions requesting accreditation or renewed accreditation are subject to on-site reviews by teams of commissioners and are given the opportunity to review the on-site review team's report prior to its review by the commission as a whole. In rendering an accreditation decision, the commission evaluates the institution's profile, its self-study, and the on-site review report before deliberating as a whole body and rendering an accreditation decision.

Accrediting/Approval Decisions, Question 1

Country Narrative

Answer to Question 1:

ACCM has incorporated ACCM accreditation Standards (Exhibit 1) and Protocol (Exhibit 2) in all of the steps involved in the evaluation and decision-making process of schools of medicine for the countries it represents.

All ACCM accredited medical schools must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation and provide an education that adheres to LCME standards, a joint committee of the Association of American Medical Schools (AAMC) and the Committee on Accreditation of Canadian Medical Schools (CACMS).

Answer to Question 2:

All medical schools must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1) and ACCM Protocol for Accreditation (Exhibit 2).

ACCM requires schools to provide specific information that is keyed into the accreditation ACCM Standards through submitting the completed Annual and Cohort Database reports. The Annual and Cohort Databases (Exhibit 8 & 7) and the Institutional Self-Study (Exhibit 12) requires schools to provide extensive and specific data and information based on the Standards. ACCM receives the completed Annual and Cohort Databases from the school which include information on the previous year's outcome data and also independently audited financial accounts statements (Exhibit 31). In addition, ACCM requires a comprehensive biennial Institutional Self-study (Exhibit 6) document to be completed and submitted by the medical school.

Following acceptance as suitable for accreditation, the medical school is inspected every two years for review (Exhibit 9 & 11) and a complete re-evaluation for re-accreditation occurs every six years (Exhibit 13).

Clinical sites are evaluated regularly based on reports from the schools (Exhibit 42) and are inspected least once by ACCM (Exhibit 39) during the six-year accreditation period.

The structured onsite inspection is based on ACCM Standards and uses predetermined questions found in ACCM Protocol (Exhibit 2) to ensure that the onsite review is consistent at every school reviewed by ACCM. ACCM continues to ensure compliance with ACCM Standards through reviewing and assessing the institution relative to inspections of campus and clinical sites, faculty and facilities, by reviewing the AUC Annual & Cohort Databases (Exhibit 7 & 8) and the biennial AUC Institutional Self-Study (Exhibit 6), as well as two biennial Interim Site inspections carried out within a six-year accreditation period including an onsite report written up, presented to the ACCM Board for approval and decision, followed by the Report being sent to the school and government (Exhibit 9). Any recommendations made to the school are followed up in due course by ACCM.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) elements that detail procedures for granting accreditation. The documents used in forming an accreditation decision are tied directly to the adherence to ACCM's Elements of Accreditation. Further, data are collected in the course of both the institutional self-study and in accredited institutions' medical school annual database regarding the performance of the school's graduates.

Accrediting/Approval Decisions, Question 2

Country Narrative

ACCM continues to ensure compliance with ACCM Standards through reviewing and assessing the AUC Annual & Cohort Databases (Exhibit 7 & 8) and the biennial AUC Institutional Self-Study (Exhibit 6),

This information provided, which includes the outcomes based on the performance of students in relation to licensure examinations, residency acceptance and attainment rates, and graduate employment. AUC has a mentor programme to help achieve and increase Match Rates. For example, all students who enter the fifth semester of study must pass the USMLE Step 1, before entering the clinical science semesters.

First time takers during 2016-2017 had 96.8% pass rate of the USMLE Step 1 (Exhibit 8). The AUC Annual Database Report 2016-2017 reveals the importance of the insistence of the ACCM on the necessity of AUC students to pass USMLE Step 1 prior to entering clinical science semesters and the improvement in the standard of reporting the employment status of graduates. The latter will continue to be a priority and lead to improvements in the relevant section of this questionnaire.

There must be clear evidence that AUC students are achieving institutional objectives. AUC students are passing standardised exams imposed by external regulatory and licensing bodies, primarily the United States medical licensing examination (USMLE) series. Students are matching to quality residency programmes and gaining licensure following residency completion. Throughout this process, students' judgement and ability to practice confidently is assessed using recognised external methods, providing objectivity and allowing AUC graduates to be compared directly with students from other U.S. and Canadian-based medical schools with current and former clinical student representatives engaged in an ongoing dialogue about the effectiveness and approach to clinical sciences, rotation and licensure issues.

Online surveys provide current clinical students with an opportunity to anonymously evaluate the staff and clinical practices each semester. The results are shared with the entire clinical team and are used to inform the Curriculum which is a living document continually evaluated for effectiveness in achieving the overall goals of the institution.

AUC graduates are not obliged to provide feedback regarding career progression. However, the ACCM Institutional Self-Study (Exhibit 6) encourages that such feedback be actively sought to enable evaluation of AUC's medical school programme.

All of the above assists ACCM in making a decision as to whether to deny, grant or continue to grant an accreditation status to a medical school.

Analyst Remarks to Narrative

The country adheres the Accreditation Commission on Colleges of Medicine (ACCM) standards for student achievement that was discussed earlier in this report. Specifically, there are detailed review of students in relation to licensure examinations, residency acceptance and attainment rates, and graduate employment. This includes progress on the USMLE step 1 and step 2 exams. This

information is reviewed through the medical database collection of information collected by the institution and reported to ACCM for their verification.

Accrediting/Approval Decisions, Question 3

Country Narrative

ACCM collects data on the pass rates for the Step 2CK (92.9%) and Step 2CS (87.8%) examination and graduates who obtained residencies (Exhibit 8). ACCM has not established any student performance benchmarks but collects this data annually from the schools to determine whether the school has made improvements. Student outcomes clearly affect accreditation decisions. If the student body does not have a greater than 85% pass rate in USMLE Examinations, withdrawal of accreditation status would be seriously considered and could occur if this took place over a number of years.

Every February, each medical school sends ACCM its Annual Database Report (Exhibit 8) which covers the previous academic year (July 1 – June 30). This report records the activities of the entire medical school and is based on LCME guidelines. However, over recent years, some problems have arisen as this LCME-based instrument is designed to cover a single annual intake of students, whereas most Caribbean schools have three intakes, or cohorts, of students each year - January, May and September. To help ACCM to better understand the journey of each cohort through the medical schools we accredit, ACCM requires these short Cohort Database Reports (Exhibit 7), in addition to the Annual Database Report, to be completed by the medical school and returned together by 1st February each year. The Cohort Database Report consists of questions concerning Admissions, Enrolment, USMLE, Graduation and Residency.

In February 2017, we asked for reports on the January 2016 and May 2016 Cohorts and it was possible to fill in data regarding Admissions and Enrolment – subsequent data for these cohorts will be added in February 2018, February 2019 and February 2020, so these are 'living documents' which will be added to in a prospective study. In February 2017, we asked for reports on the January 2016 and May 2016 Cohorts and it is possible to fill in data regarding Admissions and Enrolment only at this stage. Subsequent data for these cohorts on USMLE, Graduation & Residency (i.e. Q 42, 43, 52 & 54) are not available yet but will be added in February 2018, February 2019 and February 2020. These are 'living documents' which will be added to in future years to show how the January 2016 cohort fared.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) elements for student achievement benchmarks in which information is collected and reviewed. While there is not a formal benchmark that must be met, if 85% of the students are not able to pass the USMLE examinations, the school may risk losing accreditation. The information from this exam is collected in the annual medical database collected from the medical school.

Accrediting/Approval Decisions, Question 4

Country Narrative

Answer to Question 1 & 2:

ACCM continues to ensure compliance with ACCM Standards through reviewing and assessing the AUC Annual & Cohort Databases (Exhibit 7 & 8) and the biennial AUC Institutional Self-Study (Exhibit 6),

Decisions made by ACCM take into consideration the outcomes based on the performance of students in relation to licensure examinations, residency acceptance, and graduate employment. For example, all students who enter the fifth semester of study must pass the USMLE Step 1, before entering the clinical science semesters. First time takers during 2016-2017 had a 96.8% pass rate for USMLE Step 1 (Exhibit 8).

ACCM does not collect or monitor Step 3.

The AUC Annual Database Report 2016-2017 reveals the importance of the insistence of the ACCM on the necessity of AUC students to pass USMLE Step 1 prior to entering clinical science semesters and the improvement in the standard of reporting the employment status of graduates. The latter will continue to be a priority and lead to improvements in the relevant section of this questionnaire. There must be clear evidence that AUC students are achieving institutional objectives. AUC students are passing standardised exams imposed by external regulatory and licensing bodies, primarily the United States medical licensing examination (USMLE) series. Students are matching to quality residency programmes and gaining licensure following residency completion. Throughout this process, students' judgement and ability to practice confidently is assessed using recognised external methods, providing objectivity and allowing AUC graduates to be compared directly with students from other U.S. and Canadian-based medical schools with current and former clinical student representatives engaged in an ongoing dialogue about the effectiveness and approach to clinical sciences, rotation and licensure issues.

Online surveys provide current clinical students with an opportunity to anonymously evaluate the staff and clinical practices each semester. The results are shared with the entire clinical team and are used to inform the Curriculum which is a living document continually evaluated for effectiveness in achieving the overall goals of the institution.

AUC graduates are not obliged to provide feedback regarding career progression. However, the ACCM Institutional Self-Study

(Exhibit 6) encourages that such feedback be actively sought to enable evaluation of AUC's medical school programme.

Answer to Question 3:

ACCM collects data on the pass rates for the Step 2CK (92.9%) and Step 2CS (87.8%) examination and graduates who obtained residencies (Exhibit 8). ACCM has not established any student performance benchmarks but annually collects this data from schools to determine whether the school has made improvements. Student outcomes clearly affect accreditation decisions. If the student body does not have a greater than 85% pass rate in USMLE Examinations, withdrawal of accreditation status would be seriously considered and could occur if this took place over a number of years.

Every February, each medical school submits its Annual Database Report (Exhibit 8), based on LCME guidelines, to ACCM covering the previous academic year (July 1 – June 30) which records the activities of the entire medical school. However, over recent years, problems have arisen as this LCME-based instrument is designed to cover a single annual intake of students, whereas most Caribbean schools have three intakes, or cohorts, of students each year - January, May and September. To help ACCM better understand the journey of each cohort through medical schools we accredit, ACCM requires these short Cohort Database Reports consisting of questions concerning Admissions, Enrolment, USMLE, Graduation and Residency. (Exhibit 7), in addition to the Annual Database Report, to be completed by the medical school and returned together by 1st February each year. In February 2017, we asked for reports on the January 2016 and May 2016 Cohorts and it was possible to fill in data regarding Admissions and Enrolment – subsequent data for these cohorts will be added in February 2018, February 2019 and February 2020, so these are 'living documents' which will be added to in a prospective study to show how the January 2016 cohort fared. Report on evaluation of AUC's Student Performance Data US Medical Licensing Examination (USMLE)

Admission and Attrition: ACCM continues to monitor admissions data included in the submitted AUC Annual Database (Exhibit 8). There has been a slight decrease in students matriculating over the last year; the total intake for 2016-17 was 393. Consequently, ACCM is not concerned about staff/student ratio or facilities. The Grade Point Average (GPA) has not changed significantly over the past two years. Attrition has been significant in the first and second years with a total of 95 students.

All AUC Students must take and pass USMLE Step 1, currently a First-time Pass Rate of 91.8% and Total Pass Rate of 95.6% and USMLE Step 2: with a satisfactory First-time pass rate of Step 2CK (87.6%) and Step 2CS (86.4%) and a Total Pass Rate of 92.9% & 87.8%.

Graduation & Residency: A total of 305 students consisting of 111 Female/194 Male received their MD degree and the total number obtaining residency (categorical or preliminary, Match or Scramble) for the first time from July 2016 to June 2017 was 246 with 54 who tried and failed. Reasons given for the shortfall include the limited scope of some students' applications prevented a match e.g. applied to a small number of highly competitive programmes (e.g. dermatology) or did not apply to enough programmes (e.g. surgery programmes only) and finally due to geographical limitation (e.g. to a major city). 212 out of 255 (83.1%) students graduating from July 2016 to June 2017 were initially matched in the National Resident Matching Programme (NRMP) with the Graduation & Residency Section listing specialties that graduates accepted (Exhibit 8). There has been a significant improvement in the Matching of AUC graduates.

AUC has outcome measures in place which it uses to improve institutional effectiveness including ongoing assessment and review of the programme leading to a number of recent programmatic improvements in recent years: the introduction of the RLRA course to address Lifelong Learning, Scholarship & Collaboration; competency monitoring and evaluation throughout the curriculum; and improvements to clinical patient log systems. In addition to using outcome measures to identify the need to, and implement improvements to the programme, AUC employs a number of interactive methods to more effectively engage students in learning. As part of this development, AUC introduced an audience response system that provides formative feedback to students and instructors in real-time. The assessment methods, both during the Basic Sciences and Clinical Medicine portions of the programme, provide comprehensive measures of student performance, and in aggregate, university performance, across each of the university's institutional competencies.

In conclusion, taken as a whole, the ACCM is confident that through this system of assessments, programmatic methods, and systems the learning of objectives of the programme continues to be met. Further, these assessments and systems provide comprehensive measurement of student outcomes so that AUC can continue to assess, and thus improve institutional effectiveness.

Analyst Remarks to Narrative

The country adheres to the Accreditation Commission on Colleges of Medicine (ACCM) elements for student benchmarks in which student achievement information is collected and reviewed. While there is not a formal benchmark that must be met, there is attention to ensure that 85% of the students are able to pass the USMLE examinations. If this target is not met, the school may risk losing accreditation. The information from this exam is collected on the annual medical database collected from the school.
