

U.S. Department of Education Staff

Redetermination Report

Prepared September 2018

Background

In October 1997, the National Committee on Foreign Medical Education Accreditation (NCFMEA) initially determined that the accreditation standards used by the Dominica Medical Board (DMB) to evaluate medical schools in Dominica were comparable to those used in the United States. The NCFMEA reaffirmed its prior determination that the standards and processes used by the country for the evaluation of its medical schools remained comparable in 2001 and 2007. The NCFMEA requested that the country submit periodic reports describing its continuing accreditation activities.

Dominica's next petition for continued comparability was reviewed at the Fall 2013 NCFMEA meeting. Due to concerns raised at that meeting, the Committee deferred its decision concerning the country's comparability pending the review of additional information. At the Fall 2015 NCFMEA meeting, the Committee reviewed the additional information that was provided by the country in response to the Fall 2013 concerns and again deferred a decision regarding the country's comparability. At the Fall 2016 NCFMEA meeting, the Committee reviewed the additional information that was provided by the country in response to the Fall 2015 concerns and again deferred a decision regarding the country's comparability. At that time, the country was requested to provide additional information and documentation for review. Due to the lack of a comparability decision over an extended period of time, the country was asked to provide a full petition for comparability, in addition to the information and documentation requested at the Fall 2016 NCFMEA meeting, and that petition is the subject of this report.

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.

- The Committee may wish to ask more about the relocation of Ross University School of Medicine and the effect of that relocation on the Dominica Medical Board and its operations. [Accreditation of Medical Schools]
- The Committee may wish to request the limited site visit report and any action taken by the Dominica Medical Board to confirm the evaluation of outcomes data and the school's effectiveness in this area. The Committee may also wish to inquire further regarding the attrition rate and graduation rate data provided by Ross University School of Medicine. [Student Achievement, Question 4]
- The Committee may wish to request the limited site visit report and any action taken by the Dominica Medical Board to confirm the re-evaluation and monitoring activities to ensure continued compliance with standards. [Re-evaluation and Monitoring, Question 1]
- The Committee may wish to discuss further the use of student achievement data by the Dominica Medical Board in its accreditation decision-making process. [Accrediting/Approval Decisions, Question 4]

Staff Analysis

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

Approval of Medical Schools, Question 1

Country Narrative

The Government of Dominica is the only entity that has the authority and responsibility to license medical schools (whether non-profit or for-profit) in Dominica. It licenses such schools by issuing charters through the Minister of Health, with the advice of the Dominica Medical Board (referred to throughout this application as the "Board"). A charter grants a medical school legal authority to operate in Dominica. Ross University School of Medicine ("RUSM"), for example, received its initial charter from Dominica on June 23, 1978. See Exhibit 1 – Medical Schools (Accreditation) Act, 2008.

Analyst Remarks to Narrative

The country states in its narrative that the government of Dominica is the sole entity that has the authority and responsibility to license medical schools, by issuing charters through the Minister of Health upon advice of the Dominica Medical Board. Exhibit 1, the country's Medical Schools Act of 2008, outlines the Minister's authority to certify and license and medical schools.

Approval of Medical Schools, Question 2

Country Narrative

The Board is responsible for monitoring the quality and continued certification/accreditation of medical schools; with the advice of the Board, the Minister of Health has authority to license a medical school to operate in Dominica through grant of a charter. See Exhibit 1 – Medical Schools (Accreditation) Act, 2008. The Board is responsible for “advis[ing] the Minister [of Health] on the issuance of charters, licences or other authorisations to medical schools to operate or to continue their operations or to alter their existing operations on the basis of an appropriate evaluation.” *Id.* at §5.1(g). The Board “may recommend to the Minister [of Health] the permanent closure of a medical school.” *Id.* at §25.

Analyst Remarks to Narrative

The country has provided its "Medical Schools Act" which stipulates the Medical Board's role in accrediting medical schools and advising the Minister of Health on the issuance of charters and the permanent closure of medical schools. As outlined in the "Medical Schools Act", the Medical Board monitors the continued quality and accreditation of medical schools, but the official authority for the licensure of medical schools rests with the Minister of Health.

Approval of Medical Schools, Question 3

Country Narrative

The Minister of Health has the authority to close a medical school (ending its ability to operate legally in Dominica). See Exhibit 1 – Medical Schools (Accreditation) Act, 2008, at § 25(1). The Board has a detailed procedure that it requires a medical school to follow in order to initiate closure of a medical education program, including requirements for both planned and unplanned closures. See Exhibit 2 – Standards and Procedures for the Certification of Medical Education Programs (“Standards and Procedures”), effective June 27, 2013, at Part 2, IX (“Medical school closure”).

Analyst Remarks to Narrative

As stipulated in the country's Medical Schools Act, the Minister of Health retains the authority to close a school. Procedures for closures of a medical school are outlined in the country's standards.

Accreditation of Medical Schools

Country Narrative

The Medical Schools (Accreditation) Act, 2008, establishes that the Board is responsible for evaluating the quality of medical education and accrediting medical schools that offer educational programs leading to the M.D (or equivalent) degree. See Exhibit 1 – Medical Schools (Accreditation) Act, 2008. The statute states in relevant part: “The Medical Board is responsible for conducting and deciding on the accreditation of medical schools,” including assessing a medical school’s compliance with the standards and procedures established by the Board. *Id.* at § 3. Prior to enactment of the Medical Schools (Accreditation) Act, the Minister of Health had delegated to the Board the responsibility for evaluating the quality of medical education in Dominica and also for establishing the process through which such evaluation for accreditation of a medical school is carried out. The Board is the only entity in Dominica that conducts in-depth evaluations of a medical school in order to assess the medical school’s compliance with the Board’s standards. The Minister of Health appoints the members of the Board, pursuant to the Medical Act, as amended. See Exhibit 3 – Medical Act, at § 3. In addition, the Board may revoke a certificate of accreditation if it believes that there is good and sufficient cause to do so, *id.* at § 5.(1)(i), and may recommend to the Minister of Health that a school be permanently closed. *Id.* at § 25.

The Board adopted Standards and Procedures for the Certification of Medical Education Programs (“Standards and Procedures”), effective January 11, 2001. In 2006, the Board revised the Standards and Procedures, effective December 18, 2006, in light of the 2004 guidelines of the National Committee for Foreign Medical Education and Accreditation (“NCFMEA”) of the U.S. Department of Education, and also with reference to documents of the Liaison Committee on Medical Education (“LCME”). In 2013, the Board again revised the Standards and Procedures in light of the 2013 NCFMEA guidelines and with reference to LCME documents, including Functions and Structure of a Medical School (May 2012). The Board approved the revised Standards and Procedures effective June 27, 2013. See Exhibit 2 – Standards and Procedures. The Board has reviewed the revised NCFMEA Guidelines for Determination of Comparability (May 15, 2017) and believes that its Standards and Procedures remain consistent with the guidelines. As set forth in more detail in the Standards and Procedures, the Board assesses a school of medicine in terms of its stated objectives, its governance, its administration and faculty, its educational program in the basic sciences and clinical training, its admissions and academic standards, and its facilities and other resources.

Pursuant to the Medical Schools (Accreditation) Act, 2008, the Board is to (among other responsibilities): (a) “consider applications for accreditation”; (b) “determine whether to accredit and re-accredit”; (c) “maintain a registry of the medical schools accredited”; (d) “ensure that the quality of medical programmes of study offered in Dominica meet the standards set by the Medical Board for an award”; (e) “ensure the maintenance of the appropriate standards set by the Medical Board”; (f) “assess the compliance of medical schools with the [Board’s] standards and procedures”; (g) “advise the Minister [of Health] on the issuance of charters”; . . . “(i) revoke a certificate of accreditation” if there is good cause to do so. See Exhibit 1 – Medical Schools (Accreditation) Act, 2008, at § 5(1).

The Board accredits only one medical school: RUSM. The Board recertified RUSM on December 12, 2012 for a period of five years, subject to compliance with the Standards and Procedures. On November 22, 2017 the Board, pursuant to its authority under the Board’s Standards and Procedures (Part 2.II.F), voted to extend for a period of one year, i.e., from December 13, 2017 through December 12, 2018, RUSM’s certification, pending receipt of certain information. See Exhibit 4 – 2017 Recertification Letter. The Board reached this decision after it reviewed the report of the site visit team and considered developments related to RUSM, particularly RUSM’s decision following Hurricane Maria to relocate temporarily to the GNV Excellent, which was docked in St. Kitts, for the remainder of the fall 2017 term, and its plans to relocate temporarily to facilities in Knoxville, Tennessee for the term beginning in January 2018. (At the time of the Board’s action, RUSM had not yet announced its plans to relocate temporarily to St. Kitts in order to accommodate certain non-U.S. students and faculty who could not obtain visas to enter the U.S.) During the one-year period, the Board has collected additional information, including through visits to the facilities aboard the GNV Excellent (see Exhibit 5 (report of visit to GNV Excellent) and Exhibit 6 (approval letter for GNV Excellent)), in Knoxville, Tennessee (see Exhibit 7 (report of visit to Knoxville, TN) and Exhibit 8 (approval letter for Knoxville)), and in St. Kitts (see Exhibit 9 (report of visit to St. Kitts) and Exhibit 10 (approval letter for St. Kitts)). The Board has received the first of two required status reports from RUSM (see Exhibit 11 – First Status Report (April 2, 2018)); the second status report is to be submitted by RUSM no later than August 1, 2018. As set forth in the November 23, 2017 certification extension letter, the Board has scheduled a limited site visit to the Miramar location from August 12-14, 2018. The Board will make a determination about RUSM’s recertification before the one-year period expires in December 2018.

Analyst Remarks to Narrative

The country’s Medical Schools Act, clearly stipulates the Medical Board’s authority in quality assurance and the accrediting of medical schools. The Medical Board has standards and procedures against which it evaluates medical schools and the country has provided these under Exhibit 2. The country has provided a sample documentation of its review and accreditation activities.

However, the country did not provide any information or documentation to address the NCFMEA’s request for the future plans of the Dominica Medical Board with respect to its accrediting activities of medical schools in Dominica, as noted in the October 24, 2016, NCFMEA decision letter.

Country Response

At this time, the Dominica Medical Board (“Board”) accredits only one medical school: Ross University School of Medicine (“RUSM”). On July 30, 2018, the Dean of RUSM notified the Board that RUSM “will relocate to Barbados and as such will not be returning to Dominica”. RUSM has indicated that intends to begin delivering the medical educational program leading to an M.D. degree in Barbados beginning in January 2019. See Exhibit A (letter from W. Owen to A. Dechausay, July 30, 2018).

As described in the Board’s original narrative, in November 2017 the Board voted to extend for a period of one year (i.e., from December 13, 2017 through December 12, 2018) RUSM’s certification, pending receipt of certain information. See previously submitted Exhibit 4 (2017 Recertification Letter). During the one-year period, the Board has collected additional information, including through conducting site visits to RUSM’s temporary locations aboard the GNV Excellent, in Knoxville, Tennessee, and in St. Kitts. See previously submitted Exhibits 5 – 10. The Board also has received two required status reports from RUSM. See previously submitted Exhibit 11 (First Status Report – April 2, 2018) and Exhibit B (second status report). In addition, consistent with the November 2017 certification extension letter, the Board conducted a limited site visit to the Miramar location from August 12 – 14, 2018. See Exhibit C (agenda for limited site visit). The Board is in the process of finalizing its report from the limited site visit and will make the final report available to the NCFMEA upon request.

RUSM has indicated to the Board that it intends to voluntarily withdraw from accreditation by the Board as soon as the U.S. Department of Education has approved the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (“CAAM-HP”) as its primary accrediting agency. RUSM has indicated that it expects to receive such approval before December 12, 2018, the end date of its current accreditation from the DMB. Accordingly, at this time, the Board does not plan to take further action to extend RUSM’s accreditation beyond December 12, 2018.

As described in the Board’s original narrative, the Medical Schools (Accreditation) Act, 2008, establishes that the Board is responsible for evaluating the quality of medical education and accrediting medical schools that offer educational programs

leading to the M.D (or equivalent) degree in Dominica. See previously submitted Exhibit 1 (Medical Schools (Accreditation) Act, 2008). The Government of Dominica expects that the Board will continue to fill that role going forward, should another medical school seek accreditation in Dominica.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided information and documentation regarding the future plans of the Dominica Medical Board with respect to its accrediting activities of medical schools in Dominica, as noted in the October 24, 2016, NCFMEA decision letter. Of note, the country provided information and documentation that the only medical school that it accredits, Ross University School of Medicine, has notified the Dominica Medical Board that it plans to relocate to Barbados. This relocation is scheduled to occur in January 2019. Therefore, Ross University School of Medicine is no longer pursuing accreditation by the Dominica Medical Board, and that accreditation will lapse on December 12, 2018.

Staff Conclusion: Additional Information requested

Accreditation of Medical Schools, Question 2

Country Narrative

There is a clearly defined system for the establishment, certification, licensure, and accreditation, and, as necessary, closure of medical schools. Based upon the advice of the Board, the Government of Dominica, through the Minister of Health, issues charters for such schools to operate, continue their operations, and/or alter their existing operations. See Exhibit 1 – Medical Schools (Accreditation) Act, 2008, at § 5.(1)(g). The Medical Schools (Accreditation) Act, 2008, establishes that the Board is the quality assurance body for medical schools operating in Dominica: the Board is solely responsible for initially accrediting medical schools and, thereafter, monitoring compliance with the Board's Standards and Procedures. See *id.* at § 5. In addition, the Board may revoke a certificate of accreditation if it believes that there is good and sufficient cause to do so, *id.* at § 5.(1)(i), and may recommend to the Minister of Health that a school be permanently closed. *Id.* at § 25.

Analyst Remarks to Narrative

The country has described the close relationship between the Minister of Health whose authority rests with the issuance of charters and closure of medical schools, and the Medical Board, on whose advice and recommendations the Minister of Health relies on with regard to decisions of licensure and closure. The Medical Board is also the quality assurance body in Dominica that accredits medical programs and monitors the quality of medical programs.

Part 2: Accreditation/Approval Standards

Mission and Objectives, Question 1

Country Narrative

The Board's first standard in its Standards and Procedures (IS-1) requires a medical school to be able to document the following: (a) its "vision, mission, and goals, which should serve the general public interest and be supported by its educational objectives, (b) evidence that indicates achievement of such vision, mission, and goals, and (c) strategies for periodic or ongoing reassessment of successes and unmet challenges." See Exhibit 2 – Standards and Procedures, IS-1.* In addition, the Standards and Procedures require that a medical school's "objectives must support the medical education program's mission, serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program." ED-1.

Other relevant standards, through which the medical education program is grounded in the public interest, provide as follows:

ED-1-A states: "The objectives of a medical education program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician."

ED-11 states: "The curriculum of a medical education program must include content from the biomedical sciences that supports students' mastery of the contemporary scientific knowledge, concepts, and methods fundamental to acquiring and applying science to the health of individuals and populations and to the contemporary practice of medicine."

ED-20 states: "The curriculum of a medical education program must prepare medical students for their role in addressing the medical consequences of common societal problems (e.g., provide instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse)."

ED-21 states: "The faculty and medical students of a medical education program must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms,

diseases, and treatments.”

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Exhibit 12 – Board’s Database at Section I - Institutional Setting, page 2 of 14 (regarding IS-1); Section II - Educational Program, pages 5-6 of 56 (regarding ED-1 and ED-1-A); Section II - Educational Program, page 19 of 56 (regarding ED-11); Section II - Educational Program, page 29 of 56 (regarding ED-20); and Section II - Educational Program, page 30 of 56 (regarding ED-21).** In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, pages 5 – 7 (regarding IS-1); Exhibit 14 - RUSM 2017 Database submission Section II, pages 5 – 13, 36, 56, 57 (regarding ED-1, ED-1-A, ED-11, ED-20, and ED-21). The Team Report of the Full Site Visit of RUSM (Feb. 5 – 10, 2017) (hereinafter, “2017 Site Visit Report”) demonstrates that the Board reviewed RUSM under these standards. See Exhibit 18 at pages 13 (regarding IS-1); 30 (regarding ED-1 and ED-1-A); 43 (regarding ED-11); 52 (regarding ED-20); and 53 (regarding ED-21). *** The Board found RUSM in compliance with each of these standards.

*From this point forward in the submission, we will refer to the provisions of the Standards and Procedures only by their alphanumeric designation (e.g. “IS-1,” “IS-2”) or Part (e.g. “Part 2, VIII”); the Exhibit number for the Standards and Procedures will not be repeated for these citations.

**From this point forward in the submission, we will refer to the questions from the Database only by their section or page number; the Exhibit number for the Board’s Database will not be repeated for these citations.

***From this point forward in the submission, we will refer to the findings of the 2017 Site visit Report only by their page number; the Exhibit number for the 2017 Site Visit Report will not be repeated for these citations.

Analyst Remarks to Narrative

The country’s first Standard (Standard IS-1), requires medical programs to articulate mission, goals, and visions that serve the general public interest that are supported by educational objectives. The country has provided a sample site visit report that demonstrates that it reviews medical programs under this standard. Additionally, the country has provided other relevant standards where the educational preparation for physicians is grounded in the public interest.

Mission and Objectives, Question 2

Country Narrative

The Board has various standards that ensure faculty involvement in setting educational objectives and curriculum development. Pursuant to the Standards and Procedures, the faculty of a school that offers a medical education program must define the objectives of the educational program. ED-1. “The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program.” ED-1. In addition, the Standards and Procedures provide that a medical education program must ensure that there are mechanisms in place for direct faculty involvement in decisions related to the program, including the opportunity to participate in discussing and establishing appropriate policies and procedures for the program. FA-13; FA-14.

The Board asks a medical school in its Database responses to address how faculty are involved in curriculum development. See Database at Section II - Educational Program, pages 5-6 of 56 (regarding ED-1); Section IV – Faculty, page 13 of 14 (regarding FA-13); and Section IV – Faculty, page 14 of 14 (regarding FA-14). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 5 - 13 (regarding ED-1); and Exhibit 16 – RUSM 2017 Database submission Section IV, pages 28 – 33 and appendix (regarding FA-13 and FA-14). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 30 (regarding ED-1); and 128 (regarding FA-13 and FA-14). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has referenced the various standards that ensure faculty involvement in setting educational objectives and curriculum development. These requirements are stipulated under standards ED-1, FA-13, and FA-14. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Mission and Objectives, Question 3

Country Narrative

Pursuant to the Standards and Procedures, the faculty of a medical school that offers a medical education program must not only define the objectives of the educational program, it must also formally adopt such objectives through recognized governance

processes. ED-1. "A faculty committee of a medical education program must be responsible for monitoring all aspects of the curriculum, including the content taught in each discipline (both basic sciences and clinical education), so that the program's educational objectives will be achieved." ED-37.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 5-6 of 56 (regarding ED-1) and Section II - Educational Program, page 47 of 56 (regarding ED-37). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 5 – 13, 97 - 98 (regarding ED-1 and ED-37). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 30 (regarding ED-1); and 66 - 67 (regarding ED-37). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has standard (ED-1 and ED-37) which require that a faculty committee of a medical education program to be responsible for monitoring all aspects of the curriculum, including the content, to ensure that the program's educational objectives are achieved. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Mission and Objectives, Question 4

Country Narrative

Pursuant to the Standards and Procedures, the "objectives of a medical education program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician." ED-1-A.

In addition, the Board requires that "[a]n essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning." ED-1-B.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 5-6 of 56. In its 2017 Database submission, RUSM provided information in response. Exhibit 14 - RUSM 2017 Database submission Section II, pages 5 - 13 (regarding ED-1-A and ED-1-B). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 30 (regarding ED-1-A) and 76 – 78 (regarding ED-1-B). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has a standard (ED-1-B) that ensures that "an essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning." The Medical Board further requires schools to provide a description of the specific competencies the school expects of its graduates, the institutional objectives related to each competency, and the outcome measures the school employs to determine achievement toward the objectives. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Mission and Objectives, Question 5

Country Narrative

The Board requires that a program of medical education leading to the M.D. (or equivalent) degree have as "[a]n essential objective" preparing graduates to "enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning." ED-1-B. In addition, "[a] medical education program must include ongoing assessment activities that ensure that medical students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the program's educational objectives." ED-27.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 5-6 of 56 (regarding ED-1-B) and Section II - Educational Program, page 35 of 56 (regarding ED-27). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 5 – 13, 67 - 74 (regarding ED-1-B and ED-27). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 58 (regarding ED-27) and 76 – 78 (regarding ED-1-B). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has a standard (ED-1-B) that subsumes the language of the guideline under this section and further requires that such preparation must include a program of continuous assessment activities to ensure acquisition and demonstration of core clinical skills, behaviors, and attitudes as specified by the program's educational objectives. It appears from the sample site visit reports and database questions provided, that the country evaluated the medical program under this standard and found it in compliance.

Governance, Question 1

Country Narrative

The Standards and Procedures state: "The medical school must be legally authorized to provide a program of medical education in Dominica." IS-2.

The Board asks a school to provide legal documentation of its incorporation in its Database responses. See Database at Section I - Institutional Setting, page 3 of 14. In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, page 8 and appendix (regarding IS-2). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 14 (regarding IS-1). The Board found RUSM in compliance with IS-2.

Analyst Remarks to Narrative

The country's standard IS-2 requires medical programs to provide proof of legal authorization. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Governance, Question 2

Country Narrative

The Standards and Procedures require that there be "an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school's administration." IS-5-A. "This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public." IS-5-A. A medical school is accountable to the Board for purposes of accreditation, and must adhere to the Standards and Procedures. A medical school is accountable under its charter to the Government of Dominica; particular requirements for operation in Dominica are generally specified in a medical school's charter from the Government of Dominica.

The non-governmental governing board of a medical school provides oversight. The Standards and Procedures state, in relevant part: "The governing board shall exercise independent fiduciary judgment. Among its responsibilities shall be responsibility and accountability for ensuring that the school has sufficient resources and is governed appropriately." IS-5. In addition, the Standards and Procedures require that the "governing body of the medical school must include individuals who are qualified to oversee a program of medical education and are not members of the medical school administration. The governing body should establish an academic committee to oversee the medical school and report to the governing body concerning medical school affairs." IS-5-B.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section I - Institutional Setting, pages 6-7 of 14. In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, pages 11 – 13 and appendix (regarding IS-5, IS-5-A, and IS-5-B). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 16 (regarding IS-5, IS-5-A, and IS-5-B). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has standards (IS-5-A and IS-5-B) that parallel the language of the guideline under this section. Medical programs in Dominica are accountable to the Medical Board and, ultimately, the Government of Dominica. The country has additional standards that require a governing body for medical programs that are separate from the medical school administration. The country's standards state that the governing body should establish an academic committee to oversee the medical school and to report to the governing body for issues concerning medical school affairs. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Administrative Personnel and Authority, Question 1

Country Narrative

The Board's Standards and Procedures provide that: "A medical school must have sufficient administrative personnel to ensure

the effective administration of admissions, student affairs, hospital and other health facility relationships, business and planning, and other administrative functions that the medical school performs. There should not be excessive turnover or long-standing vacancies in the leadership, including the dean, vice/associate deans, department chairs and others, where a vacancy could have an adverse impact on the educational program.” IS-6.

The Standards and Procedures further provide as follows:

IS-8 states: “The chief official of a medical education program, who usually holds the title ‘dean,’ must have ready access to the university president or other official of the parent institution who is charged with final responsibility for the program and to other institutional officials as are necessary to fulfill the responsibilities of the dean’s office. The institution must provide sufficient authority to the chief official of the medical school to administer the education program.”

IS-9 states: “There must be clear understanding of the authority and responsibility for matters related to the medical education program among the dean, the faculty, and the directors of the components of the program.”

IS-10 states: “ The chief official of a medical education program must be qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care.”

IS-11 states: “The administration of a school that offers a medical education program should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish its mission(s) and objectives.”

See also IS-7; FA-12.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section I - Institutional Setting, page 8 of 14 (regarding IS-6 and IS-7); Section I - Institutional Setting, page 9 of 14 (regarding IS-8 and IS-9); Section I - Institutional Setting, page 10 of 14 (regarding IS-10); Section I - Institutional Setting, page 11 of 14 (regarding IS-11); and Section IV – Faculty, page 13 of 14 (regarding FA-12). In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, pages 14 – 20 and appendix (regarding IS-6 through IS-11); and Exhibit 16 – RUSM 2017 Database submission Section IV, pages 28 - 30 (regarding FA-12). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 17 - 21 (regarding IS-6 through IS-10) and 128 (regarding FA-12). The Board found RUSM in compliance with IS-7, IS-10, and FA-12. The Board found RUSM in compliance with a need for ongoing monitoring with respect to IS-6, IS-8, and IS-9. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. RUSM was required to address IS-6 in the first status report (see Exhibit 11 – April 2018 first status report); the Board requested that additional information related to IS-6 be submitted with the second status report (see Exhibit 19 – response to first status report). In addition, RUSM’s compliance with IS-6, IS-8, and IS-9 will be considered at the limited site visit scheduled for August 12-14, 2018.

Analyst Remarks to Narrative

The country has standards for sufficiency of administrative personnel and authority that parallel the guideline under this section. The country’s standards stipulate requirements for the chief official of the medical program; clear understanding of authority and responsibility among administration and faculty; and qualification of the chief official by education and experience. The country has provided a sample site visit report that demonstrates that it evaluated a medical program’s administrative sufficiency under this standard.

Administrative Personnel and Authority, Question 2

Country Narrative

The Standards and Procedures require that the “chief official of a medical education program, who usually holds the title ‘dean,’ must have ready access to the university president or other official of the parent institution who is charged with final responsibility for the program and to other institutional officials as are necessary to fulfill the responsibilities of the dean’s office.” IS-8.

Also, the Standards and Procedures require that the chief academic officer of the medical school have sufficient authority to administer the educational program. IS-9. “There must be clear understanding of the authority and responsibility for matters related to the medical education program among the dean, the faculty, and the directors of the components of the program.” IS-9.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See

Database at Section I - Institutional Setting, page 9 of 14. In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, page 16 and appendix (regarding IS-8 and IS-9). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 19 - 20. The Board found RUSM in compliance with a need for ongoing monitoring with respect to IS-8 and IS-9. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has identified certain required follow-up actions. RUSM’s compliance with IS-8, and IS-9 will be considered at a limited site visit scheduled for August 12-14, 2018.

Analyst Remarks to Narrative

The country has standards (IS-8 and IS-9) regarding the chief official of a medical program's authority which parallel the language under this guideline. The chief official must have ready access to the university president; sufficient authority to administer the educational program; and clear understanding of the authority and responsibility among the dean, the faculty, and the directors of the programs. The sample site visit report provided (Exhibit 18) demonstrates that the country evaluated the medical program under these standards.

Administrative Personnel and Authority, Question 3

Country Narrative

The Board requires that there be a “clear understanding of the authority and responsibility for matters related to the medical education program among the dean, the faculty, and the directors of the components of the program.” IS-9. For clinical facilities, the Board requires a school to “have appropriate resources for the clinical instruction of its medical students,” including ambulatory care facilities and hospitals where the full spectrum of medical care is provided and demonstrated. ER-6. “Each hospital or other clinical facility of a medical education program that serves as an instructional site for medical student education must have appropriate instructional facilities and information resources.” ER-7.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. Database at Section I - Institutional Setting, page 9 of 14 (regarding IS-9); Section V - Educational Resources, pages 10-11 of 19 (regarding ER-6); and Section V - Educational Resources, page 12 of 19 (regarding ER-7). In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, page 16 and appendix (regarding IS-9); and Exhibit 17 – 2017 Database submission Section V, pages 18 – 49 and appendix (regarding ER-6 and ER-7). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 17 - 21 (regarding IS-9) and 137 - 138 (regarding ER-6 and ER-7). The Board found RUSM in compliance with ER-6 and ER-7. The Board found RUSM in compliance with a need for ongoing monitoring with respect to IS-9.

Analyst Remarks to Narrative

The country has a standard (IS-9) that ensures clear understanding of the authority and responsibility among the dean, the faculty, and the directors of the components of the medical program. Additionally, the country has standards (ER-6 and ER-7) that requires schools to have appropriate resources for the clinical instruction of its medical students, and that clinical facilities have appropriate instructional facilities and information resources. Medical programs must respond to these areas also in the database questions that are provided at the end of the standards document.

Chief Academic Official, Question 1

Country Narrative

The Board requires that the chief official of a medical education program be “qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care.” IS-10.

The Board requests a school to provide the curriculum vitae for the chief official in its responses to the Database. See Database at Section I - Institutional Setting, page 10 of 14. In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, page 17 and appendix (regarding IS-10). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 21 (regarding IS-10). The Board found RUSM in compliance with IS-10.

Analyst Remarks to Narrative

The country has a standard (IS-10) requiring the chief official of a medical education program to be “qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care.” The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Chief Academic Official, Question 2

Country Narrative

The Board does not prescribe the manner in which a medical education program must select a chief academic official. However, such process must result in a chief academic official who meets the Board's standards, meaning the person must be qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care, as set forth in the Standards and Procedures (i.e., IS-10).

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section I - Institutional Setting, page 10 of 14. In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, page 17 and appendix (regarding IS-10). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 21 (regarding IS-10). The Board found RUSM in compliance with IS-10.

Analyst Remarks to Narrative

As stated in the country's narrative, the country does not prescribe the way in which a medical education program must select a chief academic official, only that such an official is qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care. The country does require medical programs to describe the process by which it chooses administrators in its database submission.

Faculty

Country Narrative

The Board has standards that ensure that faculty members of medical schools participate in decisions related to admissions, the curriculum, and the hiring, retention, promotion, and discipline of faculty. The Board's Standards and Procedures provide as follows: "The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to (i) admissions, (ii) hiring, retention, promotion, and discipline of faculty; and (iii) all phases of the curriculum, including the clinical education portion." FA-1. In addition, the Board's Standards and Procedures require faculty to: (a) be a majority of the voting members on admissions committees (MS-4) and (b) design the curriculum and subject it to periodic review and revision (ED-35). "There must be clear policies in place at a medical education program for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean." FA-7.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section IV – Faculty, page 3 of 14 (regarding FA-1); Section III - Medical Students, page 8 of 35 (regarding MS-4); Section II - Educational Program, page 44 of 56 (regarding ED-35); and Section IV – Faculty, page 7 of 14 (regarding FA-7). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 93 – 94 and appendix (regarding ED-35); Exhibit 15 – RUSM 2017 Database submission Section III, pages 8 - 9 (regarding MS-4); Exhibit 16 – RUSM 2017 Database submission Section IV, pages 4 – 7, 13 – 15, and appendix (regarding FA-1 and FA-7). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 66 - 67 (regarding ED-35); 84 (regarding MS-4); and 118 – 119 (regarding FA-1 and FA-7). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has standards that ensure that faculty members of medical schools participate in decisions related to admissions, the curriculum, and the hiring, retention, promotion, and discipline of faculty under standards FA-1, MS-4, ED-35, and FA-7. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Remote Sites, Question 1

Country Narrative

The Board's Standards and Procedures require that the "accreditation of a medical program is for the entire educational program and not individual parts of the program separately from the main campus." ED-8. "No portion of the medical education program offered to U.S. students, other than the clinical training portion of the program, may be located outside of Dominica." ED-8-A.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 14-15 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 27 – 30 and appendix (regarding ED-8 and

ED-8-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 39 - 40 (regarding ED-8) and 41 (regarding ED-8-A). The Board found RUSM in compliance with each of these standards.

After Hurricane Maria made landfall in Dominica, the U.S. Department of Education published a Notice in the Federal Register (82 Fed. Reg. 48,424 (Oct. 18, 2017)) identifying as inapplicable certain regulatory provisions, which determine whether an institution qualifies in whole or in part as an eligible institution of higher education under the Higher Education Act (HEA), and may apply to participate in programs authorized by the HEA. The Department of Education took such action “to provide relief to foreign institutions affected by Hurricane Irma or Hurricane Maria” and “allow[ed] a foreign institution that can no longer operate in its home country . . . to temporarily operate in another country, contingent upon the foreign institution receiving approval from the Secretary for the relocation”. *Id.* Such approval was conditioned upon, among other things, “[a]pproval of the plan and timeline for the temporary relocation from the foreign institution’s accrediting body, including an agreement by that accrediting body to visit and monitor operations at the temporary location”. *Id.*

Hurricane Maria had a dramatic impact on the island of Dominica and RUSM; in the immediate aftermath, RUSM evacuated students, faculty, and staff. RUSM sought permission from the Board temporarily to relocate to the cruise ship GNV Excellent, which was docked in St. Kitts, for the remainder of the semester that had begun in September 2017. On November 27, 2017, the Board visited the cruise ship for purposes of monitoring the temporary location, and on December 7, 2017, based on the site visit team’s report and related documentation provided by RUSM, the Board formally approved the plan and timeline for the temporary relocation to St. Kitts/the GNV Excellent. See Exhibit 6 – approval letter (Dec. 7, 2017). Similarly, RUSM sought permission from the Board temporarily to relocate to facilities in Knoxville, Tennessee and St. Kitts for the semester that began in January 2018. On February 26, 2018, the Board visited Knoxville, Tennessee for purposes of monitoring the temporary location, and on March 7, 2018, the Board formally approved the plan and timeline for the temporary relocation to Knoxville. See Exhibit 8 – approval letter (March 7, 2018). On March 8, 2018, the Board visited St. Kitts for purposes of monitoring the temporary location, and on March 21, 2018, the Board formally approved the plan and timeline for the temporary relocation to St. Kitts. See Exhibit 10 – approval letter (March 21, 2018). Pursuant to RUSM’s request, the Board has extended its approval for RUSM’s operations in Knoxville, Tennessee and St. Kitts through the end of the Fall 2018 semester, subject to RUSM’s continued compliance with the Board’s Standards and Procedures and the Board’s continued ability to monitor the temporary locations. See Exhibit 20 – approval letter (May 28, 2018). All approval letters were simultaneously transmitted to the U.S. Department of Education’s Federal Student Aid Foreign Schools Team. The Board and the Government of Dominica continue to discuss with RUSM its plans and timeline for return to Dominica.

Analyst Remarks to Narrative

The country has a standard (ED-8-A) that parallels the language under this guideline. Due to the circumstances regarding Hurricane Maria and its impact on Dominica, the Board reviewed and approved a plan for the temporary relocation of RUSM to St. Kitts and Knoxville, Tennessee. The Board provided information and documentation on its review process and approvals.

Remote Sites, Question 2

Country Narrative

The one medical school that the Board accredits—RUSM—offers part of its program at geographically separated locations. Board requirements and standards that address specifically such locations are set forth in Part 2, I. (“The Certification Process”), ED-8, ED-30-A, and ED-41 (quoted below).

Part 2, I. (“The Certification Process”) states, in relevant part: “If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that the educational experiences at all geographically separated sites are comparable in experience and quality to those at the main campus.”

ED-8 provides further: “The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline. Compliance with this standard requires that the educational experiences at all instructional sites be designed to achieve the same educational objectives. The instruments and criteria used for medical student assessment, as well as the policies for the determination of grades, must be the same at all instructional sites. The faculty who teach at all instructional sites must be sufficiently knowledgeable in the subject matter to provide effective instruction and have a clear understanding of the objectives of the educational experience and the assessment methods used to determine achievement of those objectives. Each course or clerkship rotation must identify any core experiences needed to achieve its objectives and ensure that students receive sufficient exposure to such experiences. Similarly, the course or clerkship director must ensure that any limitations of the course or clerkship do not impede accomplishment of objectives. The course and clerkship/clerkship rotation leadership must review medical students’ evaluations of their experiences at all

instructional sites to identify any persistent variations in educational experiences or assessment methods. The clerkship chair or someone of comparable seniority must visit and review each clinical site every year.”

ED-30-A states: “If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that there is consistency in student evaluations at all sites.”

ED-41 states: “The faculty in each discipline at all instructional sites of a medical education program must be functionally integrated by appropriate administrative mechanisms. The medical education program must be able to demonstrate the means by which faculty at each instructional site participate in and are held accountable for medical student education that is consistent with the objectives and performance expectations established by the course or clerkship leadership.”

ED-42 states: “A medical education program must have a single standard for the promotion and graduation of medical students across all instructional sites.”

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 14-15 of 56 (regarding ED-8); Section II - Educational Program, page 38 of 56 (regarding ED-30-A); Section II - Educational Program, page 50 of 56 (regarding ED-41); and Section II - Educational Program, page 51 of 56 (regarding ED-42). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 27 – 30, 79, 102 – 104 and appendix (regarding ED-8, ED-30-A, ED-41, and ED-42). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 39-40 (regarding ED-8 and ED-30-A); 71 (regarding ED-41); and 72 (regarding ED-42). The Board found RUSM in compliance with ED-8, ED-41, and ED-42. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ED-30-A. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address ED-30-A in the second status report, which will be submitted to the Board no later than August 1, 2018. In addition, RUSM’s compliance with ED-30-A will be considered at the limited site visit scheduled for August 12-14, 2018.

Analyst Remarks to Narrative

The country has several standards that ensure that the educational experiences at remote sites are comparable to the main campus and that students are evaluated in a comparable manner at all sites. The country requires consistency among assessments, core experiences, and faculty. Medical programs must ensure that appropriate mechanisms are in place to ensure consistency among student evaluations. The country has provided the correspondent database questions as well as a sample site visit report to demonstrate that the country reviewed the medical education program under these standards.

Program Length, Question 1

Country Narrative

The Board’s Standards and Procedures provide that a medical education program leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction. ED-4.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II - Educational Program, page 10 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, page 18 (regarding ED-4). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 33. The Board found RUSM in compliance with ED-4.

Dominica is not a member of the European Community.

Analyst Remarks to Narrative

The country has a standard (ED-4) that parallels the language under this guideline. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Curriculum, Question 1

Country Narrative

The Board’s Standards and Procedures require that “[t]he curriculum of a medical education program must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow medical students to acquire skills of critical

judgment based on evidence and experience; and develop medical students' ability to use principles and skills wisely in solving problems of health and disease." ED-6. The Board requires that a medical education program's curriculum "must provide a general professional education and prepare medical students for entry into graduate medical education." ED-5. "A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning." ED-5-A.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, page 11 of 56 (regarding ED-5); Section II - Educational Program, page 12 of 56 (regarding ED-5-A); and Section II - Educational Program, page 13 of 56 (regarding ED-6). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 19 – 26 and appendix (regarding ED-5, ED-5-A, and ED-6). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 34 - 37. The Board found RUSM in compliance with ED-5 and ED-6. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ED-5-A. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board's various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address ED-5-A in the second status report, which will be submitted to the Board no later than August 1, 2018.

Analyst Remarks to Narrative

The country has standards (ED-5 and ED-6) that parallels the language under this guideline. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Curriculum, Question 2

Country Narrative

The Board requires specific disciplines to be taught as part of the basic sciences education. The Standards and Procedures require that the curriculum "provide education in the sciences basic to medicine, including contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, genetics, public health medicine, and preventative medicine." ED-11-A.

In general, the Board requires a medical education program's curriculum to include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on care. ED-7. The Standards and Procedures require that the "curriculum of a medical education program must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow medical students to acquire skills of critical judgment based on evidence and experience; and develop medical students' ability to use principles and skills wisely in solving problems of health and disease." ED-6. Also, the Standards and Procedures require that the "curriculum of a medical education program must include laboratory or other practical opportunities for the direct application of the scientific method, accurate quantitative observation of biomedical phenomena, and critical analysis of data." ED-12.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, page 13 of 56 (regarding ED-6 and ED-7); Section II - Educational Program, page 19 of 56 (regarding ED-11-A); and Section II - Educational Program, page 20 of 56 (regarding ED-12). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 24 – 26, 36, 37, and appendix (regarding ED-6, ED-7, ED-11-A, and ED-12). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 37 (regarding ED-6); 38 (regarding ED-7); 43 (regarding ED-11-A); and 44 (regarding ED-12). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has standards (ED-11-A, ED-7, ED-6, and ED-12) that parallel the language under this guideline. The country stipulates the currency of the curriculum as well as the disciplines in the basic and clinical sciences. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Curriculum, Question 3

Country Narrative

The Board requires a school to introduce medical students to the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care. ED-17-A. The Board's Standards and Procedures state that students should have the opportunity to participate in research and other scholarly activities of the faculty. IS-12. The Standards and Procedures provide further that one of the overarching goals of the

medical education program must be for it to be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars. IS-13.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section I - Institutional Setting, pages 12-13 of 14 (regarding IS-12 and IS-13); and Section II - Educational Program, page 25 of 56 (regarding ED-17-A). In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, pages 21 - 25 (regarding IS-12 and IS-13); Exhibit 14 - RUSM 2017 Database submission Section II, page 45 (regarding ED-17-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 24 – 27 (regarding IS-12 and IS-13); and 48 (regarding ED-17-A). The Board found RUSM in compliance with ED-IS-12, IS-13. The Board found RUSM in partial or substantial noncompliance with respect to ED-17-A. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. RUSM was required to address ED-17-A in the first status report (see Exhibit 11 – April 2018 first status report); the Board requested that additional information related to ED-17-A be submitted with the second status report (see Exhibit 19 – response to first status report).

Analyst Remarks to Narrative

The country has standards (ED-17-A, IS-12, IS-13) that parallel the language under this guideline. The country also requires that the overarching goals of the medical program is to foster intellectual challenge and the spirit of inquiry appropriate to a community of scholars. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Curriculum, Question 4

Country Narrative

The Standards and Procedures require that “[a] medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.” ED-5-A.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II - Educational Program, page 12 of 56. In its 2017 Database submission, RUSM provided information in response. Exhibit 14 - RUSM 2017 Database submission Section II, pages 20 – 23 and appendix (regarding ED-5-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 35. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ED-5-A. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address ED-5-A in the second status report, which will be submitted to the Board no later than August 1, 2018.

Analyst Remarks to Narrative

The country has a standard (ED-5-A) that parallels the language under this guideline. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Curriculum, Question 5

Country Narrative

Pursuant to the Standards and Procedures, a school must make available sufficient opportunities for medical students to participate in service-learning activities and encourage and support medical student participation in service-learning activities within the communities in which a school is located. IS-14. “Service-learning” is defined as a structured learning experience that combines community service with preparation and reflection. IS-14. The Standards and Procedures explain that medical students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals. IS-14.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section I - Institutional Setting, page 14 of 14. In its 2017 Database submission, RUSM provided information in response. See Exhibit 13 – RUSM 2017 Database submission Section I, pages 26 – 27 and appendix (regarding IS-14). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 28. The Board found RUSM in compliance with IS-14.

Analyst Remarks to Narrative

The country has a standard (IS-14) that parallels the language under this guideline. The sample site visit report demonstrates that

the country reviewed the medical education program under this standard.

Curriculum, Question 6

Country Narrative

The Board requires specific disciplines to be taught as part of basic science education. Specifically, the Board requires that a school's "curriculum must provide education in the sciences basic to medicine, including contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, genetics, public health medicine, and preventative medicine." ED-11-A.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II - Educational Program, page 19 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, page 36 (regarding ED-11-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 43. The Board found RUSM in compliance with ED-11-A.

Analyst Remarks to Narrative

The country has standards (ED-11-A) that parallel the language under this guideline. The country stipulates the currency of the curriculum as well as the disciplines in the basic and clinical sciences. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Curriculum, Question 7

Country Narrative

Under the Standards and Procedures, the curriculum of a medical education program must include laboratory or other practical opportunities for the direct application of the scientific method, accurate quantitative observation of biomedical phenomena, and critical analysis of data. ED-12.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II - Educational Program, page 20 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, page 37 (regarding ED-12). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 44. The Board found RUSM in compliance with ED-12.

Analyst Remarks to Narrative

The country has a standard (ED-12) that parallel the language under this guideline. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Clinical Experience, Question 1

Country Narrative

Part 1 of Question (h): The following traditionally required clinical subjects must be offered: internal medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery, and family medicine. ED-22. These subjects must be offered in the form of required experiences in patient care (customarily called clerkships). ED-22. The Board also requires a school to include clinical experience in primary care. ED-14. A school must "have in place a system with central oversight to ensure that the faculty defines the types of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of medical student responsibility. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met." ED-2.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 7-8 of 56 (regarding ED-2); Section II - Educational Program, page 22 of 56 (regarding ED-14); and Section II - Educational Program, page 23 of 56 (regarding ED-22). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 14 – 15, 41 – 43, and appendix (regarding ED-2, ED-14, and ED-22). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 31 (regarding ED-2); and 46 (regarding ED-14 and ED-22). The Board found RUSM in compliance with each of these standards.

Part 2 of Question (h): The Standards and Procedures require that “[t]he curriculum of a medical education program must prepare students to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle that will prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems.” ED-15. “The traditionally required clinical subjects are internal medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery, and family medicine.” ED-22. The Board requires a school to offer those subjects in the form of required experiences in patient care (customarily called clerkships). ED-22.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, page 23 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 42 - 43 (regarding ED-15 and ED-22). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 45 (regarding ED-15); and 46 (regarding ED-22). The Board found RUSM in compliance with each of these standards.

Part 3 of Question (h): The Board’s Standards and Procedures require that a medical education program’s curriculum “must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.” ED-13.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II - Educational Program, page 21 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 38 – 40 and appendix (regarding ED-13). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 45. The Board found RUSM in compliance with ED-13.

Analyst Remarks to Narrative

The country has standards (ED-22, ED-2, and ED-14) that parallel the language under this guideline. The country stipulates that a school must include clinical experience in primary care and that the required clinical subjects are offered in the form of required experiences in patient care. Furthermore, the country’s standards also require the medical program’s curriculum to “cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.” The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Clinical Experience, Question 2

Country Narrative

The Board’s Standards and Procedures require that a medical education program must provide a general professional education (i.e., the knowledge and skills necessary to become a qualified physician, and prepare medical students for entry into graduate medical education). ED-5. The Standards and Procedures require further that a medical education program must ensure that the learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity). MS-31-A. Specifically, the Board requires that “[a]n essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background, knowledge, skills, attitudes, and behaviors necessary for continued learning.” ED-1-B. All objectives of a medical education program must be made known to the school’s community, including all medical students, faculty, residents, and others who have direct responsibility for medical student education and assessment. ED-3.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 5-6 of 56 (ED-1-B); Database at Section II - Educational Program, page 9 of 56 (regarding ED-3); Database at Section II - Educational Program, page 11 of 56 (regarding ED-5); and Section III - Medical Students, page 29 of 35 (regarding MS-31-A). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 5 – 13, 16 – 17, 19, and appendix (regarding ED-1-B, ED-3, and ED-5); Exhibit 15 – RUSM 2017 Database submission, Section III, pages 47 – 51 and appendix (regarding MS-31-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 76 - 78 (regarding ED-1-B); 32 (regarding ED-3); 34 (regarding ED-5); and 111 (regarding MS-31-A). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country does require clinical experiences in the areas specified. Additionally, the country has standards that require medical programs to prepare graduates so that they have the knowledge and skills necessary to become a qualified physician, and prepare medical students for entry into graduate medical education. The country also requires that the medical program promote

the development of explicit and appropriate professional attributes in its medical students. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Clinical Experience, Question 3

Country Narrative

Part 1 of Question (j): The Board requires a medical education program to have resources for clinical instruction of its medical students, including ambulatory care facilities and hospitals, where the full spectrum of medical care is provided and demonstrated. ER-6. Clinical experiences must use both outpatient and inpatient settings. ED-16; see ED-8. Standards and Procedures Part 1, II.E. ("Evaluation of Program Effectiveness") sets forth the Board's standards for assessing a medical school's delivery of instruction and experience in patient care provided in both ambulatory and hospital settings.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 14-15 of 56 (regarding ED-8); Section II - Educational Program, page 22 of 56 (regarding ED-16); and Section V - Educational Resources, pages 10-11 of 19 (regarding ER-6). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 27 – 30, 41, and appendix (regarding ED-8 and ED-16); and Exhibit 17 – 2017 Database submission Section V, pages 18 – 46 and appendix (regarding ER-6). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 39 - 40 (regarding ED-8); 46 (regarding ED-16); and 137 (regarding ER-6). The Board found RUSM in compliance with each of these standards.

Part 2 of Question (j): The Standards and Procedures mandate that each required clinical clerkship permit students the ability to conduct a thorough study of a series of selected patients having the major and common types of medical problems present in the primary and related disciplines of the clerkship. ED-16-A; see ED-8. All clinical clerkships must be conducted in settings in which resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching medical students. ER-8.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, pages 14-15 of 56 (regarding ED-8); Section II - Educational Program, page 22 of 56 (regarding ED-16-A); and Section V - Educational Resources, page 13 of 19 (regarding ER-8). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 27 – 30, 41, and appendix (regarding ED-8 and ED-16-A); and Exhibit 17 – 2017 Database submission Section V, page 49 (regarding ER-8). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 39 – 40 (regarding ED-8); 46 (regarding ED-16-A); and 24 – 26 (regarding ER-8). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has a standard that parallels the guidelines under this section (ED-16). The country requires that clinical experiences use both outpatient and inpatient settings, and that each required clinical clerkship permit students to conduct a thorough study of a series of selected patients having the major and common types of medical problems present in the primary and related disciplines of the clerkships. The country has referenced the correspondent database questions which prompt medical programs to respond to the country's standards.

Supporting Disciplines

Country Narrative

The Standards and Procedures require a medical education program to provide educational opportunities in multidisciplinary content areas (e.g., emergency medicine, geriatrics) and in the disciplines that support general medical practice (e.g., diagnostic imaging, clinical pathology). ED-17.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II - Educational Program, page 24 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, page 44 (regarding ED-17). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 47. The Board found RUSM in compliance with ED-17.

Analyst Remarks to Narrative

The country has a standard that parallels the guideline under this section (ED-17). Dominica requires a medical education

program to provide educational opportunities in multidisciplinary content areas and in the disciplines that support general medical practice, for example in diagnostic imaging and clinical pathology. The country has provided the correspondent database questions that reflect the review of this standard.

Ethics, Question 1

Country Narrative

The Board requires all medical education programs to provide instruction in medical ethics and human values. ED-23. The Board does not have specific requirements about the content of instruction in medical ethics and human values. However, Board standards require that medical students must exhibit scrupulous ethical principles in caring for patients and in relating to patients' families and to others involved in patient care, and that a medical program must have in place a program or programs to monitor and evaluate success of instruction in medical ethics and human values. ED-23.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II - Educational Program, page 31 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, page 58 and appendix (regarding ED-23). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 54. The Board found RUSM in compliance with ED-23.

Analyst Remarks to Narrative

The country has a standard (ED-23) that parallels the guidelines under this section and states, that medical programs "must exhibit scrupulous ethical principles in caring for patients and in relating to patients' families and to others involved in patient care, and that a medical program must have in place a program to monitor and evaluate success of instruction in medical ethics and human values." The country has provided the correspondent database question to demonstrate review of this section.

Communication Skills, Question 1

Country Narrative

The Standards and Procedures require a medical education program curriculum to include specific instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals. ED-19. In addition: "The medical program must have in place a program or programs to monitor and evaluate success of instruction in communication skills." ED-19. The Board requires that these communication skills enable medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients, the core curriculum should prepare students for such experiences, and the curricular experiences should include practitioners and/or students from the other health professions. ED-19-A.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, page 27 of 56 (regarding ED-19); and Section II - Educational Program, page 28 of 56 (regarding ED-19-A). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 48 – 55 and appendix (regarding ED-19 and ED-19-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 50 - 51. The Board found RUSM in compliance with ED-19 and ED-19-A.

Analyst Remarks to Narrative

The country has a standard (ED-19) that parallels the guideline under this section. In addition, the country requires that a "medical program must have in place a program or programs to monitor and evaluate success of instruction in communication skills." The country has provided the correspondent database question that demonstrates review of this section.

Design, Implementation, and Evaluation, Question 1

Country Narrative

The Standards and Procedures Part 1, II.D. ("Curriculum Management", corresponding to standards ED-33 through ED-44) describes the Board's expectations of the role of faculty in curriculum evaluation, along with standards for assessing the role of medical school faculty in the curriculum evaluation process.

The Board asks a school to address curriculum design, implementation, and evaluation in its Database responses. See Database at Section II - Educational Program, pages 41 -52 of 56. In its 2017 Database submission, RUSM provided information in

response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 83 - 105 and appendix (regarding ED-33 through ED-44). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 59, 64 – 74 (regarding ED-33 through ED-44). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has standards (ED-33 through ED-44) that parallel the guidelines under this section and describes expectations regarding the role of faculty in curriculum evaluation. The country has provided the correspondent questions in its database pertaining to curriculum design, implementation, and evaluation to demonstrate review of this section.

Design, Implementation, and Evaluation, Question 2

Country Narrative

Part 1 of Question (o): The Board's Standards and Procedures provide that a medical school must have its own system for evaluating the effectiveness of its curriculum and making changes to its curriculum as a result of such evaluation. ED-48.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II - Educational Program, page 56 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 110 – 112 and appendix (regarding ED-48). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See pages 76 - 78. The Board found RUSM in compliance with ED-48.

Part 2 of Question (o): The second question is inapplicable because no central agency imposes a curriculum.

Analyst Remarks to Narrative

The country has a standard (ED-48) that parallels the guidelines under this section in that it requires medical programs to have its own system for evaluating the effectiveness of its curriculum and making changes to its curriculum as a result of such evaluation. The country has provided the correspondent database question that demonstrates review of this section.

Design, Implementation, and Evaluation, Question 3

Country Narrative

Part 1 of Question (p): The Standards and Procedures Part 1, II ("Educational Program for the M.D. Degree") address the Board's requirements related to design, implementation, and evaluation of a medical school's curriculum.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II. The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 29 - 80.

Part 2 of Question (p): As a general practice, the Board requires that the "objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty." ED-35. The Board believes that a school should facilitate understanding the effectiveness of the curriculum by collecting robust, reliable, and probative outcome data. ED-46. Specifically, the Standards and Procedures require the following: "The medical education program must collect outcome data on medical student performance, both during program enrollment and after program completion, appropriate to document the achievement of the program's educational objectives. The kinds of outcome data that could serve this purpose include performance on national licensure examinations, performance in courses and clerkships and other internal measures related to educational program objectives, academic progress and program completion rates, acceptance into residency programs, and assessments by graduates and residency directors of graduates' preparation in areas related to medical education program objectives, including the professional behavior of its graduates." ED-46. In response to its evaluation of program effectiveness, a school must make changes to the curriculum through an established system. ED-48.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, page 44 of 56 (regarding ED-35); Section II - Educational Program, pages 53 - 55 of 56 (regarding ED-46); and Section II - Educational Program, page 56 of 56 (regarding ED-48). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 93 – 94, 106 – 112, and appendix (regarding ED-35, ED-46, and ED-48). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 66 – 67 (regarding ED-35); 76 – 78 (regarding ED-46 and ED-48). The

Board found RUSM in compliance with ED-35 and ED-48. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ED-46. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address ED-46 in the second status report, which will be submitted to the Board no later than August 1, 2018.

Analyst Remarks to Narrative

The country has standards that require medical programs to evaluate program effectiveness. ED-46 requires medical programs to collect, use, and report a variety of robust, reliable and probative outcome data to demonstrate the extent to which its educational objectives are being met. The standard further fleshes out that, "the kinds of outcome data that could serve this purpose include performance on national licensure examinations, performance in courses and clerkships and other internal measures related to educational program objectives, academic progress and program completion rates, acceptance into residency programs, and assessments by graduates and residency directors of graduates' preparation in areas related to medical education program objectives, including the professional behavior of its graduates." ED-48 requires programs to have a system for making changes to the curriculum as a result of its evaluation of program effectiveness. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Admissions, Recruiting, and Publications, Question 1

Country Narrative

Part 1 of Question (a): The Standards and Procedures state that a “medical education program must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians.” MS-6.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section III - Medical Students, page 10 of 35. In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 12– 13 and appendix (regarding MS-6). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See pages 87. The Board found RUSM in compliance with MS-6.

Part 2 of Question (a): Pursuant to MS-11, the Board seeks to ensure that the school’s published standards are abided. MS-11 states: “A medical education program’s catalog or other informational materials must enumerate the program’s criteria for selecting students for admission and describe the application and admission processes.” MS-11.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section III - Medical Students, page 12 of 35. In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 16 – 19 and appendix (regarding MS-11). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See pages 89. The Board found RUSM in compliance with MS-11.

Analyst Remarks to Narrative

The country has requirements that parallel the guidelines under this section (MS-6). The country also requires that a medical program's catalog or other informational materials must enumerate the program’s criteria for selecting students for admission and describe the application and admission processes (MS-11). The country has provided the correspondent database questions under these standards.

Admissions, Recruiting, and Publications, Question 2

Country Narrative

A medical school establishes its own admission standards; the Government of Dominica has not established a national admission standard. The Board requires the faculty of a medical education program to make decisions regarding the admission, promotion, and graduation of its medical students. See FA-6, MS-3, MS-4, and MS-11.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section III - Medical Students, page 7 of 35 (regarding MS-3); Section III - Medical Students, page 8 of 35 (regarding MS-4); Section III - Medical Students, page 12 of 35 (regarding MS-11); and Section IV - Faculty, page 13 of 14 (regarding FA-6). In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 7 – 9, 16-19, and appendix (regarding MS-3, MS-4, and MS-11); and Exhibit 16 – RUSM 2017 Database submission Section IV, pages 28 - 30 (regarding FA-6). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM

under these standards. See pages 83 (regarding MS-3); 84 (regarding MS-4); 89 (regarding MS-11); and 128 (regarding FA-6). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has standards (MS-3, MS-4, MS-11, and FA-6) that require the faculty of a medical education program to make decisions regarding the admission, promotion, and graduation of its medical students parallel to the guideline under this section. The country has provided the correspondent database questions under these standards.

Admissions, Recruiting, and Publications, Question 3

Country Narrative

The Standards and Procedures Part 1, III.A. (“Admissions”, corresponding to standards MS-1 through MS-11) addresses the Board’s requirements related to premedical education, selection, and visiting and transfer students. In general, the Board requires that medical education programs admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians. MS-6. Also, a “medical education program’s catalog or other informational materials must enumerate the program’s criteria for selecting students for admission and describe the application and admission processes.” MS-11.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section III - Medical Students, pages 6-12 of 35 (regarding MS-1 through MS-11). In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 6 - 19 (regarding MS-1 through MS-11). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 82 - 89. The Board found RUSM in compliance with each of these standards (MS-1 through MS-11).

Analyst Remarks to Narrative

As stipulated under standard MS-3, the country requires the faculty of a medical education program to develop criteria, policies, and procedures for the selection of medical students parallel to the guideline under this section. Standard MS-4 further requires that the final responsibility for accepting students into the program must rest with a formally constituted medical school admissions committee that reports to and is accountable to the dean. Faculty members must constitute the majority of voting members at all meetings. The country has provided the correspondent database questions under these standards and the sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Admissions, Recruiting, and Publications, Question 4

Country Narrative

The Board requires that a medical education program have “a sufficiently large pool of applicants who possess national level qualifications to fill its entering class.” MS-5. “The size of the entering class and of the medical student body as a whole should be determined not only by the number of qualified applicants, but also by the adequacy of teaching resources.” MS-8.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section III - Medical Students, page 9 of 35. In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 10 - 11 (regarding MS-5 and MS-8).

The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 85 - 86. The Board found RUSM in compliance with each of MS-5 and MS-8.

Analyst Remarks to Narrative

The country has standards (MS-5 and MS-8) that codify the same verbiage of the guideline under this section. The country has provided the correspondent database questions that prompt programs to respond to whether the number of students admitted is consistent with the available educational resources. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Admissions, Recruiting, and Publications, Question 5

Country Narrative

In general, the Board requires that all marketing materials provide a balanced and accurate representation of the mission and objectives of the educational program. MS-10. Several sections of the Standards and Procedures provide further details related to

this general requirement: MS-10, MS-10-A, MS-10-B, and MS-11.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section III - Medical Students, page 12 of 35. In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 16 – 19 and appendix (regarding MS-10, MS-10-A, MS-10-B, and MS-11). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 89. The Board found RUSM in compliance with each of MS-10, MS-10-A, MS-10-B, and MS-11.

Analyst Remarks to Narrative

The country has requirements that parallel the guidelines under this section (MS-10 and MS-11). The country has also pointed out the correspondent database questions where programs are prompted to provide a copy of its catalogs. It appears from the sample site visit reports and database questions provided, that the country evaluated the medical program under this standard.

Admissions, Recruiting, and Publications, Question 6

Country Narrative

Part 1 of Question (f): The Board requires a school to provide students with access to their records (unless prohibited by law); in addition, the Board requires that students should be given the opportunity to challenge the accuracy of their records, as maintained by the school. MS-36. Also, a school must have a policy concerning the confidentiality of student records that provides for disclosure of student records only to members of the faculty and administration with the need to know and to others only with the student's consent or in other circumstances specified by the policy or applicable law. MS-35.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section III - Medical Students, page 33 of 35. In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 56 - 60 (regarding MS-35 and MS-36). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 114. The Board found RUSM in compliance with each of MS-35 and MS-36.

Part 2 of Question (f): The Government of Dominica does not have a specific law that addresses student records.

Analyst Remarks to Narrative

The country states in its narrative that it does not have a law governing student access to records and the confidentiality of student records. However, the country has standards (MS-36 and MS-35, respectively), that requires programs to give students the opportunity to challenge the accuracy of their records, as well as requiring programs to have a policy concerning the confidentiality of student records and limited disclosure. The country has provided the correspondent database questions that prompt medical programs to respond to the policies and procedures that programs have in place under this guideline. It appears from the sample site visit report and database questions provided, that the country evaluated the medical program under this standard.

Student Achievement, Question 1

Country Narrative

The Board requires that a medical school's faculty "establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation." ED-26-A. Faculty must set standards for both required and elective courses (including clerkships). ED-29. The Standards and Procedures require that "directors of all courses and clerkships in a medical education program . . . design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship/rotation." ED-30. Further, throughout a medical education program, there must be ongoing assessment of students' problem solving, clinical reasoning, decision making, and communication skills. ED-28. Assessments should result in formal feedback that permits students sufficient time to allow for any needed remediation. ED-31. In addition, for all non-lecture courses and clerkships, assessments should include a narrative description of medical student performance, including non-cognitive achievement. ED-32.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II – Educational Program, page 34 of 56 (regarding ED-26-A and ED-29); Section II – Educational Program, page 36 of 56 (regarding ED-28); Section II – Educational Program, page 37 of 56 (regarding ED-30); Section II – Educational Program, page 39 of 56 (regarding ED-31); Section II – Educational Program, page 40 of 56 (regarding ED-32). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 62 – 68, 77 – 78, 80 – 82, and appendix (regarding ED-26-A, ED-28, ED-29, ED-30, ED-31, and ED-32). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 59 (regarding ED-26-A); 58

(regarding ED-28); 60 – 61 (regarding ED-30); 62 (regarding ED-31); and 63 (regarding ED-32). The Board found RUSM in compliance with ED-26-A, ED-28, ED-29, and ED-32. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ED-31. The Board found RUSM in partial or substantial noncompliance with respect to ED-30. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address ED-30 in the first status report (see Exhibit 11 – April 2018 first status report); the Board requested that additional information related to ED-30 be submitted with the second status report (see Exhibit 19 – response to first status report). The Board required that RUSM address ED-31 in the second status report, which will be submitted to the Board no later than August 1, 2018. In addition, RUSM’s compliance with ED-30 and ED-31 will be considered at the limited site visit scheduled for August 12-14, 2018.

Analyst Remarks to Narrative

The country has requirements that parallel the guidelines under this section (ED-26). The country has also provided the correspondent database questions where programs are prompted to respond to this standard. The country also provided the site visit report, recertification letter, and status reports relative to the review of student achievement, which demonstrates the evaluation of the medical program under these standards.

While the respective database questions and site visit report relate to the correlating standard under this guideline, Department staff could not find where judgment was applied by the country specifically to the guideline under this section. For example, the reference to the citation in the site visit report applies to the standard related to the medical school faculty’s establishment of criteria for satisfactory academic progress and the requirements for graduation, but the answer provided by the school does not discuss it. More information is needed regarding how the country applies the standard under this section, the language of which it has adopted verbatim from the NCFMEA guidelines.

Country Response

The Board collects information from a variety of sources to assess whether an accredited medical education program complies with its standards. The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. In addition, during the course of site visits, the Board’s site visit team meets with representatives of the medical school to ask questions related to the medical school’s compliance with the Board’s standards. For example, during its site visit to RUSM in February 2017, the site visit team met on February 7 with several RUSM faculty and staff (i.e., the Senior Associate Dean; the Associate Dean for Academic and Student Affairs; the Associate Dean for Student Affairs; the Director of the Center for Teaching and Learning; and the Director for Student Affairs) specifically to discuss academic counseling and the student learning environment. During that meeting, the site visit team inquired about the faculty’s role in establishing policies and methods for the evaluation of student achievement, including criteria for satisfactory academic progress and the requirements for graduation. See Exhibit D (agenda for 2017 site visit). The site visit team took their responses into account when assessing RUSM’s compliance with these standards. See previously submitted Exhibit 18, 2017 site visit report, at pages 59 (regarding ED-26-A); 58 (regarding ED-28); 60 – 61 (regarding ED-30); 62 (regarding ED-31); and 63 (regarding ED-32).

Analyst Remarks to Response

In response to the draft staff analysis, the country provide additional information and documentation on how the country evaluated that the medical school faculty must establish principles and methods for the evaluation of student achievement. Specifically, the country provided further clarification on the evaluation process and referenced it in the documentation.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 2

Country Narrative

Part 1 of Question (h): The Government of Dominica relies on the Board and, insofar as statutorily indicated, the Minister of Health, to evaluate student achievement in the context of accreditation, continuing accreditation, and licensure processes, all in accord with published standards. Those are the national requirements with respect to evaluation of student achievement.

Part 2 of Question (h): A medical school is free to establish its own method of evaluating student achievement. The Standards and Procedures require that a “medical education program must have a system in place for the assessment of medical student achievement throughout the program that employs a variety of measures of knowledge, skills, behaviors, attitudes, competence and performance, systematically and sequentially applied throughout the medical program, including clinical clerkships.” ED-26. A medical school faculty must establish principles and methods for the evaluation of student achievement, which includes establishing the criteria for satisfactory academic progress and the requirements for graduation. ED-26-A.

The Board asks a medical school to provide information about its compliance with ED-26 and ED-26-A in its Database

responses. See Database at Section II – Educational Program, page 34 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 62 – 68 and appendix (regarding ED-26 and ED-26-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 58 - 59. The Board found RUSM in compliance with each of ED-26 and ED-26-A.

Analyst Remarks to Narrative

The country has requirements set by the Board that parallel the guidelines under this section (ED-26-A). The Ministry of Health relies on the Board and its judgment, so therefore there are not national requirements set by which medical schools evaluate student achievement. Medical schools are free to establish their own methods of evaluating student achievement. ED-26-A requires programs to "have a system in place for the assessment of medical student achievement throughout the program that employs a variety of measures of knowledge, skills, behaviors, attitudes, competence and performance, systematically and sequentially applied throughout the medical program, including clinical clerkships."

The country has provided the related database questions where the school is prompted to respond to questions regarding student outcome measures. The country also referred to the site visit report where the team evaluated the relevant sections related student achievement measures. From the information and documentation provided, it is not clear that the country applied judgments to issues related to the guideline under this section - specifically with regards as to how the country determines the adequacy of the school's system for the assessment of medical student achievement throughout the program and any judgment made with regards to the measures chosen.

Country Response

The Board collects information from a variety of sources to assess whether an accredited medical education program complies with its standards. The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. In addition, during the course of site visits, the Board's site visit team meets with representatives of the medical school to ask questions related to the medical school's compliance with the Board's standards. For example, during its site visit to RUSM in February 2017, the site visit team met on February 6 with several RUSM faculty—including the Senior Associate Dean of Curriculum and Accreditation, the Chair of the Curriculum Committee, the Assistant Dean for Educational Assessment, and others—specifically to discuss educational program design, implementation, management, and evaluation. During that meeting, the site visit team inquired about the adequacy of RUSM's system for the assessment of medical student achievement throughout the medical education program. See Exhibit D (agenda for 2017 site visit). The site visit team took their responses into account when assessing RUSM's compliance with these standards. See previously submitted Exhibit 18, 2017 site visit report, at See pages 58 - 59. The Board found RUSM in compliance with each of ED-26 and ED-26-A.

Analyst Remarks to Response

In response to the draft staff analysis, the country provide additional information and documentation on how the country evaluated the medical school's evaluation of student achievement. Specifically, the country provided further clarification on the evaluation process and referenced it in the documentation.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 3

Country Narrative

The Standards and Procedures require a medical school to "carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those students who make satisfactory academic progress, and must graduate only those students who successfully complete the program." ED-38.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II – Educational Program, page 48 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, page 99 (regarding ED-38). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 59. The Board found RUSM in compliance with ED-28.

Analyst Remarks to Narrative

The country has requirements that parallel the guidelines under this section (ED-38). The country has also provided the correspondent database questions and site visit report where medical programs are required to respond under this standard to demonstrate evaluation of this standard.

Student Achievement, Question 4

Country Narrative

The Board extensively monitors and appraises performance outcomes, but has not set metric standards in that connection. For the last several years, during which the Board has been focused on continuous improvement and student outcomes, the Board also has requested that RUSM submit annually certain "Data for Periodic Assessment." For example, see Exhibit 24 – 2017 Data Submission. The Board reviews the data for a particular year and also analyzes longitudinal trends in the data. The Board will continue to collect and use the data for ongoing monitoring and accreditation reviews on an institutional level for trend analysis, but the Board does not plan to assess an institution against benchmarks in individual areas, such as USMLE examination pass rates. The Board believes that no single benchmark provides a comprehensive assessment of the quality of a medical education program.

During the course of the certification process, the Board considers the appropriateness of a medical school's collection and use of student performance outcomes measures. As described in the 2017 Site Visit Report, "[t]o date, RUSM has focused on performance of students on the USMLE Step examinations and students' subsequent success in obtaining residency positions as the primary evidence that the objectives of the medical program are being met. RUSM is working to expand the set of outcomes measures on which it collects data, and to systematically share such data with relevant parties to drive program improvement. RUSM has begun collecting a variety of outcomes measures, including student evaluation of courses and clerkships, and the medical school has recently established a centralized institutional research function to collect, analyze, and disseminate that data to relevant parties. That process is in its relative infancy and is expected to continue to evolve based on feedback from various parties, including department Chairs and clinical faculty." 2017 Site Visit Report at pages 76 – 78. The site visit team and the Board found RUSM in compliance with a need for ongoing monitoring with respect to ED-46 and ED-47: "Through a recently-centralized group, the medical school is collecting a variety of outcomes measures, including student evaluation of courses and clerkships, and has recently established a systematic approach for providing that data to relevant parties, but that process continues to evolve." Id. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board's various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address ED-46 and ED-47 in the second status report, which will be submitted to the Board no later than August 1, 2018.

Analyst Remarks to Narrative

The country has standards under ED-46 and ED-47 that parallel requirements under this guideline, but the country does not set student performance outcomes measures, benchmarks, or requirements for schools. The country's standards also provide examples of the kinds of acceptable outcome data to collect which includes: performance on national licensure examinations, performance in courses and clerkships and other internal measures related to educational program objectives, academic progress and program completion rates, acceptance into residency programs, and assessments by graduates and residency directors of graduates' preparation in areas related to medical education program objectives, including the professional behavior of its graduates.

As documentation, the country provided the data submission by the medical school and the site visit report. The site visit report noted that the school is expanding its set of outcomes measures and that ongoing monitoring is warranted. This was supported by the Board action. However, Department staff note that even though the country continues to monitor the school in this area, there does not appear to be a judgment made about the student achievement data and the school's effectiveness in that area.

In addition, the country did not provide any information or documentation to address the NCFMEA's request for the attrition rate sorted by semester cohort and the graduation rate sorted by semester cohort, as noted in the October 24, 2016, NCFMEA decision letter.

Country Response

The Board considers the appropriateness of RUSM's collection and use of student performance outcomes measures. As described in the 2017 Site Visit Report, "[t]o date, RUSM has focused on performance of students on the USMLE Step examinations and students' subsequent success in obtaining residency positions as the primary evidence that the objectives of the medical program are being met. RUSM is working to expand the set of outcomes measures on which it collects data, and to systematically share such data with relevant parties to drive program improvement. RUSM has begun collecting a variety of outcomes measures, including student evaluation of courses and clerkships, and the medical school has recently established a centralized institutional research function to collect, analyze, and disseminate that data to relevant parties. That process is in its relative infancy and is expected to continue to evolve based on feedback from various parties, including department Chairs and clinical faculty." See previously submitted Exhibit 12, 2017 Site Visit Report, at pages 76 – 78.

The site visit team and the Board found RUSM in compliance with a need for ongoing monitoring with respect to ED-46 and ED-47: "Through a recently-centralized group, the medical school is collecting a variety of outcomes measures, including student

evaluation of courses and clerkships, and has recently established a systematic approach for providing that data to relevant parties, but that process continues to evolve.” Id. The Board required that RUSM address ED-46 and ED-47 in the second status report. See Exhibit B. The site visit team that visited RUSM in August 2018 met on August 13 with faculty and staff with responsibilities related to institutional assessment and program evaluation, and evaluating student outcomes. See Exhibit C (agenda for limited site visit). The site visit team took their responses into account when assessing RUSM’s compliance with these standards. The Board is in the process of finalizing its report from the limited site visit and will make the final report available to the NCFMEA upon request.

The Board is submitting data provided by RUSM related to its attrition rate and graduation rate, each sorted by semester cohort. See Exhibit E.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided additional information and documentation on how the country evaluated that the medical school collects and uses a variety of outcomes data to demonstrate the extent to which its educational program objectives are being met. Specifically, the country provided further clarification on the evaluation process and referenced it in the documentation. In addition, the country stated that it was finalizing its limited site visit report to Ross University School of Medicine from August, 2018, but was not able to provide it at the time of submission of its response. The Committee may wish to request the limited site visit report and any action taken by the Dominica Medical Board to confirm the evaluation of outcomes data and the school's effectiveness in this area.

In addition, the country provided the attrition rate sorted by semester cohort and the graduation rate sorted by semester cohort, as noted in the October 24, 2016, NCFMEA decision letter. The Committee may wish to inquire further regarding the attrition rate and graduation rate data provided by Ross University School of Medicine.

Staff Conclusion: Additional Information requested

Student Achievement, Question 5

Country Narrative

The Standards and Procedures require a medical education program to consider student evaluations of their courses, clerkships, and teachers, as well as a variety of other measures when evaluating program quality. ED-47. A school may use, for example, questionnaires, focus groups, or other structured collection tools. ED-47.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section II – Educational Program, page 56 of 56. In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 110 – 112 and appendix (regarding ED-47).

As part of its reaccreditation review with the Board, RUSM asked students to complete an “Independent Student Analysis”; RUSM provided the results to the Board in November 2016. See Exhibit 23 – Independent Student Analysis. The site visit team considered the Independent Student Analysis as it evaluated RUSM during the most 2017 recertification process.

The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See pages 79 – 80. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ED-47. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address ED-47 in the second status report, which will be submitted to the Board no later than August 1, 2018.

Analyst Remarks to Narrative

The country has a standard (ED-47) that parallels the guideline under this section, and has provided the correspondent database questions to which schools must respond. The country also provided an example of the review of a school against this standard, to include a specific data request. The country provided the site visit report to demonstrate the review of the school under this standard.

Student Services, Question 1

Country Narrative

The Standards and Procedures have requirements related to student services listed above. First, the Board requires a medical education program to “provide medical students with access to diagnostic, preventive, and therapeutic health services, including

confidential mental health counseling.” MS-27. Second, a medical education program must have “policies that include education, prevention, and management of exposure to infectious diseases and environmental hazards during the course of the educational program.” MS-30. Third, a medical education program must provide its medical students with effective financial aid and debt management counseling.” MS-23. Fourth, a medical education program must have “an effective system in place to assist medical students in choosing elective courses and rotations, evaluating career options, and applying to residency, graduate, or fellowship programs.” ED-18; ED-19. Fifth, medical students assigned to instructional sites must have the same rights and receive the same support services as students at the main campus. ED-44.

Standards and Procedures, Part 1, III.B., addresses the medical student services that a medical school must provide: academic and career counseling (MS-18 to MS-22) (including tutoring, see MS-18), financial aid counseling and resources (MS-23 to MS-25), and health services and personal counseling (MS-26 to MS-30) (including access to health insurance, see MS-28).

The Board asks a medical school to provide information relevant to its compliance with the above standards in its Database responses. See Database at Section II – Educational Program, page 26 of 56 (regarding ED-18); Section II – Educational Program, page 27 of 56 (regarding ED-19); and Section III - Medical Students, pages 15-27 of 35 (regarding MS-18 to MS-30). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 46 - 48 (regarding ED-18 and ED-19); Exhibit 15 – RUSM 2017 Database submission Section III, pages 22 - 45 (regarding MS-18 to MS-30). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 49 (regarding ED-18); 50 (regarding ED-19); and 93 – 109 (regarding MS-18 to MS-30). The Board found RUSM in compliance with ED-18; ED-19; MS-18; MS-19; MS-20; MS-21; MS-22; MS- 23; MS-24; MS-25; MS-26; MS-27; MS-27-A; and MS-30. The Board found RUSM in compliance with a need for ongoing monitoring with respect to MS-29. The Board found RUSM in partial or substantial noncompliance with respect to MS-28. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address MS-28 and MS-29 in the first status report (see Exhibit 11 – April 2018 first status report); the Board accepted RUSM’s response with respect to each standard (see Exhibit 19 – response to first status report).

Analyst Remarks to Narrative

The country has standards that parallel the guidelines under this section (ED-18, ED-19, MS-23, MS-27, and MS-30). The country has also pointed out the correspondent database questions where programs are prompted to respond relative to these standards. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Student Services, Question 2

Country Narrative

The Board requires a school to provide students with access to their records (unless prohibited by law); in addition, the Board requires that students should be given the opportunity to challenge the accuracy of their records, as maintained by the school. MS-36. Also, a school must have a policy concerning the confidentiality of student records that provides for disclosure of student records only to members of the faculty and administration with the need to know and to others only with the student’s consent or in other circumstances specified by the policy or applicable law. MS-35.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section III - Medical Students, page 33 of 35. In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 56 - 60 (regarding MS-35 and MS-36). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 114. The Board found RUSM in compliance with MS-35 and MS-36.

The Government of Dominica does not have a specific law that addresses student records.

Analyst Remarks to Narrative

The country has standards that parallel the guidelines under this section (MS-18, MS-22, MS-23, MS-25, MS 26, MS-30). The country has also pointed out the correspondent database questions where programs are prompted to respond relative to these standards. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Student Complaints, Question 1

Country Narrative

Part 1 of Question (n): The Board has a written procedure for investigating student complaints that it receives about the medical

school that it certifies. Part 2, VIII. The Board will act on complaints by students only if such complaints may, if substantiated, indicate areas of noncompliance with the Standards and Procedures. Part 2, VIII. B.1. If the Chairperson of the Board determines that a complaint relates to compliance with the Standards and Procedures, he or she will send the complaint to the medical school for a response and the Board will investigate the complaint (which may require a site visit). Part 2, VIII. B.1. The Board will alert the complainant, if known, whether an investigation is underway or that the complaint did not warrant investigation; it will not notify the complainant of the outcome of the investigation. Part 2, VIII.B.2. After investigation, the Board will determine whether the medical school failed to comply with the Standards and Procedures and promptly notify the medical school. Part 2, VIII.B.1. Complaints will be considered during re-evaluation of a medical school's accreditation. Part 2, VIII.B.3. Those wishing to make a complaint can find the Board's contact information included in a certified medical school's catalog. Part 2, VIII.A.

The Board will also review complaints about itself, and report to the Minister of Health concerning its findings. Part 2, VIII.C. The Board has received no complaints related to its accreditation activities.

Part 2 of Question (n): The Standards and Procedures require a medical school to have written policies for addressing student complaints related to areas covered by the Standards and Procedures. MS-38. "Such policies should specify mechanisms for prompt, fair, and effective resolution of complaints." MS-38. Student consumer information provided by a medical school to students must include the school's policies for addressing student complaints; also, it must include the name and contact information for the Board so that students can submit complaints that are not resolved at the institutional level. MS-38.

In addition, the Board requires a school to "develop and widely promulgate written procedures that allow medical students to report violations of school standards, such as incidents of harassment or abuse, without fear of retaliation." MS-39. "The procedures also should specify mechanisms for the prompt handling of such complaints and for the educational methods aimed at preventing student mistreatment." MS-39.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section III - Medical Students, page 35 of 35. In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, page 63 and appendix (regarding MS-38 and MS-39). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 116. The Board found RUSM in compliance with each of MS-38 and MS-39.

Analyst Remarks to Narrative

The country has written procedures in its standards document for investigating student complaints as they relate to the country's standards. The country also has standards (MS-38 and MS-39) for medical programs to have policies that specify mechanisms for prompt, fair, and effective resolution of complaints. The country has provided the correspondent database questions relative to these standards. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Student Complaints, Question 2

Country Narrative

The Board has a written procedure for investigating student complaints that it receives about the medical school that it certifies. Part 2, VIII. The Board will act on complaints by students only if such complaints may, if substantiated, indicate areas of noncompliance with the Standards and Procedures. Complaints must normally be made in writing and identify the complainant in order to be considered. Part 2, VIII. B.1. If the Chairperson of the Board determines that a complaint relates to compliance with the Standards and Procedures, he or she will send the complaint to the school for a response and investigate the complaint (which may require a site visit). Part 2, VIII. B.1. The Board will alert the complainant, if known, whether an investigation is underway or that the complaint did not warrant investigation; it will not notify the complainant of the outcome of the investigation. Part 2, VIII.B.2. After investigation, the Board will determine whether the school failed to comply with the Standards and Procedures and promptly notify the school. Part 2, VIII.B.1. Complaints will be considered during re-evaluation of a medical school's accreditation. Part 2, VIII.B.3. Those wishing to make a complaint can find the Board's contact information included in a certified medical school's catalog. Part 2, VIII.A.

On December 30, 2017, the Board received an anonymous email from an individual purporting to be a "concerned [RUSM] student" and making certain allegations about reasons why, in the individual's opinion, the Board should not have approved RUSM's temporary location on board the GNV Excellent for the remainder of the Fall 2017 semester following Hurricane Maria. Consistent with the Board's Standards and Procedures, which state that complaints must normally identify the complainant in order to be considered (Part 2, VIII. B.1), the Board did not act on the matter.

Analyst Remarks to Narrative

The country has written procedures for the receipt and investigation of student complaints against a medical program or itself in its standards document. The country states in its narrative that it received one anonymous complaint against RUSM regarding the temporary location approval. No further action was taken on the complaint since it was anonymous.

Finances, Question 1

Country Narrative

Under the Board's Standards and Procedures, a medical school—whether non-profit or privately-owned and/or for-profit—determines the size and scope of its educational program. ER-2. However, in order to comply with the Standards and Procedures a school must have present and anticipated financial resources adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals. ER-2. A school is required not to compromise its educational mission or enroll more students than its resources can accommodate by succumbing to pressure for institutional self-financing; enrollment should not increase unless facilities and resources are sufficient to support such an increase. ER-3.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section V – Educational Resources, pages 3-5. In its 2017 Database submission, RUSM provided information in response. See Exhibit 17 – 2017 Database submission Section V, pages 3 – 8 and appendix (regarding ER-2 and ER-3). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 132 - 133. The Board found RUSM in compliance with each of ER-2 and ER-3.

Analyst Remarks to Narrative

The country evaluates a medical program's finances under standards ER-2 and ER-3 to ensure that the medical program has adequate financial resources to sustain a sound program of medical education and to accomplish other programmatic and institutional goals. A medical program must also ensure that it does not increase enrollment unless facilities and resources are sufficient to support such an increase. The country has provided the correspondent database questions relative to this guideline. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Facilities, Question 1

Country Narrative

The Board requires a medical school to have—or be assured use of—physical facilities, including clinical teaching facilities and equipment, that are quantitatively and qualitatively adequate for the size and scope of the educational program and the student body. ER-4. “Each hospital or other clinical facility of a medical education program that serves as an instructional site for medical student education must have appropriate instructional facilities and information resources.” ER-7. Also, “[t]he medical school facilities should 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.” ER-4-A. In addition, there must be adequate study space, lounge areas, and personal lockers or other secure storage facilities at each instructional site for students. MS-37. The Board requires security systems for school facilities, and policies addressing emergency and disaster preparedness as well. ER-5.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section III - Medical Students, page 34 of 35 (regarding MS-37); Section V - Educational Resources, pages 7-8 of 19 (regarding ER-4 and ER-4-A); Section V - Educational Resources, page 9 of 19 (regarding ER-5); Section V - Educational Resources, page 12 of 19 (regarding ER-7). In its 2017 Database submission, RUSM provided information in response. See Exhibit 15 – RUSM 2017 Database submission Section III, pages 61 – 62 (regarding MS-37); Exhibit 17 – 2017 Database submission Section V, pages 9 – 17, 47 – 49, and appendix (regarding ER-4, ER-4-A, ER-5, and ER-7). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 115 (regarding MS-37); 134 – 135 (regarding ER-4 and ER-4-A); 136 (regarding ER-5); and 138 (regarding ER-7). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has several standards that parallel the guideline under this section that stipulate the sufficiency and adequacy of physical facilities to include clinical facilities, student study areas, libraries, laboratories, lecture halls, equipment, and information access (ER-4, ER-5, ER-7, and MS-37). The country has provided the correspondent database questions relative to this guideline. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Facilities, Question 2

Country Narrative

The Board requires that the “curriculum of a medical education program must include laboratory or other practical opportunities for the direct application of the scientific method, accurate quantitative observation of biomedical phenomena, and critical analysis of data.” ED-12. If animals are used in teaching or research, the Board requires that a medical school provide facilities for their humane care. ER-4-B. Other related Board requirements include ER-4 and ER-4-A.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, page 20 of 56 (regarding ED-12); and Section V - Educational Resources, pages 7-8 of 19 (regarding ER-4, ER-4-A, and ER-4-B). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, page 37 (regarding ED-12); Exhibit 17 – 2017 Database submission Section V, pages 9 - 14 (regarding ER-4, ER-4-A, and ER-4-B). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See page 44 (regarding ED-12); and 134 – 135 (regarding ER-4, ER-4-A, and ER-4-B). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has standards (ED-4 and ED-12) that parallel the guideline under this section. The country has provided the correspondent database questions relative to these standards. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Faculty, Question 1

Country Narrative

Part 1 of Question (e): The Board has standards related to both the size and qualifications of the faculty. Regarding size: the Board requires a school to have a cohort of faculty members with both the qualifications (discussed below) and the time needed to deliver the curriculum and to meet the other needs and missions of the institution. FA-2. “The faculty must be of sufficient size, breadth, and depth to provide the scope of the education program offered. In determining the number of faculty needed for the medical education program, considerations should be given to the other responsibilities that its faculty may have in other academic programs and activities related to research, service, and patient care.” FA-2.

Regarding qualifications: “A person appointed to a faculty position in a medical education program must have demonstrated achievements commensurate with his or her academic rank and must be otherwise appropriately qualified to teach in a medical program leading to a M.D. degree and effective in their teaching.” FA-3. The faculty must possess—in addition to a comprehensive knowledge of their major disciplines—expertise in one or more subdivisions or specialties within each of these disciplines. FA-3-A. The Board requires that each faculty member have the capability and continued commitment to be an effective teacher, and be committed to continuing scholarly productivity characteristic of an institution of higher learning. See FA-4; FA-5.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section IV – Faculty, pages 4 - 9 of 14. In its 2017 Database submission, RUSM provided information in response. See Exhibit 16 – RUSM 2017 Database submission Section IV, pages 8 – 22 and appendix (regarding FA-2 through FA-5). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 120 – 124 (regarding FA-2 through FA-5). The Board found RUSM in compliance with FA-3, FA-3-A, FA-4, and FA-5. The Board found RUSM in compliance with a need for ongoing monitoring with respect to FA-2. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. The Board required that RUSM address FA-2 in the second status report, which will be submitted to the Board no later than August 1, 2018. In addition, RUSM’s compliance with FA-2 will be considered at the limited site visit scheduled for August 12-14, 2018.

Part 2 of Question (e): The Board requires there to be a direct connection between the instructional staff at remote sites and clinical locations, and the medical school: “The principal academic officers at each instructional site of a medical education program must be administratively responsible to the [medical education] program’s dean.” ED-40. If department heads of the medical education program are not also the clinical service chiefs at affiliated institutions, the Board requires that the medical education program must confirm the authority of the department head in the affiliation agreement in order to “ensure faculty and medical student access to appropriate resources for medical student education.” ER-9.

In general, the faculty in each discipline at all instructional sites of a medical education program “must be functionally integrated by appropriate administrative mechanisms.” ED-41. The Standards and Procedures require that, “[i]n the relationship between a medical education program and its clinical affiliates, the educational program for medical students must remain under the control of

the program's faculty at each instructional site." ER-10; see ED-25.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, page 33 of 56 (regarding ED-25); Section II - Educational Program, page 49 of 56 (regarding ED-40); Section II - Educational Program, page 50 of 56 (regarding ED-41); and Section V - Educational Resources, pages 14 - 15 of 19 (regarding ER-10). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 60 - 61, 100 - 103, and appendix (regarding ED-25, ED-40, and ED-41); and Exhibit 17 - 2017 Database submission Section V, pages 50 - 54 and appendix (regarding ER-9, ER-10). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 56 (regarding ED-25); 69 - 70 (regarding ED-40); 71 (regarding ED-41); and 139 - 141 (regarding ER-9 and ER-10). The Board found RUSM in compliance with ED-25, ED-40, ED-41, and ER-10. The Board found RUSM in compliance with need for ongoing monitoring with respect to ER-9. As described in Exhibit 4 - 2017 Recertification Letter, to address the Board's various findings, the Board has required RUSM to submit two status reports containing certain information. RUSM was required to address ER-9 in the first status report (see Exhibit 11 - April 2018 first status report); the Board accepted RUSM's response (see Exhibit 19 - response to first status report). In addition, RUSM's compliance with ER-9 will be considered at the limited site visit scheduled for August 12-14, 2018.

Analyst Remarks to Narrative

The country has standards that parallel the guideline under this section and ensure both the size and qualifications of faculty (FA-2, FA-3, FA-4, and FA-5). The country further requires that there is a direct connection between the instructional staff at remote sites and clinical locations (ED-40), and that medical students remain under the control of the program's faculty at each instructional site (ER-10, ED-25 and ED-41). The country has provided the correspondent database questions that respond to these standards. The sample site visit report demonstrates that the country reviewed the medical education program under this standard.

Faculty, Question 2

Country Narrative

The Board requires a school to have policies addressing circumstances in which the private interests of a faculty or staff member may be in conflict with his or her official institutional or programmatic responsibilities. FA-8.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section IV - Faculty, page 10 of 14. In its 2017 Database submission, RUSM provided information in response. See Exhibit 16 - RUSM 2017 Database submission Section IV, page 23 and appendix (regarding FA-8). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See page 125. The Board found RUSM in compliance with FA-8.

Analyst Remarks to Narrative

The country has a standard that parallel the guideline under this section (FA-8). Schools are required to provide information regarding conflict of interest policies; the country has provided the correspondent database question.

Library

Country Narrative

The Government of Dominica has not established national standards related to the quality of a medical school's library. However, the Board has established minimum requirements for library and information resources in the Standards and Procedures. Part 1, V.D (corresponding to standards ER-11 through ER-14). A school must provide access to well-maintained library and information resources, provide sufficient professional staff who can be responsive to the needs of the school's community and provide instruction and training as needed by the community. Id.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section V - Educational Resources, pages 16 - 19 of 19. In its 2017 Database submission, RUSM provided information in response. See Exhibit 17 - 2017 Database submission Section V, pages 55 - 65 and appendix (regarding ER-11 through ER-14). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See pages 142 - 145 (regarding ER-11 through ER-14). The Board found RUSM in compliance with each of these standards.

Analyst Remarks to Narrative

The country has requirements for access to a well-maintained library and information resources that provide sufficient professional staff and that is responsive to the needs of the school's community (ER-11 through ER-14.). The country has provided the correspondent database questions that relate to the assessment of library and information access.

Clinical Teaching Facilities, Question 1

Country Narrative

Part 1 of Question (h): The Board requires a medical education program to have “approved, written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.” ER-9.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section V - Educational Resources, pages 14 – 15 of 19. In its 2017 Database submission, RUSM provided information in response. See Exhibit 17 – 2017 Database submission Section V, pages 50 – 54 and appendix (regarding ER-9).

The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See pages 139 - 141. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ER-9. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. RUSM was required to address ER-9 in the first status report (see Exhibit 11 – April 2018 first status report); the Board accepted RUSM’s response (see Exhibit 19 – response to first status report). In addition, RUSM’s compliance with ER-9 will be considered at the limited site visit scheduled for August 12-14, 2018.

Part 2 of Question (h): The Board requires affiliation agreements to address, at a minimum, the following topics:

- (1) “The assurance of medical student and faculty access to appropriate resources for medical student education.”
- (2) “The primacy of the medical education program over academic affairs and the education/assessment of medical students.”
- (3) “The role of the medical education program in the appointment and assignment of faculty members with responsibility for medical student teaching.”
- (4) “Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.”
- (5) “The shared responsibility with the medical education program for creating and maintaining an appropriate learning environment.” ER-9.

In addition, the Board requires that students involved in patient care must be appropriately supervised at all times. ED-25-A. “The accountability of physicians and non-physicians who supervise medical students in clinical learning setting will be clearly described in the program’s policies and procedures.” ED-25-A. Any physicians who supervise or teach medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and assessment. ED-24.

The Board asks a medical school to address topics relevant to compliance with these standards in its Database responses. See Database at Section II - Educational Program, page 32 of 56 (regarding ED-24); Section II - Educational Program, page 33 of 56 (regarding ED-25-A); and Section V - Educational Resources, pages 14 – 15 of 19 (regarding ER-9). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 59 - 61 (regarding ED-24 and ED-25-A); and Exhibit 17 – 2017 Database submission Section V, pages 50 – 54 and appendix (regarding ER-9). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See pages 55 (regarding ED-24); 57 (regarding Ed-25-A); and 139 – 141 (regarding ER-9). The Board found RUSM in compliance with ED-24 and ED-25-A. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ER-9. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. RUSM was required to address ER-9 in the first status report (see Exhibit 11 – April 2018 first status report); the Board accepted RUSM’s response (see Exhibit 19 – response to first status report). In addition, RUSM’s compliance with ER-9 will be considered at the limited site visit scheduled for August 12-14, 2018.

Part 3 of Question (h): The Board requires medical education programs to notify it when there are “changes and updates in the overseeing bodies identified in affiliation agreements with hospitals and clinics.” ER-9-A.

The Board asks a medical school to address topics relevant to compliance with this standard in its Database responses. See Database at Section V - Educational Resources, pages 14 – 15 of 19. In its 2017 Database submission, RUSM provided information in response. See Exhibit 17 – 2017 Database submission Section V, pages 50 – 54 and appendix (regarding ER-9-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under this standard. See pages 139 – 141. The Board found RUSM in compliance with ER-9-A.

Analyst Remarks to Narrative

The country has standards that parallel the guideline under this section (ER-9, ER-24, and ER-25), and require that students involved in patient care be appropriately supervised at all times. The country has provided the correspondent database questions

and a sample site visit report that demonstrates that the country reviewed the medical education program under this standard.

Part 3: Accreditation/Approval Processes and Procedures

Onsite Review, Question 1

Country Narrative

Part 1 of Question (a): The Board conducts an on-site review prior to accrediting a medical education program. As part of the initial accreditation process, a medical school responds to Database questions and conducts a self-study that addresses admissions, the curriculum, faculty credentials, student and graduate achievements, and facilities and academic support resources available to students. See Exhibit 2 – Standards and Procedures, at Appendix B.

Part 2 of Question (a): Part 2, I.C.3. states, in relevant part: “The assessment team shall visit the school of medicine (including any branch campus or other additional locations operated by the school) for an extended period (several days), while classes are in session . . .”

In connection with the most recent recertification review of RUSM, the Board used three highly qualified site visitors. See Exhibit 21 – Site Visitors’ CVs. Those site visitors are on the faculty of LCME-accredited medical schools and have performed numerous site visits for LCME. Given the site visitors’ extensive experience with LCME standards and procedures, the Board has not developed a handbook or guide for the site visitors. Prior to a site visit, the site visitors discuss key points related to the visit and delegate roles and responsibilities.

The Board accredits only one medical school: RUSM. In the course of the most recent recertification review (before the expiration of RUSM’s accreditation in December 2017), a site visit team conducted a site visit to RUSM on February 5 – 10, 2017. In preparation for the site visit, RUSM prepared a self-study report (see Exhibit 22 – RUSM 2017 self-study), and the Board solicited and received responses to a Database request. RUSM also submitted an Independent Student Analysis. See Exhibit 23 – Independent Student Analysis. After reviewing the documentation submitted by RUSM and following completion of the site visit, the site visit team prepared a comprehensive site visit report. See Exhibit 18 – 2017 site visit report.

On November 22, 2017 the Board, pursuant to its authority under the Board’s Standards and Procedures (Part 2.II.F), voted to extend for a period of one year, i.e., from December 13, 2017 through December 12, 2018, RUSM’s certification, pending receipt of certain information. See Exhibit 4 – 2017 Recertification Letter. The Board reached this decision after it reviewed the report of the site visit team and considered developments related to RUSM, particularly RUSM’s decision following Hurricane Maria to relocate temporarily to the GNV Excellent, which was docked in St. Kitts, for the remainder of the fall 2017 term, and its plans to relocate temporarily to facilities in Knoxville, Tennessee for the term beginning in January 2018. (At the time of the Board’s action, RUSM had not yet announced its plans to relocate temporarily to St. Kitts in order to accommodate certain non-U.S. students and faculty who could not obtain visas to enter the U.S.)

During the one-year period, the Board has collected additional information, including through visits to the facilities aboard the GNV Excellent (see Exhibit 5 (report of visit to GNV Excellent) and Exhibit 6 (approval letter for GNV Excellent)), in Knoxville, Tennessee (see Exhibit 7 (report of visit to Knoxville, TN) and Exhibit 8 (approval letter for Knoxville)), and in St. Kitts (see Exhibit 9 (report of visit to St. Kitts) and Exhibit 10 (approval letter for St. Kitts)). The Board has received the first of two required status reports from RUSM (see Exhibit 11 – First Status Report (April 2, 2018)); the second status report is to be submitted by RUSM no later than August 1, 2018. As set forth in the November 23, 2017 certification extension letter, the Board has scheduled a limited site visit to the Miramar location from August 12-14, 2018. The Board will make a determination about RUSM’s recertification before the one-year period expires in December 2018.

Analyst Remarks to Narrative

The country has written procedures for the conduct of comprehensive site visits that are outlined in the country’s standards document. Medical programs respond to database questions that are related to the standards and commence a self-study and independent student analysis. The country assembles a site team that visits the school and clinical sites.

The country has provided the last comprehensive site visit report (2017) for the only medical program that Dominica certifies. The report outlines areas of noncompliance as well as previous findings of noncompliance.

Onsite Review, Question 2

Country Narrative

Part 1 of Question (b): In order to ensure the clinical education component is adequate for the size and scope of the educational program, the Board requires that all clinical clerkship sites where students take more than two electives and their combined length exceeds eight weeks be individually reviewed and approved by the Board; in addition, a clerkship site must be located in the United States or in a country that the U.S. Department of Education has determined to be comparable to the United States, unless (a) it is included in the accreditation of a medical program accredited by LCME or the American Osteopathic Association or (b) no individual student takes more than two elective at the location and the combined length of the electives does not exceed eight weeks). Part 2, III.A. and B. The Board will conduct an on-site visit if the program is located in the U.S. or in a country the U.S. Department of Education has determined to be comparable to the U.S. Part 2, III.D.

Part 2 of Question (b): Pursuant to the Standards and Procedures, the Board will “evaluate whether clinical clerkships are located in institutions that are committed to providing quality supervised instruction, stability of the program, and the necessary resources for the clinical component of the curriculum through formal affiliation agreements, which the Board will review.” Part 2, III.C. The Board will evaluate the clinical clerkship sites based on the areas of noncompliance with the Standards and Procedures, and any activities currently in progress the outcome of which could affect compliance with the Standards and Procedures. Part 2, I.C.5; see Exhibit 26 –sample site visit reports.

The Board asks a school to provide information about affiliations and affiliation agreements in its Database responses. See Database at Section V - Educational Resources, pages 14 – 15 of 19. In its 2017 Database submission, RUSM provided information in response. See Exhibit 17 – 2017 Database submission Section V, pages 50 – 54 and appendix (regarding ER-9 and ER-9-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See 139 – 141. The Board found RUSM in compliance with ER-9-A. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ER-9. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. RUSM was required to address ER-9 in the first status report (see Exhibit 11 – April 2018 first status report); the Board accepted RUSM’s response (see Exhibit 19 – response to first status report). In addition, RUSM’s compliance with ER-9 will be considered at the limited site visit scheduled for August 12-14, 2018.

Analyst Remarks to Narrative

The country has written requirements that parallel the guideline under this section and has provided evidence of its site visit reports to clinical sites. The country also references its database question to schools for the provision of information regarding affiliation agreements which the Board reviews.

Onsite Review, Question 3

Country Narrative

The Board requires an on-site review of core clinical sites as described in the NCFMEA Guidelines. Part 2, I.C.4. First, for core clinical sites that have never been visited by the Board, the Board will conduct an on-site review within 12 months of a certification review of the school. Part 2, I.C.4. Second, for core clinical sites that have been reviewed previously and approved by the Board, the Board will conduct an on-site review at least once during an accredited period. Part 2, I.C.4. Finally, for new core clinical sites (sites opened during an accredited period and that have never been visited previously), the Board will conduct an on-site review within 12 months of the placement of students at those sites. Part 2, I.C.4.

“If the Board accredits multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the Board, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.” Part 2, I.C.4.

Attached are examples of clinical site visits that the Board has conducted. See Exhibit 26 – Site Visit Reports.

Analyst Remarks to Narrative

The country has standards that parallel the guideline under this section (Part 2, I.C.4). The country has provided sample site visit reports to clinical sites for the medical program.

Onsite Review, Question 4

Country Narrative

The Board will “evaluate whether clinical clerkships are located in institutions that are committed to providing quality supervised instruction, stability of the program, and the necessary resources for the clinical component of the curriculum through formal

affiliation agreements, which the Board will review.” Part 2, III.C.

The Board asks a school to provide information about affiliations and affiliation agreements in its Database responses. See Database at Section V - Educational Resources, pages 14 – 15 of 19. In its 2017 Database submission, RUSM provided information in response. See Exhibit 17 – 2017 Database submission Section V, pages 50 – 54 and appendix (regarding ER-9 and ER-9-A). The 2017 Site Visit Report demonstrates that the Board reviewed RUSM under these standards. See 139 – 141. The Board found RUSM in compliance with ER-9-A. The Board found RUSM in compliance with a need for ongoing monitoring with respect to ER-9. As described in Exhibit 4 – 2017 Recertification Letter, to address the Board’s various findings, the Board has required RUSM to submit two status reports containing certain information. RUSM was required to address ER-9 in the first status report (see Exhibit 11 – April 2018 first status report); the Board accepted RUSM’s response (see Exhibit 19 – response to first status report). In addition, RUSM’s compliance with ER-9 will be considered at the limited site visit scheduled for August 12-14, 2018.

Analyst Remarks to Narrative

The country has a standard that parallels the requirement under this guideline (Part 2, III.C.). The country has referenced the correspondent database questions that solicit affiliation agreements and other information regarding clinical sites.

Onsite Review, Question 5

Country Narrative

The Board must conduct an on-site visit and determine whether to approve the program if the clinical program is located in the United States or in a country that the U.S. Department of Education has determined is comparable to the United States. Part 2, III.D. “Such programs must be offered in conjunction with the education programs offered to students enrolled in medical schools in the United States or a country that the U.S. Department of Education has determined is comparable to the United States.” Part 2, III.D.

The Board has a policy, consistent with the NCFMEA Guidelines, for addressing multiple schools using a common core clinical clerkship site: “If the Board accredits multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the Board, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.” Part 2, I.C.4.

Analyst Remarks to Narrative

The country has policies that parallel the guideline under this section and is required to conduct a site visit to sites in the US or other comparable countries (Part 2, III.D.) The policies further requires that such programs must be offered in conjunction with the education programs offered to students enrolled in medical schools in the US or a comparable country.

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

Pursuant to the Medical Act, Parts I and II, the Board consists of five members appointed by the Minister of Health from among persons who are registered in Dominica as medical practitioners, dentists, opticians or druggists. See Exhibit 3 – Medical Act. In order to be registered as a medical practitioner, dentist, optician or druggist, a person must “submit such evidence as may be required,” including a relevant diploma or certificate and “a declaration on oath in proof of the applicant’s identity and good moral character,” in accordance with the Medical Act, Part II, Section 12. See *id.* The current members of the Board include: Dr. Adrien Dechausay (Chairman; Consultant Orthopaedic Surgeon); Dr. Dorian Shillingford (Former Chairman, DMB; Former Chief Medical Officer, Dominica); Dr. David Johnson (Chief Medical Officer, Dominica); Mr. Errol Thomas (Chief Pharmacist, Dominica); and Ms. Jennifer Astaphan (MPH, LLB).

The Board selects individuals to serve on the site visit team. Part 2, I.C.1. The team shall include at least two experienced, licensed physicians, and all team members selected must be able to demonstrate satisfactorily that they have no conflict of interest in assessing the school in question. Part 2, I.C.1.; see Part 2, Section IV; Exhibit 2 – Standards and Procedures, at Appendix C. The Board must choose a team that includes persons qualified to evaluate both the basic and clinical areas of a medical education program leading to the M.D. degree. Part 2, I.C.1. In line with international best practice, the Board uses external site visitors who have expertise in the assessment of medical education programs.

Board members and site visit team members are required to participate periodically in training. Part 2, VI. The Board’s site visitors have significant expertise such that they provide training to others about accreditation standards and procedures used in

the United States. In addition, they keep abreast of developments in accreditation and quality assurance through attendance at major conferences. Often, the site visitors present at the conferences that they attend. See Exhibit 21 – Site Visitors’ CVs.

The Standards and Procedures applied by the site visitors hew closely to the LCME standards for accreditation, with which each site visitor is intimately familiar. The Board used LCME standards (LCME Functions and Structures publication) and the 2013 NCFMEA Guidelines as the basis for its 2013 revision of the Standards and Procedures. The Board has reviewed the revised NCFMEA Guidelines for Determination of Comparability (May 15, 2017) and believes that its Standards and Procedures remain consistent with the guidelines.

Analyst Remarks to Narrative

The country has written procedures for site visits that state that the Board will select individuals to serve on the site team, to include at least two experienced, licensed physicians. The team must include individuals qualified to evaluate both the basic and clinical areas of a medical education program leading to the MD degree (I.C.1). As stated in the country’s narrative, the country provides training to new site visitors. The country has provided CVs for three of its site visitors which evidence that such individuals are qualified by education and experience to conduct site visits to medical education programs.

The country has provided the law authorizing a medical board and requiring the five members of the medical board who are appointed by the Minister, to be registered, or qualified to be so registered, under the Act.

Re-evaluation and Monitoring, Question 1

Country Narrative

The Board must evaluate a medical education program leading to the M.D. degree at five-yearly intervals, in accordance with the procedures set forth in Standards and Procedures, Part 2, III.A.” Part 2, II.

The Board accredits only one medical school: RUSM. In the course of the most recent recertification review (before the expiration of RUSM’s accreditation in December 2017), a site visit team conducted a site visit to RUSM on February 5 – 10, 2017. In preparation for the site visit, RUSM prepared a self-study report (see Exhibit 22 – RUSM 2017 self-study), and the Board solicited and received responses to a Database request. RUSM also submitted an Independent Student Analysis. See Exhibit 23 – Independent Student Analysis. After reviewing the documentation submitted by RUSM and following completion of the site visit, the site visit team prepared a comprehensive site visit report. See Exhibit 18 – 2017 site visit report.

On November 22, 2017 the Board, pursuant to its authority under the Board’s Standards and Procedures (Part 2.II.F), voted to extend for a period of one year, i.e., from December 13, 2017 through December 12, 2018, RUSM’s certification, pending receipt of certain information. See Exhibit 4 – 2017 Recertification Letter. The Board reached this decision after it reviewed the report of the site visit team and considered developments related to RUSM, particularly RUSM’s decision following Hurricane Maria to relocate temporarily to the GNV Excellent, which was docked in St. Kitts, for the remainder of the fall 2017 term, and its plans to relocate temporarily to facilities in Knoxville, Tennessee for the term beginning in January 2018. (At the time of the Board’s action, RUSM had not yet announced its plans to relocate temporarily to St. Kitts in order to accommodate certain non-U.S. students and faculty who could not obtain visas to enter the U.S.)

During the one-year period, the Board has collected additional information, including through visits to the facilities aboard the GNV Excellent (see Exhibit 5 (report of visit to GNV Excellent) and Exhibit 6 (approval letter for GNV Excellent)), in Knoxville, Tennessee (see Exhibit 7 (report of visit to Knoxville, TN) and Exhibit 8 (approval letter for Knoxville)), and in St. Kitts (see Exhibit 9 (report of visit to St. Kitts) and Exhibit 10 (approval letter for St. Kitts)). The Board has received the first of two required status reports from RUSM (see Exhibit 11 – First Status Report (April 2, 2018)); the second status report is to be submitted by RUSM no later than August 1, 2018. As set forth in the November 23, 2017 certification extension letter, the Board has scheduled a limited site visit to the Miramar location from August 12-14, 2018. The Board will make a determination about RUSM’s recertification before the one-year period expires in December 2018.

In order to monitor accredited medical schools during the accreditation/recognition period, the Board requires annual reports. Part 2, II. (“Re-evaluation and monitoring”). For the last several years, during which the Board has been focused on continuous improvement and student outcomes, such annual reports have taken the form of a submission of certain “Data for Periodic Assessment.” For example, see Exhibit 24 – 2017 Data Submission. The Board reviews the data for a particular point in time and also analyzes longitudinal trends in the data. See Exhibit 25 – Comparative data analysis.

Analyst Remarks to Narrative

The country has a reevaluation schedule of five-year intervals as described in its standards document and evidenced by the recertification notification provided. Though the medical program’s accreditation expired in December 2017, the Board extended

the program's accreditation for a year pending receipt of more information due to outstanding concerns and an act of God (Hurricane Maria and the resultant temporary change in location of the school). The country needs to provide updated information and documentation concerning the accreditation review.

The country also has procedures that require submission of an annual report on the medical program's activities, "including student outcomes; fiscal, academic, and enrollment information; developments in such areas as senior staffing, contracts with teaching hospitals, admissions standards and practices, and other pertinent information" (Part 2, II.A.). The country provided its data collection for its annual reports.

Country Response

Please see the Board's response to "Accreditation of Medical Schools," above.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided information and documentation regarding the accreditation review of Ross University School of Medicine in the "Accreditation of Medical Schools" section. Specifically, the country noted that Ross University School of Medicine is moving to Barbados, effective January 2019, and is no longer pursuing accreditation by the Dominica Medical Board. In that section, the country stated that it was finalizing its limited site visit report, but was not able to provide it at the time of submission. The Committee may wish to request the limited site visit report and any action taken by the Dominica Medical Board to confirm the re-evaluation and monitoring activities to ensure continued compliance with standards.

Staff Conclusion: Additional Information requested

Re-evaluation and Monitoring, Question 2

Country Narrative

Part 1 of Question (h): In order to monitor accredited medical schools during the accreditation/recognition period, the Board requires annual reports. Part 2, II. ("Re-evaluation and monitoring"). For the last several years, during which the Board has been focused on continuous improvement and student outcomes, such annual reports have taken the form of a submission of certain "Data for Periodic Assessment." For example, see Exhibit 24 – 2017 Data Submission. The Board reviews the data for a particular point in time and also analyzes longitudinal trends in the data. See Exhibit 25 – Comparative data analysis.

In addition to the annual submission of Data for Periodic Assessment, the Board has conducted frequent site visits of RUSM in recent years and collected extensive information in connection with such visits.

Part 2 of Question (h): Subject to the procedures set forth in the Standards and Procedures for submission of such complaints, the Board considers complaints that it has received about the medical school it accredits when re-evaluating and monitoring its certification. Part 2, VIII.B.3. On December 30, 2017, the Board received an anonymous email from an individual purporting to be a "concerned [RUSM] student" and making certain allegations about reasons why, in the individual's opinion, the Board should not have approved RUSM's temporary location on board the GNV Excellent for the remainder of the Fall 2017 semester following Hurricane Maria. Consistent with the Board's Standards and Procedures, which state that complaints must normally identify the complainant in order to be considered (Part 2, VIII. B.1), the Board did not act on the matter.

Analyst Remarks to Narrative

The country has a standard that requires the Board to consider complaints that it has received about the medical school it accredits when re-evaluating and monitoring its certification (Part 2, VIII.B.3.). Elsewhere in this application, the country stated that it had only received one complaint which it was not able to follow-up on.

Substantive Change

Country Narrative

A medical education program's officials must notify the Board as far in advance as possible of any proposed substantive changes. Part 2, IV; ED-9. Substantive changes include, without limitation: "(a) a change in ownership or governance, (b) the establishment of a new geographically remote program or campus (including off-campus clinical rotations involving more than 25 students), (c) major modification of the curriculum, (d) a substantial change in the size of the enrollment, the format of the educational program leading to the M.D. degree, or the resources of the institution, (e) material changes in clinical programs, (f) material changes in the bodies that oversee clinical training, (g) material changes in affiliation agreements with hospitals and clinics, (h) clinical training program, and (i) a 10% change in enrollment in one year or a 20% change in enrollment in three years." Part 2, IV; see ER-1 (addressing enrollment changes in particular). "Based on the nature of the change and the information provided by the medical

school, the Board shall notify the medical school whether it must approve the change in advance or will visit the school after the change in order to assess whether the change affects the school's compliance with the Certification Standards." Part 2, IV.

There are special requirements for change in ownership or governance, or if a merger is planned. For example, the Board may ask the school to prepare a transition plan describing, among other topics, the new governance structure and any changes in class size, available resources of the program, or the curriculum. See Part 2, IV.A. Six months after a change, the Board will conduct an on-site review. Part 2, IV.A. Based on the documents provided by the school and the site visit, the Board will determine whether "reasonable compliance with accreditation standards can be assured and the current status and term of accreditation continued under the new structure." Part 2, IV.A.

Analyst Remarks to Narrative

The country has policies for medical programs to report substantive changes that must be reviewed by the Board. The country further stipulates the conditions for notification of substantive changes which parallel the guideline under this section and include the following: "(a) a change in ownership or governance, (b) the establishment of a new geographically remote program or campus (including off-campus clinical rotations involving more than 25 students), (c) major modification of the curriculum, (d) a substantial change in the size of the enrollment, the format of the educational program leading to the M.D. degree, or the resources of the institution, (e) material changes in clinical programs, (f) material changes in the bodies that oversee clinical training, (g) material changes in affiliation agreements with hospitals and clinics, (h) clinical training program, and (i) a 10% change in enrollment in one year or a 20% change in enrollment in three years." Part 2, IV; see ER-1

Under Part 2, IV.A., the country outlines further requirements for changes of ownership, governance, and mergers.

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

The Board operates within the guidelines set forth in Appendix C to the Standards and Procedures, which require a Board member and site visitors to declare in advance of any review of a school all current interests, financial or otherwise, in any school that is certified or may seek to become certified. See Exhibit 2 – Standards and Procedures, at Appendix C. Board members and site visitors must avoid conflicts of interest or the appearance of a conflict of interest. See Exhibit 2 – Standards and Procedures, at Appendix C. In addition, Board members and site visitors are not permitted to solicit or accept (for themselves or others) gifts, loans, entertainment, or other forms of consideration from those persons who own, operate or are otherwise affiliated with schools that are certified by the Board or seek to become certified if the circumstances indicate such offers might be motivated by the donor's interest in a matter that is or may come before the Board for consideration. See Exhibit 2 – Standards and Procedures, at Appendix C.

The Board informs site visitors regarding this policy.

Analyst Remarks to Narrative

The country has a conflict of interest policy outlined in its standards document that stipulate guidelines for Board members and site visitors, for example, that prohibits visits and consultation with any school that is certified or may seek to become certified by the Board. Board members and site visitors must also not solicit or accept, for themselves or any other person, gifts, gratuities, entertainment, loans or other consideration from individuals that own, operate or are otherwise associated or affiliated with schools that are certified or may seek to become certified by the Board where the circumstances indicate that the consideration may be motivated by the donor's interest in a matter that is or may come before the Board for consideration.

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

The clear and transparent benchmarks set out in the Standards and Procedures promote consistent application of accreditation standards. Consistency has been reinforced by using the same site visitors (who have experience in medical education and have served previously as site visitors with the LCME) for a series of inspections, which enables the site visit team to track the progress of particular issues over a period of time (a practice that only further enhances consistency). Site visitors discuss the evaluation strategy in advance of a site visit; part of the discussion is focused on ensuring consistency in their evaluation under the then-current Standards and Procedures.

Analyst Remarks to Narrative

The country has clearly written standards and procedures that stipulate the Board's requirements for accreditation. The country also states that it uses the same site visitors that have experience in medical education and have served previously as site visitors with

Accrediting/Approval Decisions, Question 1

Country Narrative

The Standards and Procedures require that the Board base its accreditation/approval decisions for schools on the Standards and Procedures. Part 2, I.D. The Board reviews documents and data furnished by the medical school and the report of the on-site review team; it makes its determination based on the standards set forth in Standards and Procedures, Part 1, including, but not limited to, evaluation of the admissions practices and effective use of data in evaluating the performance of students after graduation from the medical school. Part 2, I.D. The Board's recent site visit reports (e.g., Exhibit 18 –2017 site visit report) evidence the Board's evaluation of a medical education program against the Board's written standards.

Analyst Remarks to Narrative

The country has clearly written standards and procedures and has provided sample site visit reports that evidence the Board's evaluation of a medical program against the written standards. The country also has a written requirement that parallels the guideline under this section.

Accrediting/Approval Decisions, Question 2

Country Narrative

As described in Standards and Procedures, Part 2, I.D, the Board reviews data furnished by the medical school when making its decision whether to grant accreditation/approval. The Board extensively monitors and appraises performance outcomes; however, the Board has not set metric standards in that connection. The Board will continue to collect and use the data for ongoing monitoring and accreditation reviews on an institutional level for trend analysis; however, the Board does not plan to assess an institution against benchmarks in individual areas, such as USMLE examination pass rates. The Board believes that no single benchmark provides a comprehensive assessment of the quality of a medical education program.

For the last several years, during which the Board has been focused on continuous improvement and student outcomes, the Board has required that RUSM submit annually certain "Data for Periodic Assessment." See Exhibit 24 – 2017 Data Submission. The data collected includes information about RUSM's graduation rate, USMLE exam performance, and graduates' residency attainment. The Board reviews the data for a particular year and also analyzes longitudinal trends in the data. See Exhibit 25 – Comparative data analysis. The Board considers such data in connection with certification renewal and ongoing monitoring; however, the Board at this time does not set firm benchmarks for accredited medical schools to meet.

The Board looks forward to continued discussions with the NCFMEA about its perspective on student performance indicators and how an accreditor should use such data as part of accreditation review and monitoring. The Board is acutely interested in such topic. It is aware that the topic has fostered intellectual debate among accreditors in the United States and internationally, and that the approach to learning outcomes in the accreditation process continues to evolve.

Analyst Remarks to Narrative

The country has provided the correspondent database questions requesting graduates' performance data that include USMLE Step 1 pass rate data for each of the past three years for repeat takers; data provided by the National Board of Medical Examiners comparing national and first-time takers for USMLE Steps 1 and 2; most recent data showing performance in the various subject areas addressed in USMLE Steps 1 and 2; placement and performance in post graduate residency programs; performance on licensure exams; data describing success in securing licensure; and data describing performance on specialty exams/certifications.

At the previous NCFMEA meeting however, the country provided data and information that a third-party was reviewing such data for meaningful integration into the country's accreditation review process. In the following sections, the country explains that it uses such data to impress upon the program the need for data-driven quality improvement.

Accrediting/Approval Decisions, Question 3

Country Narrative

As described in the Standards and Procedures, Part 2, I.D, the Board reviews data furnished by the medical school when making its decision about whether to grant accreditation/approval. The Board asks a medical school to provide information about indicators used to evaluate educational program effectiveness in its Database responses. See Database at Section II -

Educational Program, pages 53 - 55 of 56 (regarding ED-46). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 106 – 109, and appendix (regarding ED-46). The Board also requires that RUSM submit annually certain “Data for Periodic Assessment.” See Exhibit 24 – 2017 Data Submission. The data collected includes information about RUSM’s graduation rate, USMLE exam performance, and graduates’ residency attainment. The Board reviews the data for a particular year and also analyzes longitudinal trends in the data. See Exhibit 25 – Comparative data analysis. The Board uses the information collected from a medical school to focus on data-driven quality improvement. The Board considers such data in connection with certification renewal and ongoing monitoring; however, at this time does not set firm benchmarks for accredited medical schools to meet.

Analyst Remarks to Narrative

As stated in the previous section, the country collects information from the medical program on graduates' performance through its database questionnaire; medical programs are expected to demonstrate how such data is used to improve the quality of the medical program.

The country explains in its narrative that a third-party is currently auditing such data for the Board to consider certain data points to generate a model predicting graduates' success, to include residency attainment within one year of graduation, and number and percentage of graduates with a residency within one-year of graduation. The program is expected to share data with the country regarding graduation and residency matching data, which the country states it will consider using in its review of student outcomes.

Accrediting/Approval Decisions, Question 4

Country Narrative

The Board extensively monitors and appraises performance outcomes; however, the Board has not set metric standards in that connection. The Board asks a medical school to provide information about indicators used to evaluate educational program effectiveness in its Database responses. See Database at Section II - Educational Program, pages 53 - 55 of 56 (regarding ED-46). In its 2017 Database submission, RUSM provided information in response. See Exhibit 14 - RUSM 2017 Database submission Section II, pages 106 – 109, and appendix. In addition, for the last several years, during which the Board has been focused on continuous improvement and student outcomes, the Board has required that RUSM submit annually certain “Data for Periodic Assessment.” See Exhibit 24 – 2017 Data Submission. The data collected includes information about RUSM’s graduation rate, USMLE exam performance, and graduates’ residency attainment. The Board reviews the data for a particular year and also analyzes longitudinal trends in the data. See Exhibit 25 – Comparative data analysis.

The Board will continue to collect and use the data for ongoing monitoring and accreditation reviews on an institutional level for trend analysis; however, the Board does not plan to assess an institution against benchmarks in individual areas, including USMLE exam performance or residency attainment. The Board believes that no single benchmark provides a comprehensive assessment of the quality of a medical education program.

Analyst Remarks to Narrative

The country states that it does not set student performance outcomes standards or benchmarks for schools, but considers such data as part of its accreditation review and ongoing monitoring. The country has described in its narrative how it used the data requested by the NCFMEA in connection with RUSM's reaccreditation review to increase RUSM's focus on data-driven quality improvement. The Committee may be interested in requesting additional information regarding what indicators the country will use and how the country will consider such data going forward as part of its accreditation review and ongoing monitoring.

Country Response

The Board extensively monitors and appraises performance outcomes; however, the Board has not set metric standards in that connection. The Board asks a medical school to provide information about indicators used to evaluate educational program effectiveness in its Database responses and through annual data submissions. The Board will continue to collect and use the data for ongoing monitoring and accreditation reviews on an institutional level for trend analysis; however, the Board does not plan to assess an institution against benchmarks in individual areas, including USMLE exam performance or residency attainment. The Board believes that no single benchmark provides a comprehensive assessment of the quality of a medical education program.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided additional information regarding what student achievement indicators the country will use and how the country will consider such data going forward as part of its accreditation review and ongoing monitoring. Specifically, the country stated that it monitors student outcomes annually and through other periodic reports; however it has no plans to set metric standards as the Dominica Medical Board does not believe that individual benchmarks provide a comprehensive assessment of the quality of a medical program. The Committee may wish to discuss further the use of student achievement data by the Dominica Medical Board in its accreditation decision-making process.

Staff Conclusion: Additional Information requested
