

U.S. Department of Education Staff

Redetermination for the Government of St. Kitts and Nevis

Prepared February, 2019

Background

In 1998, the Government of St. Kitts and Nevis and the Medical University of the Americas (MUA) signed an agreement chartering MUA on the island of Nevis. The islands of St. Kitts and Nevis are joined together as a federation, although each exercises considerable autonomy over internal island matters. In 2007, the Premier of the Government of Nevis signed an agreement designating the Accreditation Commission on Colleges of Medicine (ACCM) to act on Nevis's behalf as the MUA's accreditor. Also in 2007, a second medical school, the University of Medicine and Health Sciences (UMHS) was opened on the island of Nevis, and since 2015, ACCM is the accreditor for that school, as well.

The Government of Nevis appeared at the Spring 2012 NCFMEA meeting seeking an initial determination that the standards used by the ACCM to evaluate the island's medical schools are comparable to those used to evaluate medical schools in the United States. At that time, the Committee recommended comparability for Nevis, but also requested that the country provide additional information regarding concerns in two areas, specifically attrition and the number of students passing the USMLE Step 1 out of the initial cohort. At its April 2014 meeting the NCFMEA accepted ACCM's report. The NCFMEA also requested that ACCM, on behalf of the Government of Nevis and St. Kitts submit an update report in two years that includes specific information about how many students took the U.S. Medical Licensing Exam out of those admitted into the program at MUA, the attrition rate, and the reasons for the attrition. At its April 2016 meeting, the NCFMEA accepted ACCM's report, and urged the ACCM to consider alternative methods of tracking student performance data in order to provide more useful USMLE pass rate and residency placement data.

In the Spring of 2019, the ACCM on behalf of the Government of St. Kitts and Nevis submitted a report for a redetermination of comparability for review at the Spring, 2019 meeting. That report is the subject of this analysis. The ACCM accredits two medical schools in the Federation, MUA and UMHS. During the award year 2018, which is the most recent year for which figures are available, 262 American students received \$ 14,115,571.00 in Title IV funds to attend MUA. UMHS does not currently participate in the William D. Ford Direct Loan Program.

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 NCFMEA may wish to see the revised template inspection report the ACCM will use in future to document review of medical schools in the area of active learning and independent study skills, and a completed inspection report using the revised template, once available. [Curriculum, Question 4]
- The NCFMEA may wish to see the revised template inspection report the ACCM will use in the future to document review of medical schools in the area encouragement of and support for service-learning activities, and a completed inspection report using the revised template, once available. The NCFMEA may wish to review a completed annual database report using the 2018-2019 format, once available. The NCFMEA may wish to request information documenting the request for and review of information in this area in the self-study report template and in a completed self-study report. [Curriculum, Question 5]
- The NCFMEA may wish to see the revised template inspection report the ACCM will use in future to document review of medical schools in the area of supporting disciplines, and a completed inspection report using the revised template, once available. The NCFMEA may wish to review a completed annual database report using the 2018-2019 format, once available. The NCFMEA may wish to request information documenting the request for and review of information in this area in the self-study report template and in a completed self-study report. [Supporting Disciplines]
- The NCFMEA may wish to see the revised template inspection report the ACCM will use in future to document review of medical schools in this area, and a completed inspection report using the revised template, once available. The NCFMEA may wish to review a completed annual database report using the 2018-2019 format, once available. [Ethics, Question 1]
- The NCFMEA may wish to request more information about how the ACCM uses the data collected on admissions in its evaluation of the medical schools. [Admissions, Recruiting, and Publications, Question 1]

-- The NCFMEA may wish to request additional information about what the agency's requirements are for an agreement by the institution with an individual staff member with roles both at the institution and the hospital, rather than an agreement between the institution and a clinical site. The NCFMEA may wish to inquire whether the ACCM reviewed this agreement and for documentation of that review. [Clinical Teaching Facilities, Question 1]

-- The NCFMEA may wish to request additional information about how the ACCM's on-site review provides a thorough comprehensive review of the school which addresses the agency's standards, in particular in regards to how the on-site inspection reports address all subparts of the agency's standards. [Onsite Review, Question 1]

Staff Analysis

Part 1: Eligibility

Basic Eligibility Requirements, Q1

Country Narrative

The Medical School of the Americas situated on the island territory of Nevis currently enrolls American students on its Medical Programmes, see (Exhibit 20).

The University of Medicine & Health Sciences (UMHS) situated on the island territory of St. Kitts currently enrolls American students on its Medical Programmes, see (Exhibit 20).

To assist with this submission, please see Exhibit 51 for both MUA and UMHS which provides a Lists of Exhibits

Analyst Remarks to Narrative

The ACCM, which is the accrediting body designated by the government of St. Kitts and Nevis, provided a document which stated that 43% of the graduates of the Medical University of the Americas in 2016 were U.S. citizens.

Basic Eligibility Requirements, Q2

Country Narrative

The Medical School of the Americas situated on Nevis has been certified by the Office of Federal Student Aid to participate in the William D. Ford Direct Loan Programme, see Certificate (Exhibit 21).

Not Applicable – as the University of Medicine & Health Sciences (UMHS) is not yet eligible to participate in the William D. Ford Direct Loan Programme as it currently only meets two out of the three criteria.

Analyst Remarks to Narrative

The ACCM provided a screenshot of a list of schools which included the Medical School of the Americas. It isn't clear from the screenshot, however, what this list consists of, what year it applies to, or the source of this list. The NCFMEA may wish to request documentation of participation in the William D. Ford Direct loan program by at least one school in the country, to include a clear source of the documentation and the year to which it applies.

Country Response

Please see attached further documentation to show that the Medical School of the Americas situated on Nevis has been certified by the Office of Federal Student Aid to participate in the William D. Ford Direct Loan Programme, see Certificate (Exhibit 21). We also attach updated Exhibit Lists to assist (Exhibit 50 & 51).

Analyst Remarks to Response

In response to the draft staff analysis, the agency provided the Medical University of the Americas Foreign School Program Participation Agreement (exhibit 21) which shows an approval expiration date of March 31, 2020. The Medical School of the Americas appears in the 2019-2020 Direct Loan participating institutions list found at <https://ifap.ed.gov/ifap/fedSchoolCodeList.jsp>. The publicly available database of participating schools is uploaded below (1920FedSchoolCodeList).

Staff Conclusion: Comprehensive response provided

Basic Eligibility Requirements, Q3

Country Narrative

ACCM, as the medical accrediting body authorised to act on behalf of the governments of St. Kitts & Nevis, agrees to this.

Analyst Remarks to Narrative

The ACCM has agreed to submit timely data requests and monitoring reports as specified by the NCFMEA.

Basic Eligibility Requirements, Q4

Country Narrative

ACCM, as the medical accrediting body authorised to act on behalf of the governments of St. Kitts & Nevis, agrees to this.

Analyst Remarks to Narrative

The ACCM agreed to submit an application for comparability by the deadline specified by the NCFMEA and at least once every six years.

Basic Eligibility Requirements, Q5

Country Narrative

ACCM, as the medical accrediting body authorised to act on behalf of the governments of St. Kitts & Nevis, agrees to this.

Analyst Remarks to Narrative

The ACCM agreed to observation of the accrediting body's quality assurance activities by NCFMEA members and Department staff as deemed appropriate by the NCFMEA.

Basic Eligibility Requirements, Q6

Country Narrative

ACCM, as the medical accrediting body authorised to act on behalf of the governments of St. Kitts & Nevis, agrees to this.

Analyst Remarks to Narrative

The ACCM agreed to update Department staff with current contact information for country representatives and other relevant parties.

Part 2: Entity Responsible for the Accreditation/Approval of Medical Schools

Approval of Medical Schools, Question 1

Country Narrative

The islands of St. Kitts and Nevis are joined together as a federation. The federation of St. Kitts & Nevis is recognised by the United States as a country. However, each island has its own government which exercises considerable autonomy over internal island matters. Within the federation, there are two entities with the authority and responsibility to certify/license medical schools which are the Government of Nevis and the Government of St. Kitts. ACCM has the authority and responsibility to accredit different types of medical schools, private or for-profit, together with an agreement with the governments of St. Kitts & Nevis.

Founded in 1994 by Professor Conor Ward, the Accreditation Commission on Colleges of Medicine (ACCM) is an independent, not for profit organisation based in the Republic of Ireland. ACCM is invited by governments of island territories/states/countries which do not have a national/international medical accreditation body, to act on their behalf in relation to the inspection and accreditation of a specified medical school/university/school* in their jurisdiction (*medical school, medical university or medical school are terms used interchangeably to indicate an institution where a medical education programme is offered which leads to the degree of M.D. (Exhibit 3, 4 & 14).

The Medical University of the Americas (MUA) was founded as a joint project with the government of Nevis on the island territory of St. Nevis in 1998. The Minister of Education of the Island Territory of Nevis Government granted a University Charter for the Medical School of the Americas (MUA) to establish a medical school on Nevis on 17th July, 1998 (Exhibit 4). This Charter is recognized by the Government of St. Kitts & Nevis. The Nevis Ministry of Education regulates the certificate and licensure for medical practice within the territory.

On 8th November 2006, the Ministry of Health of the Island Territory of Nevis, adopted a resolution, by means of which the Government wished to express recognition of the activities within Nevis with respect to the Medical School of the Americas (MUA) and the Accreditation Commission on Colleges of Medicine (ACCM) (Exhibit 5). It also states that ACCM "is authorised to work with and to receive reports and information on behalf of the Nevis Government". This resolution shall remain in effect for no longer than the duration of the operations of the Medical School of the Americas.

The University of Medicine and Health Sciences (UMHS), St Kitts, was founded in 2007. UMHS is one of two medical schools on the island of St. Kitts.

The Minister of Education of the Island Territory of St. Kitts Government granted a University Charter for the University of Medicine and Health Sciences (UMHS), to establish a medical school on St. Kitts on 24th August 2007 (Exhibit 4 & 14). This Charter is recognized by the Government of St. Kitts. The St. Kitts Ministry of Education regulates the certificate and licensure for medical practice within the territory.

On 6th November 2012, following a campus site visit the school received full accreditation from the St. Kitts and Nevis Accreditation Board (SKNAB). UMHS has just received a further five years accreditation from SKNAB following a site-visit in January 2018 (Exhibit 22). The SKNAB is a federal board established in 2000, with revised powers under the terms of the Education (Accreditation) Act of 2017. Periodic site-visits take place with external expert panels and the assessment can lead to accreditation for two, three, or five-year periods. SKNAB does not conduct interim inspections but, in cases of concern, they can schedule an interim 'spot-check' with little notice to the school concerned. SKNAB requires each school to submit an annual monitoring report.

On 21st March 2016, the Ministry of Health of the Island Territory of St. Kitts, adopted a resolution, by means of which the Government wished to express recognition of the activities within St. Kitts with respect to the University of Medicine and Health Sciences (UMHS), and the Accreditation Commission on Colleges of Medicine (ACCM) (Exhibit 5). It also states that ACCM "is authorised to work with and to receive reports and information on behalf of the St. Kitts & Nevis Government". This resolution shall remain in effect for no longer than the duration of the operations of the University of Medicine and Health Sciences (UMHS).

There is one medical school (accredited by ACCM) in the jurisdiction of the Nevis Government: the Medical School of the Americas (MUA) and one medical school (accredited by ACCM) in the jurisdiction of the St. Kitts government: the University of Medical & Health Sciences (UMHS).

ACCM is the organization which conducts in depth onsite campus inspections to confirm compliance with the minimum standards for their operation.

An agreement (Heads of Agreement) was signed between MUA and ACCM, on 18th January, 2007 officially recognising ACCM as its medical accrediting agency since 2006 and for "the sole purpose of (a) ensuring that the Medical University of the Americas (MUA), Nevis meets standards comparable to those in the United States Department of Education and (b) that Medical School of the Americas (MUA) is providing a quality and meaningful medical education (Exhibit 3).

Since 2010, ACCM has granted an Unconditional Accreditation status to MUA which has continued to date with MUA being accredited until 31st May, 2022 (Exhibit 22).

An agreement (Heads of Agreement) (Exhibit 3) was signed between UMHS and ACCM, on 20th May, 2015 officially recognising ACCM as its medical accrediting agency since 2015 and for "the sole purpose of (a) ensuring that the University of Medical & Health Sciences (UMHS), St. Kitts meets standards comparable to those in the United States Department of Education and (b) that the University of Medical & Health Sciences (UMHS) is providing a quality and meaningful medical education. Since 31st May, 2015, ACCM has granted an Unconditional Accreditation status to UMHS which has continued to date with UMHS being accredited until 31st May, 2021 (Exhibit 13). In 1998, the NCFMEA determined that (ACCM as the accrediting agency for) the island territories of St. Kitts & Nevis were comparable to LCME standards. ACCM confirms compliance by ensuring that standards of operation meet those required by ACCM Standards of Accreditation 2017 (Exhibit 1) and ACCM Protocol for the Accreditation 2017 (Exhibit 2).

Analyst Remarks to Narrative

The ACCM attested that the government of St. Kitts and Nevis has the authority to certify/license medical schools within their region. The ACCM has provided documentation that the government of St. Kitts and Nevis has entered into agreements with the ACCM to undertake accreditation for the country's two medical schools. The ACCM has provided documentation of statements of agreements between the government and individual medical schools, authorizing those schools in the country.

Approval of Medical Schools, Question 2

Country Narrative

Further Answer to Question 1:

ACCM Standards were revised in 2017 to meet with LCME Guidelines as the majority of students in medical schools currently under ACCM accreditation are North American. The Liaison Committee on Medical Education (LCME) is the recognised accreditation authority for the accreditation of medical education programmes leading to the degree of M.D. in the United States and Canada. ACCM's standards and processes are therefore aligned with the LCME Guidelines. Both ACCM Standards and Protocol are regularly reviewed, revised and updated when and as required.

Answer to Question 2:

The St. Kitts & Nevis Ministries of Education regulates the certificate and licensure for medical practice within the territory.

ACCM, as the accrediting agency for the St. Kitts & Nevis governments, is the entity responsible for monitoring and continued accreditation of medical schools on the island territories of St. Kitts & Nevis. Medical schools are accredited, subject to their continuing compliance with ACCM required standards. All are subject to regular interim site inspections of the basic medical science campus as well as inspection of all affiliated clinical training sites. Each medical school must also report annually to ACCM utilising ACCM's detailed biennial Institutional Self-Study, Annual Cohort Databases and the Annual Database Report (Exhibit 12, 24 & 25).

ACCM requires an accreditation agreement with each Government served, designating the roles, responsibilities and expectations of both parties in the accreditation process. ACCM reports annually (or when required depending on the accreditation status) to the governments it serves, including an outline of accreditation activities during the previous years and a review of Annual/Cohort Databases (and the biennial Institutional Self-Study) submitted annually by each medical school ACCM (Exhibit 6, 24, 25). These reports also address any changes that may have occurred in the medical school or the programme of medical education which may have positively or negatively affected the educational programme (Exhibit 9). The accreditation status of the school is either confirmed, or a change of status is notified (Exhibit 1, Standard 12). Following an inspection visit at a medical school's campus, an inspection report is provided to the relevant government, detailing all aspects of the inspection and the level of the medical school's compliance with accreditation standards (Exhibit 9). The accreditation status of the medical school is reviewed by ACCM in the light of this report with accreditation decisions notified to governments in these reports.

ACCM reports formally each year or when required to: The Government of the Island Territories of St. Kitts & Nevis, the U.S. Department of Education (NCFMEA), the World Federation for Medical Education (WFME), the Medical School of the Americas (MUA) and the University of Medicine & Health Sciences (UMHS).

Analyst Remarks to Narrative

Documentation has been provided to demonstrate that the governments of St. Kitts and Nevis have agreements in place whereby the ACCM accredits the medical schools in the country. The government has the authority to continue to license/certify the medical schools, which it does in response to regular accreditation reports from the ACCM.

Approval of Medical Schools, Question 3

Country Narrative

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

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

In brief, the preliminary steps are: the Government gives approval for the establishment of a medical school which must be approved by formal Resolution of that Government (Exhibit 5). The Government reviews ACCM standards and procedures (Standards & Protocol) and deems such standards and procedures appropriate (Exhibit 1 & 2). The Government approves ACCM as the medical accreditation agency for the particular medical school concerned and issues an invitation to ACCM to undertake an evaluation of the medical school (Exhibit 5). ACCM examines Profile Database and Institutional Self-Study documentation from the medical school which may be submitted in advance of or concurrently with the Government's invitation (Exhibit 11 & 12). If on the basis of the information contained in these documents, ACCM concludes that the school is operating a medical programme which appears to satisfy ACCM Standards of Accreditation, ACCM arranges for a preliminary inspection visit to be made to the medical school's campus. During this visit, the ACCM inspection team expects to meet with the appropriate Minister and/or Head of Government.

Following the visit, the inspection team reports to the next Board Meeting of ACCM with a recommendation as to whether ACCM should undertake the work of accrediting the medical school or whether actions are first required by the school before accreditation work will be undertaken. If ACCM decides to undertake accreditation of a medical school, further steps are required in order to formalise the arrangement.

ACCM has the authority and responsibility, together with agreements with the governments of St. Kitts & Nevis, for the monitoring and continued certification of different types of medical schools, private or for-profit (Exhibit 5). ACCM requires an accreditation Heads of Agreement (HOA) with each government served, designating the roles, responsibilities and expectations of all parties involved in the accreditation process (Exhibit 3). ACCM reports annually (or when required depending on the accreditation status) to the governments it serves with a report that includes an outline of accreditation activities during the previous year and a review of the Annual/Cohort Databases submitted annually by each medical school to ACCM (Exhibit 24 & 25). The report also addresses any changes that may have occurred in the medical school or the programme of medical education which may have positively or negatively affected the educational programme. The accreditation status of the school is either confirmed, or a change of status is notified.

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

ACCM's accreditation decision is notified to governments in these inspection reports (Exhibit 9 & 13). In the case that a school is not compliant with ACCM's Standards and Protocol, a decision could be made to withdraw the accreditation status and in which case the government would be notified (Exhibit 2: Section X).

On St. Kitts & Nevis, the Ministries of Education have the authority to register tertiary educational institutions, as evidenced by the 1998 certification of MUA's registration application and the 2007 certification of UMHS's registration application to open a medical school (Exhibit 4). Other documents indicate that the offices of the Ministries of Education/Health, have the authority to open and close institutions, and to regulate certification and licensure of medical practice within the country. Teachers do not need to seek licensure from the Education Council but do need to pursue the requirements established by the country's Immigration Department.

ACCM reports formally each year or when required: to the Government of the Island Territories of St. Kitts & Nevis, the U.S. Department of Education (NCFMEA), the World Federation for Medical Education (WFME), the Medical University of the Americas (MUA) and the University of Medicine & Health Sciences (UMHS).

Analyst Remarks to Narrative

The ACCM has provided documentation of charters and agreements to establish each medical school for a specified period of time in the country and of agreements between ACCM and the government of St. Kitts and Nevis to provide accreditation services for the two medical schools in the country. The documentation provided does not identify what entity has the authority to close a medical school in this country. The NCFMEA may wish to request documentation to demonstrate which entities have the authority to close a medical school in this country, including the names of the entity and to whom it reports.

Country Response

Yes, there are two entities with the authority to close a medical school, the St. Christopher & Nevis Accreditation Board (Exhibit 68), which reports to the Ministry of Education, St. Kitts and the Ministry of Health, Nevis (Exhibit 66) (together with ACCM as the agency and reporting body as to the accreditation status of a medical school).

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM attested that two entities have the authority to close a medical school on St. Kitts and Nevis. These include the St. Christopher and Nevis Accreditation Board, which reports to the Ministry of Education, and the St. Kitts and Nevis Ministry of Health. The ACCM provided a letter from the Ministry of Education affirming their authority to close a medical school, and a letter from the ACCM to the Ministry of Health, which includes a recap of a conversation in which it is stated that the representatives of the Ministry of Health affirmed their authority to close down a medical school.

Staff Conclusion: Comprehensive response provided

Accreditation of Medical Schools

Country Narrative

ACCM has the authority and responsibility (documented by agreements with the governments of St. Kitts & Nevis) for evaluating the quality of medical education in different types of medical schools - private or for-profit (Exhibit 3). ACCM reports to these governments. The medical schools have been accredited, subject to their continuing compliance with required standards set down in ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1 & 2).

ACCM defines its standards of educational quality as Standards (Exhibit 1). Standard 1 establishes requirements for institutional goals that include the educational mission and teaching objectives. ACCM requires the medical school to publish and distribute its goals among its students, faculty and the public, generally through an institutional catalogue or other appropriate publishing media (Exhibit 23 & 29). ACCM requires medical schools to engage in a planning process that sets the direction for the medical school and identifies measurable outcomes that identify accomplishment of the goals or areas in need of improvement. Among other things, minimum institutional goals require the offering of a degree programme that fulfils or exceeds the provisions summarized in the Standards of Accreditation: A graduate's acquisition of a critical amount of knowledge and development of adequate skill to advance to and complete post-graduate training; a graduate's acquisition of the professional attributes expected by the academic community and physicians; a graduates' obtainment of licensure to provide quality health care, continuance of a life-long habit of learning as a way of keeping abreast of current medical advances; and assurance to students, parents, patients, postgraduate training directors, licensing authorities, government regulators and society that accredited programmes have met commonly accepted standards for quality education.

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

ACCM Standard 1 establishes the requirements for the educational mission, goal and objectives of a medical school: "The institution shall develop educational goals which define its mission. The goals shall be adopted by the Board of Trustees of the institution and shall be re-evaluated periodically to reflect external and demographic changes in its constituencies... At a minimum, the school goals include:

Sponsoring a Doctor of Medicine (M.D.) degree programme which fulfils or exceeds the provisions outlined in the Standards of Accreditation

The graduation of individuals having acquired a critical amount of knowledge and developed adequate skills to advance to and complete post-graduate training.

The graduation of individuals having acquired the professional attributes (knowledge, skills, attitudes and behaviours) expected by the academic community and society of a physician.

The graduation of individuals being eligible to secure licensure, to provide quality health care and to continue a life-long habit of learning as a way to remain abreast of medical advances.

Assuring students, parents, patients, postgraduate training directors, licensing authorities, government regulators and society that all accredited programmes have met commonly accepted standards for professional education and that they serve the public interest."

ACCM Protocol (Exhibit 2) requires the ACCM onsite inspection team to meet with the Chief Executive Officer of the medical school to review the institution's educational goals for compliance and to summarize these in a written report (Exhibit 9). The report comments on whether the institution has met its goals, whether these goals are familiar to faculty and students, and to the extent in which the institution makes an effort to enhance its ability to reach its goals. Through testing, ACCM requires the institution to ensure that students pass the USMLE Step 1 Examination before beginning the 3rd year clinical science coursework. In addition, ACCM recommends that before graduation, students should also pass the USMLE Step 2 Examination. Due, inter alia, to the insistence of ACCM that students are required to pass USMLE Step 1 examination before they can continue to participate in the core subjects associated with 3rd year clinical science (Exhibit 8). ACCM requires that USMLE Step 2 examination is passed before the student graduates. The Medical University of the Americas had a 74% residency placement for July 1, 2016 through to June 30, 2017 (Exhibit 8). The University of Medicine & Health Sciences (UMHS) had a 72% residency placement for July 1, 2016 through to June 30, 2017 (Exhibit 8).

Analyst Remarks to Narrative

The ACCM has provided agreements between the government and the ACCM to provide accreditation services for the medical schools in the country. The ACCM reports on the status of those medical schools to the government of St. Kitts & Nevis.

Analyst Remarks to Response

Accreditation of Medical Schools, Question 2

Country Narrative

ACCM has the authority and responsibility, with an agreement from the governments of St. Kitts & Nevis (Exhibit 5) for the monitoring and continued certification of different types of medical schools, private or for-profit.

ACCM requires an accreditation agreement with each government served, designating the roles, responsibilities and expectations of both parties in the accreditation process. ACCM reports annually (or when required) to the governments it serves. ACCM Reports (Exhibit 9 & 10) include an outline of accreditation activities during the previous year and a review of the Annual/Cohort Databases and biennial Institutional Self-Study submitted annually by each medical school to ACCM (Exhibit 6, 7 & 8). These reports also address any changes that may have occurred in the medical school or the programme of medical education which may have positively or negatively affected the educational programme. The accreditation status of the school is either confirmed, or a change of status is notified. Following an inspection visit made to a medical school's campus, a report on the inspection is made to the relevant government, detailing all aspects of the inspection and the level of the medical school's compliance with accreditation standards (Exhibit 9). The accreditation status of the medical school is reviewed by ACCM in the light of this report. ACCM's accreditation decisions are notified to governments in these inspection reports. Medical schools having been accredited are subject to their continuing compliance with the required standards which are set down in the ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1 & 2).

To assist with this submission, ACCM have provide an Exhibits List for reference purposes (Exhibit 51).

Analyst Remarks to Narrative

The ACCM has provided information about the accreditation timelines and processes, as well as the agreements between the government and the ACCM to provide accreditation services, and ACCM stated that this includes certification of the schools. The ACCM has provided charter agreements between the government of St. Kitts and Nevis to demonstrate the establishment of each school. The ACCM noted that it does require medical schools to be licensed to operate within the country they exist in. The ACCM provided its Standards of Accreditation (exhibit 1). Standard 2.2 requires that "The school is licensed by the appropriate governmental or regulatory authority to offer courses of instruction in medicine and to award the MD degree." The NCFMEA may

wish to request additional information about the statutory or other authority that allows for the closure of medical schools.

Country Response

Yes, there are two entities with the authority to close a medical school, the St. Christopher & Nevis Accreditation Board (Exhibit 68), which reports to the Ministry of Education, St. Kitts and the Ministry of Health, Nevis (Exhibit 66) (together with ACCM as the agency and reporting body as to the accreditation status of a medical school).

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM attested that two entities have the authority to close a medical school on St. Kitts and Nevis. These include the St. Christopher and Nevis Accreditation Board, which reports to the Ministry of Education, and the St. Kitts and Nevis Ministry of Health. The ACCM provided a letter from the Ministry of Education affirming their authority to close a medical school, and a letter from the ACCM to the Ministry of Health, which includes a recap of a conversation in which it is stated that the representatives of the Ministry of Health affirmed their authority to close down a medical school.

Staff Conclusion: Comprehensive response provided

Part 3: Accreditation/Approval Standards

Mission and Objectives, Question 1

Country Narrative

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

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

has a business relationship with the school, is employed by the medical school, is a consultant to the medical school or has a family member or relative who is connected to the medical school.

ACCM Protocol (Exhibit 2) requires that the ACCM inspection team ensures that the medical school Board members are free of conflicting interests. ACCM Protocol requires that the team reports whether the school is chartered, licensed and authorised to award the M.D. degree by the regulatory body that governs educational institutions in that jurisdiction. The medical school must annex all documents to demonstrate its authority to operate and to award the M.D. degree (Exhibit 3 & 5).

Also, in ACCM Standard 2 (i.e. Corporate Organization) ACCM's requirements for governance are as follows:

In consultation with the Chief Academic Officer, divisional heads and representatives of the faculty the Board shall govern the institution by: Establishing broad school policies, Providing school direction, Securing financial resources, Selecting the Chief Executive Officer, the Chief Academic Officer and Overseeing the management's performance of its duties and responsibilities. ACCM Protocol requires the ACCM inspection team to ensure that the medical school complies with ACCM Standards (Exhibit 1). Standard 2 (Section 2.6), requires that the institution's by-laws and codes of regulation shall delineate the roles, duties and responsibilities of the key administrative and academic officers and the faculty committees as outlined in these documents. ACCM Protocol requires the inspection team to report specifically on each of these areas of governance, in particular whether ACCM Board members serve without conflicts of interest with the medical school, are independent of the administration and whether the Board properly exercises its authority in overseeing the administration performance of its duties and responsibilities. ACCM would propose that the highest standards are attained with acquiring an M.D. degree so therefore the public interest is served by having highly qualified professionals. The most important way of serving the public interest is to ensure that students who graduate are sufficiently well trained and motivated to become competent physicians who are aware of their responsibilities to the public both as professionals and as private citizens.

MUA's mission is "To provide students of diverse backgrounds with the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing clinician, along with the skills and confidence needed to critically evaluate and apply new information." This mission extends beyond the formal curriculum to include opportunities for MUA students to initiate and participate in service activities that benefit the communities in which they are engaged in academic and clinical training. MUA students participate in many programmes while in their basic science training on Nevis as well as during their clinical rotations at affiliated academic teaching centres in the United States and Canada.

During their time on campus, MUA students are encouraged to become involved in local Community Projects and opportunities during the basic sciences allow students to utilize the medical and clinical expertise they have acquired in helping serve the needs of the local Nevisian community. Students have contributed through the provision of medically related services, fundraising for local programmes, and support for literacy programmes benefitting both children and adults. Students' contributions to medically-related programmes include their participation in free healthcare clinics where community residents are screened for common medical conditions such as diabetes, hypertension and hypercholesterolemia. MUA Student Fundraising activities have supported local cancer patients, disabled children in the community, and a seniors' home in Gingerland. (See further answers as part of next question due to lack of space)

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation for Schools of Medicine (exhibit 1). Standard 1 describes the agency's requirements regarding the mission of the medical school, which includes requirements that the schools develop goals that serve the public interest. The ACCM quoted the mission of one of the medical schools in the country, described how the school serves the public interest, and stated that students are encouraged to participate in local community projects. The ACCM provided an interim inspection report for one medical school (exhibit 9) to demonstrate assessment of a medical school against standard 1.

Mission and Objectives, Question 2

Country Narrative

Further answer to Question 1 (a):

MUA students have also raised funds for the Alexandra Hospital including the purchase of new lights for the operating room. MUA students have created programmes to collect supplies for the local Red Cross, as well as the St. James Primary school to benefit local elementary school children. Students have also taken part in mentoring and reading programmes at local primary schools and have participating as tutors in an adult literacy initiative.

While undertaking their clinical rotations, MUA students seek out service opportunities to benefit local communities. Students have worked with organizations such as WellShare International to reduce health disparities in immigrant communities in Minneapolis, Minnesota, and Rely One Home Health Care providing support services to dementia patients in Toronto Ontario. Students have volunteered at local healthcare clinics like the Cherubin Family Health Care Center in Brooklyn New York assisting in physical examinations, as well as with clinics established to deal with specific conditions such as the Diabetes Education Clinic in Brantford Ontario and the Durham Community Flu Clinic in Whitby Ontario. MUA students have contributed to and supported national organizations such as the Heart and Stroke Foundation and the National Kidney Foundation as well as volunteering for organizations like the Alliance for Therapy Pets that connect highly trained therapy animals to patients in need of companionship and healing. Additionally, MUA students have participated in international healthcare organizations such as the Akpugo Medical Mission that provides free access to medical care to underserved populations in Nigeria.

MUA students continue to support MUA's mission after graduation as many pursue residencies and become permanently licensed in primary care fields. Graduates are often involved in providing care to underserved communities, particularly, inner-city safety net hospitals, as well as rural communities hardest hit by shortages in healthcare professions.

UMHS does not currently provide training programmes other than that leading to the MD degree. It does, however, have close ties with Davenport University and Walden University and a significant number of the students are participating in dual degree programmes between UMHS and these other schools. The Davenport and Walden programmes allow UMHS students to connect the medical side of healthcare to the general population. Students are able to apply their basic sciences education to the actual community that they will one day serve as physicians. These programmes allow UMHS students to expand their knowledge beyond the clinical aspect of medicine and to take on a different perspective of medicine and healthcare in today's world, whether it be from an administrative or public health point of view.

During their time on campus, UMHS students are encouraged to become involved in local Community Projects such as, community outreach programme working with public health issues and research projects relevant to the community as follows (Exhibit 6):

The research activities of the University are overseen and monitored by the research committee. Areas of emphasis are reanalysis of previously generated medical/epidemiological data (data mining) from other studies, novel epidemiological data on arbovirus infection, effects of human anatomical variations in disease pathology, and evaluation of the fungal and bacterial contaminants present in the commercially available meat product on St. Kitts, as well as campus surfaces, including air, and water on the Island of St. Kitts. Faculty and students are currently collaborating with the St. Kitts research community, including the St. Kitts government lab, Ross University of Veterinary Medicine, and St. Kitts Biomedical Research.

At least one faculty has active International research collaborations in the area of therapeutic intervention in inflammation-associated diseases and in developing novel antimicrobial agents. About 25 medical students from all Basic Science semesters are currently engaged in research activities. Faculty and student publications have resulted from these research projects. The level of commitment UMHS has progressively increased and so has the faculty commitment to increased high calibre research output.

Recent and Current Research Activities:

Moulds in the air on campus and in the community - Petri dishes with Sabaroud's agar were exposed to the air at several sites on campus and around the Island of St. Kitts and then incubated to grow moulds. A dozen medical students were involved. Some potentially pathogenic moulds were detected. The data is being evaluated for publication.

Evaluation of Water Supply for contaminating microbes - Several water samples have been taken from campus and student residential sources. These have been analysed in the microbiology lab. The organisms are being characterized.

Take up of cervical cytology and case for introduction of HPV vaccination.

Quality: Research quality has progressed from presentations at regional meetings in the Caribbean to presentations at International conferences and publications in International journals.

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

Answer to Question 2:

ACCM defines its standards of educational quality as Standards (Exhibit 1). Standard 1 establishes the requirements for institutional goals that include the educational mission, goals and objectives. ACCM requires the school to publish and distribute its goals among its students, faculty and the public, generally through an institutional catalogue, student/faculty handbooks, website or other publishing media (Exhibit 26 & 29). ACCM requires medical schools to engage in a planning process that sets the direction for the institution and identifies measurable outcomes that identify accomplishment of the goals or areas in need of improvement. Among other things, minimum institutional goals require the offering of a degree programme that fulfils or exceeds the provisions summarized in the ACCM Standards of Accreditation (Standard 1.1.4).

At a minimum, the school goals include:

Sponsoring a Doctor of Medicine (M.D.) degree programme which fulfils or exceeds the provisions outlined in the Standards of Accreditation.

The graduation of individuals having acquired a critical amount of knowledge and developed adequate skills to advance to and complete post-graduate training.

The graduation of individuals having acquired the professional attributes (knowledge, skills, attitudes and behaviours) expected by the academic community and society of a physician.

The graduation of individuals being eligible to secure licensure, to provide quality health care and to continue a life-long habit of learning as a way to remain abreast of medical advances.

Assuring students, parents, patients, postgraduate training directors, licensing authorities, government regulators and society that accredited programmes have met commonly accepted standards for professional education and that they serve the public interest.

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) to demonstrate that it meets this guideline through Standard 1: Educational Goals. The ACCM's standards require schools to define educational goals and to engage in planning that will incorporate its goals. The ACCM's standards specify that the school's educational programs should be designed and evaluated in reference to these goals. The agency provided information about how the two medical schools in the country meet these requirements, including annual database report information and self studies for each school (exhibits 6 and 8). The agency provided a first inspection report (exhibit 9) for one medical school, which demonstrated the agency's assessment of a medical school against the agency's standards for educational goals and their incorporation into the planning and evaluation conducted by the school.

Mission and Objectives, Question 3

Country Narrative

Further answer to Question 2:

ACCM Protocol (Exhibit 2, Section VII, VIII & X) requires an ACCM onsite inspection team to meet with the medical school's Chief Executive Officer to review the institution's educational goals for compliance and to summarize in a written report the educational goals of the medical school. The report comments on whether the institution has met its goals and these goals are familiar to faculty and students, and the extent to which the institution makes an effort to enhance its ability to reach its goals. Through testing, ACCM requires the institution to ensure that students pass the USMLE Step 1 examination before beginning the 3rd year clinical science coursework. In addition, ACCM required that before graduation, students also pass the USMLE Step 2 examination. The Medical University of the Americas (MUA) had a 74% residency placement and the University of Medicine and Health Sciences (UMHS) had a 72% residency placement for July 1, 2016 through to June 30, 2017 (Exhibit 8).

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

learning and after completing the training.

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

Answer to Question 3:

ACCM defines its standards of educational quality as Standards (Exhibit 1). Standard 1 establishes the requirements for institutional goals that include the educational mission, goals and objectives. ACCM requires the institution to publish and distribute its goals among its students, faculty and the public, generally through an institutional catalogue, student/faculty handbooks, website or other publishing media (Exhibit 23, 29 & 26). ACCM requires the medical school to engage in a planning process that sets the direction for the institution and identifies measurable outcomes that identify accomplishment of the goals or areas in need of improvement.

Among other things, minimum institutional goals require the offering of a degree programme that fulfils or exceeds the provisions summarized in ACCM Standards of Accreditation (Standard 1.1.4): A graduate's acquisition of a critical amount of knowledge and development of adequate skill to advance to and complete post-graduate training; A graduate's acquisition of the professional attributes expected by the academic community and physicians; A graduates' obtainment of licensure to provide quality health care, continuance of a life-long habit of learning as a way of keeping abreast of current medical advances; and Assurance to students, parents, patients, postgraduate training directors, licensing authorities, government regulators and society that accredited programmes have met commonly accepted standards for quality education.

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

ACCM Protocol (Exhibit 2, Section V & X) requires ACCM onsite inspection teams to meet with the medical school's Chief Executive Officer to review the institution's educational goals for compliance and to summarize in a written report the educational goals of the medical school. The Report comments on whether the institution has met its goals, if these goals are familiar to faculty and students, and the extent to which it makes an effort to enhance its ability to reach its goals. Through testing, ACCM requires the institution to ensure that students pass the USMLE Step 1 examination before beginning Third year clinical science coursework. In addition, ACCM recommends that before graduation, students should also pass the USMLE Step 2 examination. ACCM Standard 4 (4.1.3., 4.1.5, 4.16 & 4.8.1) in relation to Curriculum Content and Evaluation requires that the school must include faculty involvement. ACCM reviews the completed MUA Annual Database (Exhibit 8) each year and the biennial MUA Self-Study (Exhibit 6) which would include information about faculty involvement and decision-making such as the Curriculum Committee Minutes (Exhibit 15), Curriculum Review and Curriculum Bye-Laws in the MUA Faculty Handbook (p.24-25) (Exhibit 28).

At MUA, Faculty (as a body) do not formally approve the curriculum as such. The Curriculum Committee is responsible for overseeing the curriculum, including the courses taught as well as the structure of those courses. The Curriculum Committee includes at a minimum: Associate Dean of Basic Sciences; Associate Dean of Clinical Medicine; two or more members of teaching Faculty; and a student representative. The Curriculum Committee is charged with the review, monitoring, development and recommendation of MUA's curriculum. As stated in the bye-laws, this Committee makes recommendations to the Executive Dean for final approval. The Committees then work together with MUA's Faculty to implement, oversee, and evaluate all approved changes to the four-year medical school curriculum. (See further answers as part of next question due to lack of space)

Analyst Remarks to Narrative

The ACCM submitted its Standards of Accreditation (exhibit 1) and noted that standard 4, Curriculum Content, requires that a curriculum committee comprised of faculty members develop curricula for the school. These standards also include Standard 1.1.1, which requires that the goals are formally adopted by the Board of Trustees of the school and by the faculty (as a whole body or through its recognized representatives) and re-evaluated annually.

The ACCM described its review process relative to this guideline by noting that on-site reviews require a meeting with the CEO to review the school's educational goals and that site team visitors assess the familiarity of the educational goals to faculty and students. The agency provides an interim inspection report of a medical school (exhibit 9) to demonstrate assessment in this area. This report noted that the educational goals of this school had been formally adopted by the Board of Trustees of the institution.

Mission and Objectives, Question 4

Country Narrative

Further answer to Question 3:

The Curriculum Committee is also responsible for integration and oversight of the curriculum and ensuring achievement of defined learner outcomes. Therefore, Faculty are integrally involved in Curriculum Content & Evaluation at every stage.

At UMHS, Faculty has designed the medical curriculum which was approved by the Dean, Provost, and President. Any further changes are recommended by Faculty and approved by upper administration as demonstrated in Curriculum Committee Minutes, Faculty Committee Minutes, and Clinical Chair Committee Minutes (Exhibit 15). The Curriculum Committee in St. Kitts continually reviews and recommends changes to the curriculum which are then put forward to a vote by Faculty. Those changes are then presented to the Dean, Provost and President for approval. At least twice a year the clinical curriculum committee, which consists of all the clinical chairs and the Clinical Dean, reviews on a rolling basis, each of the core curriculum demonstrated by Clinical Curriculum Committee Minutes (Exhibit 15).

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

ACCM Standard 1 establishes ACCM's requirements for the educational mission, goal and objectives of a medical school. ACCM Protocol requires the ACCM inspection team to summarize in its report the educational goals of the medical school, to comment on whether they are appropriate for the school, whether they have been achieved, whether the faculty and students are familiar with the goals and whether the school is contemplating any major effort to enhance its ability to reach its goals.

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

With regard to the periodic re-evaluation and monitoring of medical schools, ACCM receives updated Annual and Cohort Databases annually and the biennial Institutional Self-Study from the medical school in February each year (Exhibit 6, 7 & 8). The school is required to answer a list of questions covering all major aspects of the governance of the school including defining the objectives of its educational programme, demonstrating objectives serve as guides for establishing curriculum content and also provide content for evaluating the effectiveness of the educational programme such as academic performance of students as well as information on Residency Match rates. The school also provides a list of Residency programmes into which graduates have been accepted. If these objectives are not met, there are certain criteria set down within the ACCM Standards of Accreditation and ACCM Protocol for Accreditation to deal with this. The ACCM inspection team is provided with a copy of the Curriculum before their visit to the campus (Exhibit 32 & 41). While on campus, ACCM inspectors meet with all Detp. Chairs to review their familiarity with the curriculum, their teaching goals and methods (Exhibit 43).

All students have regular examinations to monitor progress. MUA has a greater than 97% and UMHS has a greater than 85% success rate with USMLE Steps 1 and 2, which suggests that the teaching is satisfactory and covers the curriculum required. Students are interviewed and are given the opportunity to voice their opinions regarding the quality and comprehensiveness of teaching across every Department.

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

Answer to question 4:

ACCM defines its standards of educational quality as Standards (Exhibit 1). ACCM Standard 1 establishes the requirements for institutional goals that include the educational mission, goals and objectives. ACCM requires the institution to publish and distribute its goals among its students, faculty and the public, generally through an institutional catalogue, student/faculty handbooks, website or other publishing media (Exhibit 26 & 29). ACCM requires the medical school to engage in a planning process that sets the direction for the institution and identifies measurable outcomes that identify accomplishment of the goals or areas in need of improvement.

Among other things, minimum institutional goals require the offering of a degree programme that fulfils or exceeds the provisions summarized in ACCM Standards of Accreditation (Standard 1.1.4 p.2): A graduate's acquisition of a critical amount of knowledge and development of adequate skill to advance to and complete post-graduate training; a graduate's acquisition of the professional attributes expected by the academic community and physicians; a graduates' obtainment of licensure to provide quality health care, continuance of a life-long habit of learning as a way of keeping abreast of current medical advances; and assurance to students, parents, patients, postgraduate training directors, licensing authorities, government regulators and society that accredited programmes have met commonly accepted standards for quality education.

Specifically, ACCM Standard 1.1.4 discusses outcome-based metrics by ensuring that graduates are developing knowledge and skills to advance, develop professional attributes of the academic community/physicians, stay informed of current medical

practices, and that they meet commonly accepted standards for quality education. Also, Standard 4 (Curriculum Content) discusses and defines objectives of the clerkship to have graduates develop the knowledge, skills, attitudes and behaviours that the profession and the public expect of the physician.

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

Analyst Remarks to Narrative

The ACCM's Standard 1.1.3 addresses this guideline by requiring schools to engage in a planning process that sets the direction for the school and evaluates outcomes using objective measures. The ACCM provided first and interim inspection reports, as well as annual database reports from medical schools (exhibits 8 and 9), institutional self-studies (exhibit 6) and other documentation to demonstrate implementation of objective measurements and evaluation of educational outcomes as part of ACCM's evaluation process.

Mission and Objectives, Question 5

Country Narrative

Further Answer to question 4:

Through testing, ACCM requires the institution to ensure that students pass the USMLE Step 1 examination before beginning the 3rd year clinical science coursework (Exhibit 8). In addition, ACCM recommends that before graduation, students should also pass the USMLE Step 2 examination.

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

ACCM Standard 1 establishes ACCM's requirements for the educational mission, goal and objectives of a medical school. ACCM Protocol requires the ACCM onsite inspection team to meet with the medical school's Chief Executive Officer to review the educational goals of the institution to ensure compliance with Standard 1.

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

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

ACCM reviews MUA Annual & Cohort Databases (Exhibit 7 & 8) each year and the biennial MUA Self-Study (Exhibit 6) and writes up regular reports (Exhibit 9 & 13), including review of the USLME/NBME pass rates. If USMLE/NBME pass rates are below a certain standard, recommendations and compliance measures for improvements are stated and monitored by ACCM regarding implementation within a reasonable timescale. However, as MUA rates have been over 97% and UMHS over 87%, this therefore demonstrates that ACCM standards have been adhered to.

Answer to Question (e):

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

Analyst Remarks to Narrative

The ACCM provided information to demonstrate that its standards ensure that graduates are prepared to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning. The ACCM provided its Standards of Accreditation (exhibit 1) as well as evaluation documents to demonstrate how the country's two medical schools meet this requirement.

The ACCM's standards require that students pass USMLE Step 1 before proceeding to clinical training, that each medical school set a goal of achieving and maintaining an 85% pass rate for first time takers USMLE step 1, and that the USMLE Step 2 Clinical Skills and Clinical Knowledge are passed prior to graduation. Furthermore, the ACCM's standards include comprehensive

requirements for curriculum and student evaluation and instruction.

The ACCM requires that each institution's educational goals include that students develop the knowledge and skills required to advance to and complete post-graduate training, that graduates will have acquired the professional attributes expected of a physician, that graduates will be eligible to secure licensure, to provide quality healthcare, and to continue a life-long habit of learning, among other requirements. The ACCM provided documentation of its standards that meet these requirements as well as assessment of these standards at the medical schools in this country.

Governance, Question 1

Country Narrative

Yes, the governments of Nevis & St. Kitts are the entities which legally authorise a programme of medical education.

ACCM is the entity responsible for evaluating the quality of medical education and requires medical schools to be legally authorized or licensed (by the government of the country) to provide a programme of medical education.

The Minister of Education of the Island Territory of Nevis Government granted a University Charter for the Medical University of the Americas (MUA) to establish a medical school on Nevis on 17th July, 1998 (Exhibit 4). This Charter is recognized by the Government of St. Kitts and Nevis. The Nevis Ministry of Education regulates the certificate and licensure for medical practice within the territory. On 8th November 2006, the Ministry of Health of the Island Territory of Nevis, adopted a resolution, by means of which the Government of this Island Territory wished to express recognition of the activities within Nevis with respect to the Medical School of the Americas (MUA) and ACCM (Exhibit 5).

The Minister of Education of the Island Territory of St. Kitts Government granted a University Charter for the University of Medicine and Health Sciences (UMHS), to establish a medical school on St. Kitts on 24th August 2007 (Exhibit 4 & 14). On 6th November 2012, following a site visit the school received full accreditation for five years from the St. Christopher and Nevis Accreditation Board which has since been renewed (Exhibit 22). This Charter is recognized by the Government of St. Kitts. The St. Kitts Ministry of Education regulates the certificate and licensure for medical practice within the territory.

On 21st March 2016, the Ministry of Health of the Island Territory of St. Kitts, adopted a resolution, by means of which the Government wished to express recognition of the activities within St. Kitts with respect to the University of Medicine and Health Sciences (UMHS), and the Accreditation Commission on Colleges of Medicine (ACCM) (Exhibit 5). It also states that ACCM "is authorised to work with and to receive reports and information on behalf of the St. Kitts & Nevis Governments".

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

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

During a campus site inspection, the ACCM inspection team reviews whether BOT members are free of conflict and reports on the legal authority of the school to operate and offer degrees and verifies whether the corporate organization meets the governance requirements. The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation and provide an education that adheres to LCME standards (Exhibit 1 & 2).

ACCM also receives a formal updated Annual and Cohort Databases and the biennial Institutional Self-Study (from the medical school in February each year (Exhibit 6, 7 & 8). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the Board of Trustees and faculty members including CV's and Minutes of Meetings held in regard to administration of Medical Education programmes (Exhibit 16 & 17).

Analyst Remarks to Narrative

The ACCM attested that the government of St. Kitts and Nevis has the authority to certify/license medical schools within their region. The ACCM has provided documentation that the government of St. Kitts and Nevis has entered into agreements with the ACCM to undertake accreditation for medical schools licensed to operate within the country. The ACCM has provided documentation of statements of agreements between the government and individual medical schools, authorizing those schools in the country. The ACCM noted that it does require medical schools to be licensed to operate within the country they exist in. The ACCM provided its Standards of Accreditation (exhibit 1). Standard 2.2 requires that "The school is licensed by the appropriate

governmental or regulatory authority to offer courses of instruction in medicine and to award the MD degree."

The ACCM provided charters for the existent medical schools in the country which include requirements from the country particular to each school and which include specifications about the size of the student body and limits on its growth and the financial health of the owner of the school. These charters also include agreements with the individual institutions relating to taxation, land ownership, medical services, etc.

Governance, Question 2

Country Narrative

Yes, the administrators of the medical school are held accountable for the operation and success of the medical school and its programmes to an external authority independent of the medical school, which in this case is ACCM. ACCM is an independent accrediting body recognised and authorised by both the medical school and the governments of St. Kitts & Nevis (Exhibit 3 & 5). ACCM is responsible for ensuring that medical programmes comply with its standards and policies in the interest of both the medical school and the public (Exhibit 1 & 2).

ACCM Protocol (Exhibit 2) requires that the inspection team ensures that Board members are free of conflicting interests. ACCM Protocol requires that the team reports whether the school is chartered, licensed and authorised to award the M.D. degree by the regulatory body that governs educational institutions in that jurisdiction. The medical school must annex all documents to demonstrate its authority to operate and to award the M.D. degree.

As stated in Standard 2 (i.e. Corporate Organization), ACCM's requirements for governance are as follows:

"In consultation with the Chief Academic Officer, divisional heads and representatives of the faculty the board shall govern the institution by: Establishing broad institutional policies, providing institutional direction, securing financial resources, selecting the Chief Executive Officer, the Chief Academic Officer and their deputies and overseeing the management's performance of its duties and responsibilities."

ACCM Protocol requires the ACCM inspection team during site inspections to ensure that the medical school complies with ACCM Standards. ACCM Standard 2 requires that the institution's by-laws and codes of regulation shall delineate the roles, duties and responsibilities of the key administrative and academic officers, the faculty committees as outlined in these documents. ACCM Protocol requires the team to report specifically on each of these areas of governance, whether Board members serve without conflicts of interest with the medical school and are independent of the administration and whether the Board properly exercises its authority in overseeing the administration performance of its duties and responsibilities (Exhibit 17). The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation and provide an education that adheres to LCME standards (Exhibit 1 & 2).

Analyst Remarks to Narrative

The accrediting body for medical schools authorized by the country, ACCM, submitted information demonstrating that the medical schools in this country are held accountable through an agreement between the government of the country and the ACCM to provide accreditation services to those schools.

Administrative Personnel and Authority, Question 1

Country Narrative

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

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

This Standard requires the school's Board of Trustees to approve the appointment of the Chief Executive Officer (CEO), Chief Academic Officer/Executive Dean (CAO), and Faculty members and requires the CAO to carry out institutional policies, to implement the educational objectives of the institution in an efficient and effective manner including the principal administrative and academic heads of the medical school maintaining open lines of communication with each other.

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

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

ACCM ensures the administration is effective and appropriate by receiving a formal updated Annual Database from each medical school in February every year as well as the biennial Institutional Self-Study (Exhibit 8 & 6). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on Faculty members such as CV's and Meetings held in regard to the administration of the school (Exhibit 8).

ACCM conducts an interim site inspection of the school and its campus facilities every two years (Exhibit 42 & 43) which includes writing up a Report which has to be approved by the ACCM Board and is then sent to the school and the St. Kitts & Nevis government (Exhibit 9 & 13). ACCM Protocol requires the onsite inspection team to meet with key members of the medical school's administration including interviewing any new Faculty members (and reviewing their CV's), faculty and student affairs personnel to discuss curriculum, school policies and practices, and the provision of student services to ascertain the effectiveness of the school's management of instructional resources and include the findings in a written report.

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

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) to demonstrate its requirements regarding administration. Standard 3, School Management, details requirements for the administrative structure of an accredited school, including the required professional staff for administration of medical schools. The ACCM also provided institutional self studies, annual databases, and inspection reports (exhibits 6, 8 and 9) to demonstrate evaluation against this standard as part of its accreditation processes.

Administrative Personnel and Authority, Question 2

Country Narrative

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

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

The MUA Chief Academic Officer's (Dr. Gordon Green's) curriculum vitae is provided (Exhibit 18). The Chief Academic Officer regularly visits the campus and meets with senior staff to review progress. A chart of the organisational structure of the school is provided to assist (Exhibit 30). The CAO also regularly visits clinical sites and meets with senior clinical teachers and students including reviewing facilities and progress. Reports of these visits are available if required. ACCM interviewed the Chief Academic Officer during the last campus site inspection in 2016 and was satisfied with the progress made under his stewardship.

The UMHS Provost/CAO's (Dr. David Graham's) curriculum vitae is provided (Exhibit 18). Dr. Graham only took over this position in April 2018 as Dr. Thurman passed away. A chart of the organisational structure of the school is also provided to assist (Exhibit 29). The UMHS Provost is responsible for and performing at an acceptable level if they attend to and satisfy the following requirements: Ensure that there are adequate numbers of teachers who have the time and training necessary to achieve the medical education programme's objectives, Appropriate teaching space for the methods of pedagogy employed in the medical education programme, Appropriate educational infrastructure (e.g., computers, audio-visual aids, laboratories), Ensure adequate educational support services (e.g., examination grading, classroom scheduling, faculty training in methods of teaching and assessment). Ensure support and services for the efforts of the curriculum management body and for any interdisciplinary teaching efforts that are not supported at a departmental level.

The UMHS Provost has explicit authority to ensure the implementation and management of the medical education programme and to facilitate change when modifications to the curriculum are determined to be necessary. The UMHS Provost is responsible for the conduct and quality of the educational programme and for ensuring the adequacy of faculty at all instructional sites.

In addition, the Provost's performance is also measured by student outcomes including, attrition, performance on NBME shelf examinations, performance on USMLE Step 1 and 2, graduation rate and match rate. Data for the items listed above are all contained within the UMHS Annual Database and Self-study and are the basis for measuring the Provost performance (Exhibit 8 & 6).

Dr. Graham, Provost, has delegated the Clinical Dean and Clinical Chiefs to make annual and in some cases semi-annual visits to all UMHS affiliated teaching hospitals. He reviews the reports and ensures that any deficiencies are corrected. The Provost, the President, and Executive Vice President are in frequent contact to ensure that the curricula are up to date and that the methods used in teaching within the hospitals are sufficient for the objectives for each core rotation to be met.

ACCM interviewed the previous Provost during the last campus site inspection in 2015 and was satisfied with the progress made under his stewardship (Exhibit 9). The new Provost, interviewed in 2018 at a campus site inspection, appears eminently well-qualified for the role with very substantial experience in medical education, patient care and research and we will receive a Performance Review in due course. The Provost is well supported by a competent team of professional staff in the management of the education programme. The ACCM team observed that there appeared to be excellent lines of communication between the principal administrative and academic heads. Indeed, the communications among staff and between staff and students was exceptionally open. The Provost and Deans of the medical school have daily access to the president and executive vice president as necessary to fulfil the responsibilities of their offices. There is a clear understanding of the authority and responsibility for medical school matters among the administrative officials of the University including the president, vice presidents, deans, faculty, and administrative officials of the other components of UMHS. The provost's and dean's roles and responsibilities are spelled out in their job descriptions. There is a close communication between the Provost and Deans of Basic and Clinical Sciences, the various directors of campus-specific departments, such as facilities management, housing, human resources, security, and the library (Exhibit 9).

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

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) include requirements for the academic qualifications of the Chief Academic Officer (CAO) and the adequacy of resources available to meet the educational goals of the program. The ACCM provided documentation of assessment of the quality of individuals serving as CAO in medical schools in this country through self-studies and interim inspection reports. However, it isn't clear that the ACCM's standards address the access of the CAO to university officials. The NCFMEA may wish to request additional information about how the ACCM assesses access by the CAO to university administration and resources need to run the medical school efficiently and the standards used to assess a school in this area.

Country Response

ACCM believes that if a school is performing well - according to ACCM standards and based on inspection visits - by definition the CAO has access to University administration, funding and resources required to run the medical school efficiently. At both schools, the CAO/Provost attends Board of Trustees meetings, where they are in a position to make a case for resources if required. It is also clear from the organisational charts submitted that the CAO/Provost has direct access to the President.

In relation to MUA, the Executive Dean of MUA is also the CAO. As documented in MUA's previously submitted Organization Chart (Exhibit 30), all Departments and administrative resources, directly or indirectly, report to the Executive Dean. As such, the Executive Dean is responsible for general oversight of MUA, as well as its day to day operations. Additionally, the Executive Dean/CAO plays a principal role in the establishment of the school's strategic vision and strategic planning process (Exhibit 55). The Executive Dean/CAO also plays a central role in the annual budgeting process - see Question IV Governance 2 Self Study (Exhibit 6). Through the strategic planning and budgeting processes, as well as through the CAO's administrative responsibilities within the organization, the CAO has the ability to ensure that there are the necessary resources available to effectively run the medical school in the fulfilment of the school's mission.

In relation to UMHS, the CAO/Provost is the highest-ranking authority on all academic matters. The CAO reports directly to the President. The Deans of Basic and Clinical Sciences report directly to the CAO. In practical terms, and from an operational point of view, the CAO has daily interactions with the President and Executive Vice-President as well as continuing interaction with the various Deans, Directors and senior administration. Such meetings take place in person, via Skype conferences and by email. The CAO regularly visits the St Kitts Campus (May 2018, July 2018, Oct 2018, Nov 2108, Dec 2018 and during March 2019), New York (June 2018,) and the Campus in Maine (Oct 2018). During such visits, the CAO meets with senior administration, faculty, staff

and students. The CAO also attends and sits on various committees, for example, the Faculty Committee, the Curriculum Committee, the Examination Committee, the Alumni Development Committee and also meets with the Student Government Association (SGA).

With regards to UMHS's clinical programme, the CAO also sits on the Clinical Chairs Committee and is involved in curriculum review, curriculum development, clinical site visits, clinical placement development and accreditation. The CAO has oversight of all academic budgets and has the full authority to approve academic budgetary expenditures and is also responsible for presenting the annual budgets of both Basic Science and Clinical Science Deans to the President. The CAO also interacts with the Chief Financial Officer (CFO) on a regular basis. The organizational flow of leadership is clearly seen in the Organizational Chart (Exhibit 29). Evidence of some of interactions of the CAO is also evident in the Minutes of various Committee Meetings. Recommendations by said Committees are presented to the Deans and CAO for review and consideration.

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM provided organizational charts for each medical school along with descriptions of the CAO's regular interactions with and visits to all sites of the medical education program. The ACCM stated that it believes that a school that is performing well according to ACCM standards must be one where the CAO has sufficient access to university administration, funding, and resources.

Staff Conclusion: Comprehensive response provided

Administrative Personnel and Authority, Question 3

Country Narrative

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

ACCM Protocol requires the ACCM onsite inspection team (Exhibit 43) to meet with key members of the medical school's administration, faculty and student affairs personnel to discuss curriculum, school policies and practices, and the provision of student services to ascertain the effectiveness of the school's management of instructional resources and include the findings in a written report (Exhibit 9 & 13).

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

Analyst Remarks to Narrative

The ACCM's standard 3.1.4 (exhibit 1) describes the professional staff required to support the Chief Academic Officer (CAO) in management of a medical school. The required administrative structure of the clinical sites is described under standard 3.3.3. Standard 4.1.2 requires that the preclinical teaching school provide the CAO with sufficient resources to implement a preclinical program. Additional standards related to facilities are found in ACCM standards 9 and 11, which include requirements for library, technology, grounds, and clinical sites. The ACCM has provided institutional self-studies (exhibits 6), annual databases (exhibits 8), and inspection reports (exhibits 9) to demonstration documentation and evaluation of the medical schools in this area.

Chief Academic Official, Question 1

Country Narrative

The medical school must adhere to standards set down by ACCM by fully complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1: Standard 1, 3, 4 Section 4.1.2, 8, 9 & 11). ACCM Standard 3 expects the Chief Academic Officer/Executive Dean (CAO) of a medical school to hold an M.D. degree, possess adequate qualifications and experience in medical education, research and patient care to lead and to supervise the educational programme of the institution. At the Medical School of the Caribbean (MUA), the Executive Dean also serves as the Chief Academic Officer of the School.

Subject to the policies of the School, the Executive Dean is responsible for all academics and related administration including implementing the curriculum, maintenance of academic standards, accreditation, and smooth functioning of the School. The Executive Dean may appoint Assistant and/or Associate Deans. The Executive Dean has the following direct academic reports: Associate Dean, Medical Education – Basic Sciences, Associate Dean, Medical Education – Clinical medicine, Associate Dean, Basic Sciences, and Associate Dean, Clinical Medicine. The office of the Associate Dean, Basic Sciences is located on the schools' Basic Science campus on Nevis. This position is responsible for the administration and implementation of the Basic Sciences curriculum on the Nevis campus in consultation with the offices of the Associate Deans, Medical Education and the supervision of the office of the Executive Dean. The Associate Dean, Basic Sciences also holds additional faculty rank. This position is responsible for the administration and implementation of the Clinical Medicine curriculum for Semesters 6 to 10, in consultation with the offices of the Associate Deans, Medical Education and the supervision of the office of the Executive Dean. The Associate Dean, Clinical Medicine also holds additional faculty rank.

The Chief Academic Officer's (Dr. Gordon Greene's) curriculum vitae is provided and an MUA Executive Review (Exhibit 18 & 19). The Chief Academic Officer regularly visits the campus and meets with senior staff to review progress. A chart of the organisational structure of the school is provided to assist (Exhibit 30). The CAO also regularly visits clinical sites and meets with senior clinical teachers and students including reviewing facilities and progress.

The UMHS Provost (CAO) has authority over all academic matters and reports both to the President and to the board. The Provost's (Dr. David Graham's) curriculum vitae is provided (Exhibit 18). A chart of the organisational structure of the school is also provided to assist (Exhibit 29). The UMHS Provost is responsible for and performing at an acceptable level if they attend to and satisfy the following requirements: Ensure that there are adequate numbers of teachers who have the time and training necessary to achieve the medical education programme's objectives, Appropriate teaching space for the methods of pedagogy employed in the medical education programme, Appropriate educational infrastructure (e.g., computers, audio-visual aids, laboratories), Ensure adequate educational support services (e.g., examination grading, classroom scheduling, faculty training in methods of teaching and assessment) and ensure support and services for the efforts of the curriculum management body and for any interdisciplinary teaching efforts that are not supported at a departmental level.

The UMHS Provost has explicit authority to ensure the implementation and management of the medical education programme and to facilitate change when modifications to the curriculum are determined to be necessary. The UMHS Provost is responsible for the conduct and quality of the educational programme and for ensuring the adequacy of faculty at all instructional sites.

In addition, the Provost's performance is also measured by student outcomes including, attrition, performance on NBME shelf examinations, USMLE Step 1 and 2 performance, graduation and match rates. Data for the items listed above are all contained within the UMHS Annual Database and Self-study (Exhibit 8 & 6) and are the basis for measuring the Provost performance.

Dr. Graham, Provost, has delegated the Clinical Dean and his Clinical Chiefs to make annual and in some cases semi-annual visits to all UMHS affiliated teaching hospitals. He reviews the reports and ensures that any deficiencies are corrected. The Provost, the President, and Executive Vice President are in frequent contact to ensure that the curricula are up to date and that the methods used in teaching within the hospitals are sufficient for the objectives for each core rotation to be met. ACCM interviewed the previous Provost during the last campus site inspection in 2015 and was satisfied with the progress made under his stewardship. The new Provost, interviewed in 2018 at a campus site inspection, appears eminently well-qualified for the role with very substantial experience in medical education, patient care and research and we will receive a Performance Review in due course.

ACCM Protocol requires the ACCM onsite inspection team to report on the qualifications of the chief academic officer and also comment on how well that individual has led the school and carried out their responsibilities. The team must also report on the most recent performance review of the CAO/Executive Dean (Exhibit 2: Sections VII, VIII, IX through writing up a Report following the campus site inspection (Exhibit 9 p.p. 40-43). This Report is presented to the ACCM Board Meeting for review and approval. Once approved, a copy is sent to the school and government. The Report may contain recommendations and the school is expected to take action on these.

ACCM receives and reviews the completed Annual Database each year and the biennial UMHS Institutional Self-Study from the school (Exhibit 8 & 6). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on the CAO (Exhibit 19) and Minutes of Meetings held in regard to administration of Medical Education programmes (Exhibit 15 & 17). ACCM considers this supporting documentation essential for an effective review and reporting process as they support and bolster the credibility of the inspection report.

Analyst Remarks to Narrative

The ACCM provided its standards for the position of Chief Academic Official in its Standards of Accreditation (exhibit 1). Standard 3.1.3 describes the requirement that this position be filled by an individual with the academic qualifications and experience in medical education, patient care, and research adequate to supervise the school's educational program. The ACCM provided institutional self-studies (exhibits 6), inspection reports (exhibits 9), organizational charts (exhibits 29 and 30) and its Protocol for the Accreditation of Schools of Medicine (exhibit 2), which provide documentation of review of medical schools in this area.

Country Narrative

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

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

At the Medical School of the Caribbean (MUA), the Executive Dean also serves as the Chief Academic Officer of the School. Subject to the policies of the School, the Executive Dean is responsible for all academics and related administration including implementing the curriculum, maintenance of academic standards, accreditation, and smooth functioning of the School. The Executive Dean may appoint Assistant and/or Associate Deans. The Executive Dean is nominated for appointment by the Chief Executive Officer of R3 Education Inc. and is subject to the approval of the Board of Trustees.

At UMHS, the selection process for the Provost (CAO) is carried out by the Board of Trustees who identify a suitable candidate through a recruitment process which includes interviews and review of Curricula Vitae's. The University advertises for the position of the Provost/Chief Academic Officer. As applications are received, they are vetted and those that meet the minimum academic and leadership qualities are contacted. Interviews are conducted with the top candidate(s). If the Academic leadership of the university identifies an exceptionally worthy candidate(s) this candidate is interviewed by the President, Executive Vice President, and the Basic and Clinical Science Deans. If the outcome is positive, the applicant's resume and other documents are submitted to the Board of Trustees. The Board may or may not request a personal interview. If the Board is satisfied, they approve the applicant or if not, additional information may be requested. The Board of Trustees has the final say regarding the selection. Additionally, ACCM requires institutions to offer Faculty academic freedom, a reasonable level of job security or equitable workloads in a faculty contract, a faculty tenure system or factors such as number of courses, types of courses, number of classroom contact hours, research time committee work, etc. ACCM Standard 8 also addresses procedures an institution must have for the evaluation and promotion of faculty based on competency, performance, and discipline that involves faculty members in making these decisions.

Analyst Remarks to Narrative

The ACCM has provided its Standards of Accreditation (exhibit 1) to demonstrate its standard for the selection process for the Chief Academic Officer. These standards include qualifications required for the position and describes the composition of the group selecting the CAO. Standard 2.4 requires that the Board selects the Chief Academic Officer in consultation with the academic officers, divisional heads, and representatives of the faculty. Standard 3.1.1 states that the Board ratifies the appointment of the Chief Academic Officer. The ACCM has provided a blank ACCM institutional self-study form (exhibit 12), which demonstrates the request for information about the CAO in several areas. The Protocol for Accreditation of Schools of Medicine (exhibit 2) includes a protocol for review of the CAO's date of appointment and other features of her selection to the position.

Faculty

Country Narrative

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

matters during a personal interview.

During the preparation of the Institutional Self-study, ACCM expects the institution's Faculty Committee to validate the selection criteria to determine whether the results of the admission process ensures that the class size is appropriate in terms of number and raises the standard for the quality of applicants admitted to the programme (Exhibit 12).

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

The ACCM Institutional Self-study addresses personnel policies in which the institution assesses the appointment, renewal of appointment, promotion, tenure and dismissal of Faculty (Exhibit 12). For example, a faculty search committee assists with recruitment and interviews top candidates along with student body representatives. The Committee selects its preferences and submits its recommendations to the appropriate academic official, who forwards the names of the preferred choices to the CEO along with a request to offer the applicant an employment contract. A school may have its own protocol for hiring, but it must show how the faculty is involved in the process. To encourage retention among faculty, this Standard also requires the institution to provide a reasonable level of compensation to its faculty that includes health insurance, disability insurance, and a retirement pension programme. Additionally, ACCM requires institutions to offer faculty academic freedom, a reasonable level of job security or equitable workloads in a faculty contract, a faculty tenure system or factors such as number of courses, types of courses, number of classroom contact hours, research time committee work, etc. This Standard also addresses the schools procedures it must have for evaluation and promotion of faculty based on competency, performance, and discipline that involves faculty members in making these decisions.

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

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

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

ACCM Protocol (Exhibit 2) requires the ACCM inspection team to report whether there is a faculty body and describe the duties and composition of the executive Committees of the faculty body (Exhibit 9). Regarding Faculty Committees, the team identifies the principal standing committees and comments of the school's requirements for committee work by members of the school's faculty.

The school has a wide range of Committees in which faculty members are involved. Most of these Committees are chaired by the faculty members. Principal Committees include research, curriculum, disciplinary, student promotion, student awards, student admissions, faculty Senate and faculty promotions. Based on the establishment of these Committees, their Minutes and discussions on campus with faculty members they are heavily involved in decisions made within the school (Exhibit 15).

ACCM reviews the Annual Database (Exhibit 8) and the biennial Institutional Self-Study (Exhibit 6) which includes information on faculty involvement and documentation of Minutes of Committees (Exhibit 15) and writes up regular reports (Exhibit 9 & 13). ACCM considers this essential for an effective review and reporting process as they support and bolster the credibility of the inspection report.

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 6) and noted that standard 6 requires that the school convene a faculty committee on admissions to handle most aspects of the admissions process. The ACCM provided standard 8 to demonstrate the requirement that faculty participate in faculty matters. Specifically, that standard requires that faculty participate in the recruitment and selection of faculty and all academic positions at the school. The ACCM provided its standards on curriculum to demonstrate that faculty are required to be involved in all phases of the curriculum, including the clinical education portion. The ACCM's standard 8.10 requires that "The administrative structure of the schools ensures that the faculty is appropriately involved in decisions relation to hiring, retention, promotion and discipline of faculty." The ACCM provided interim inspection reports and a

first assessment report to demonstrate assessment of medical schools against this standard.

Remote Sites, Question 1

Country Narrative

The medical school must adhere to the standards set down by ACCM by complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1: Standard 3, 4, 8, 11 & 12), (Exhibit 2: Sections VII, VIII, IX). The ACCM accreditation process of a medical school must be for the entire educational programme and not individual parts of the programme separated geographically from the main campus. No part of the preclinical educational programme (basic sciences portion of the programme) may be taken outside the comparable country in which the medical school is located, which the school adheres to. Student's experiences may vary due to each clinical site having and using different methods and ways of instruction. However, this is not to say that the student's experience does not result in consistency and comparable evaluation across locations. The important focus of the patient-physician relationship is emphasized and available to students prior the start of the 3rd Year and before taking the USMLE Step 1 examination.

Analyst Remarks to Narrative

The ACCM attested that its accreditation process is for the entire educational program and not for individual parts of the program separated geographically from the main campus. They also attested that no part of the pre-clinical educational program may be taken outside the comparable country in which the medical school is located. The ACCM provides their Protocols for the Accreditation of Schools of Medicine (exhibit 2), which describes their on-site review as including review of all pre-clinical and clinical sites and administration locations.

Remote Sites, Question 2

Country Narrative

ACCM Protocol (Exhibit 2): The college should possess the necessary administrative, educational, fiscal and learning resources to fulfil its educational goals. ACCM Protocol requires the ACCM inspection team to meet with the deputy academic officer for curriculum, the chair of the curriculum committee and selected course directors to discuss the management of the curriculum. The ACCM team discusses the management of the basic sciences courses "to ascertain whether the educational experiences are the same as the parent medical college".

ACCM accepts the different venues on the island territories of St. Kitts & Nevis that the school uses to enhance the basic science instruction before students actually begin clinical clerkship in the third year of instruction. It is clear that an ACCM inspection team evaluates these venues during onsite inspections and they do not lack consistency in the review of the medical school (Exhibit 9). It is assumed that hospital teaching and training in the 3rd and 4th years is not the subject of these questions.

In relation to MUA, teaching of all basic science subjects and those allied to the introduction to clinical medicine occur at the main campus, in laboratories on the island territories of St. Kitts & Nevis and at clinical venues such as Doctor's offices/clinics and the local Hospital. The Foundation Skills are present in the first two semesters integrated with Basic Science Courses. With regard to instructional methods, there are less lectures and more Small Group learning and interaction. This includes role playing, targeted feedback and related literature presentations. It includes interviewing local hospitalised patients at Alexandra Hospital.

MUA runs a comprehensive Introduction to Clinical Medicine course. All students are taught in the laboratory to take a history, perform a clinical examination and certain procedures such as BP measurement. Students are also instructed in resuscitation of Children and adults. Students spend some time in the local Hospital where they shadow clinicians. Due to the nature of clinical medicine, it is not possible for all students to see the same patients, however they are all instructed in the same principles of good patient communication and care.

In relation to UMHS, the Kaplan Review for the USMLE CK and CS is now provided to all students by UMHS as they enter their clinical curriculum. The Kaplan review materials also provide a study resource for the Clinical Core NBME's and provides continuity among the Core specialty sites. UMHS conducts a comprehensive Introduction to Clinical Medicine course. All students are taught in the laboratory to take a history, perform a clinical examination and certain procedures such as BP measurement. Students are also instructed in resuscitation of children and adults. Students spend sometime in the local Hospital where they shadow clinicians. Due to the nature of clinical medicine, it is not possible for all students to see the same patients, however they are all instructed in the same principles of good patient communication and care. Teaching of all basic science subjects and those allied to the introduction to clinical medicine occur at the main campus, in laboratories on the island of Nevis and at clinical venues such as Doctor's offices/clinics and the local Hospital. Clinical skills' training is delivered in a purpose-built 24-bedded clinical skills laboratory on the island campus, using high-spec modern mannequins, professional actor-patients and real patients. Students also rotate to the local hospital in Basseterre, the Joseph N. France Hospital, which has a full range of clinical specialities (medicine, surgery, obstetrics/gynaecology and paediatrics). ACCM admits that students' experiences at the preclinical venues may vary. However, the important focus of the patient-physician relationship is emphasized and available to students prior the start of the 3rd Year and before taking the USMLE Step 1 examination.

UMHS reported in its submitted Annual Database that students receive the same learning resources in key areas of the core rotations, regardless of whether the patient experience is seasonal or varied with respect to diseases observed. By using specific indicators, the faculty committees responsible for educational planning and/or curriculum evaluation evaluate the data and report the findings concerning equipment, and nature of teaching in detail and make recommendations for change to the deans and administrators (Exhibit 8).

Both UMHS and MUA students are required to participate and undergo clinical training at geographically separated locations, both in the U.S. and Canada with the medical school having a Hospital Site Affiliation Agreement with each hospital (Exhibit 38).

ACCM Protocol (Exhibit 2) requires the ACCM onsite inspection team to evaluate the consistency of the medical programme curriculum at off-site locations. ACCM reviews the roles of the CEO, CAO, Dean of Basic Sciences and Chair of the preclinical sciences in conjunction with interviews of the Dean of Clinical Sciences to determine whether the school conducts consistent student evaluations at all sites.

ACCM reviews the updated Annual Database (Exhibit 8) each year and the biennial Institutional Self-Study (Exhibit 6) and the school is required to answer a list of questions and include information on clinical facilities (Exhibit 30 & 31). ACCM inspects clinical facilities which includes interviewing faculty, curriculum and students, at least once during the accreditation period (Exhibit 39) and more frequently if required. A Report on each site is provided to the school, which may list recommendations that the school must take action on and this is monitored by ACCM (Exhibit 48). If these are not implemented, the school must consider no longer using the site and may have to seek another suitable site, which has happened in the past.

ACCM also inspects all clinical sites including interviewing faculty, curriculum and students at least once during the accreditation period (for a newly accredited school or new clinical sites, ACCM Protocol states that these must be inspected within one year) (Exhibit 50) and more frequently if required including providing a Report on each site which is sent to the school for comment and a response (Exhibit 38). Each Report lists recommendations (if applicable) which the school must carry out to ensure the highest standards are met and is monitored by ACCM. If not implemented, the school must consider no longer using the site and may have to seek another suitable site, which has happened in the past.

Analyst Remarks to Narrative

The ACCM provided their Standards of Accreditation (exhibit 1), which include standards to ensure functional integration of clinical sites, such as through organizational structures, with assistant academic officers being required at each distant site, and mechanisms for ensuring consistency in curriculum and faculty performance across clinical sites.

The ACCM's standard 3.3 requires the CAO to ensure that students at clinical sites receive the same curricular material, quality of education, and standard of student evaluation found at the parent campus. Standard 3.3.3 requires that the CAO appoint a site director who reports directly to the dean for each site. The ACCM's Protocols for the Accreditation of Medical Schools (exhibit 2) requires that the ACCM conduct visits at all preclinical, clinical and administrative locations of the school. The ACCM provided annual database reports (exhibits 8), inspection reports (exhibits 9), and clinical site visit reports (exhibits 30, 38, 39). These items document evaluation by the agency of the accredited medical schools in this area and implementation by the schools of mechanisms for ensuring consistent educational experiences across educational locations.

Program Length, Question 1

Country Narrative

The medical school must adhere to the standards set down by ACCM by complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4 Section 4.1.1, 5, & 6). Standard 4 requires a medical education programme to consist of no less than 130 weeks offered over four academic years.

However, at MUA the entire medical training programme consists of 155 weeks of instruction and practical training over four academic years to obtain an M.D. degree. The first five semesters are spent on the island of Nevis where students are trained in the Basic Sciences, introduced to the clinical skills essential to the competent practice of medicine and provided direct patient experience. After completing the first five semesters, passing the USMLE Step 1 examination, and completing the research module, students transition into clinical medicine and spend the next five semesters in affiliated teaching hospitals, primarily in the U.S., rotating first through core specialties and then electives in selected areas where their primary interests lie.

At UMHS, the entire medical training programme consists of 142 weeks of instruction and practical training over four academic years to obtain an M.D. degree. The institutional objectives of selecting the highest qualified students and providing them with a challenging and comprehensive basic science educational programme, in combination with a comprehensive clinical science curriculum exposing students to all the specialty and subspecialty medical fields, are a major part of ensuring that graduates are competent to provide medical care for all career options in medicine. In this context, students are held to the highest standards in performance on both internal and external examinations, including NBME Shelf and USMLE Part 1 and 2 examinations. The curriculum in both basic and clinical sciences involves didactic, small group and patient care. Students are exposed to patients and pre-clinical material throughout the basic science programme in St. Kitts. Students have access to the local hospital and clinics as well as professional patients both in St. Kitts and during the 5th semester in Portland, Maine. The final two years of

learning and experience are in formal affiliated teaching hospitals located in the United States, where the students undergo 48 weeks of intensive core clinical specialty rotations followed by 30 weeks of elective subspecialty rotations. The entire UMHS medical curriculum is designed with the intent of producing qualified graduates having the highest skill, knowledge, and capacity to provide competent medical care in any of the career options in medicine.

The ACCM onsite inspection team reviews the integration of the Basic Science and Clinical Science courses, in addition to the multidisciplinary courses and senior elective courses offered by the programme during the freshmen, sophomore, junior and senior years. This includes reviewing the overall curricular objectives, course objectives, course content, laboratory exercise, types of patients available for teaching, the number of patients assigned to students to work up each week, clinical skills students are required to master, and redundancy of curricular materials. In addition, the ACCM team attends Basic Science course lectures and laboratory sessions during an onsite inspection, followed up by a written Report which must be approved by the ACCM Board and then sent to the school and government (Exhibit 9).

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

The Federation of St. Kitts & Nevis is not a member of the European Community (EC)/European Union (EU).

Analyst Remarks to Narrative

The ACCM demonstrates that their Standards of Accreditation (exhibit 1) requires a minimum of 130 weeks of instruction, and that the medical schools accredited in this country each exceed this requirement. The ACCM attests that the country is not a member of the European Community at this time.

Curriculum, Question 1

Country Narrative

The medical school must adhere to standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4, 5, 8, 9 & 11). Standard 4 states that “the programme shall provide a general and broad learning in the principal medical disciplines”. ACCM Standard 4 requires the Curriculum to include both didactic and practical instruction in the biomedical sciences disciplines. ACCM requires the medical school to describe the programme content in the basic sciences, including laboratory and other practical opportunities for direct application of scientific methods, observation and critical analysis. MUA recently completed an extensive and comprehensive revision of both Basic Sciences and Clinical Medicine sections of the curriculum. Principal features of the revised Basic Science curriculum include a decrease in the passive learning component with a concomitant increase in active learning. Overall time spent in the classroom was decreased, allowing for an increase in student-centred activities (e.g. formative assessment exercises). The incorporation of enhanced clinical skills instruction (professionalism, communication, etc.) is also a key feature. In addition, critical appraisal of the primary literature is incorporated throughout the curriculum allowing students to become facile with this important skill that will continue to be central to their life-long learning. The revised curriculum progresses from foundational material through integrated courses and finally into a systems-based approach. The entire revised curriculum is mapped via the LCMS+ curriculum mapping package. The goals for the Basic Science curricular revision include alignment with the principles of MUA (Exhibit 6).

The UMHS medical curriculum is divided into two major components, the Basic Science and the Clinical Science programme. The curriculum is standard to most curricula of both US and Canadian medical schools. The Basic Sciences focus on the body from numerous perspectives: the gross and microscopic anatomy including neuro-anatomy; the physiology of the body systems; the microbiology and immunology; the pathology; and the pharmacologic implications of disease and intervention.

The Clinical Sciences focus on patient care as provided in a series of core clinical rotations such as internal medicine, surgery, obstetrics and gynaecology, psychiatry, paediatrics, and family medicine. Students engage in a developed curriculum in each medical discipline each with required objectives. The final clinical year consists of a series of rotations in clinical core subspecialties. The medical courses are designed in sequence to build upon didactic knowledge, followed by skills development, then application in the clinical setting, and culminating in the demonstration of the ability to think critically in the care of patients across the lifespan.

UMHS is not engaged in direct residency training. Residency directors from time to time communicate with UMHS on the quality of clinical preparation of students. This is not a formal relationship. However, continuing Medical Education (CME) is applicable to all aspects of medical education. Medical teaching is fluid and without constant learning education will calcify and become second rate. At the medical school faculty level CME is stressed and encouraged. Innovation comes from experience and an open mind to new ways to get the clinical message across. Without lifelong learning, the public will not be served and patients will suffer.

UMHS is fully aware of the challenges ahead for residency opportunities for their students. The UMHS teaching programme is geared to prepare students for the future by very intense clinical teaching throughout the entire four years of study. As CME is an avenue to lifelong learning, UMHS students will naturally embrace this professional commitment. Evidence for this outlook is already present based on UMHS's average passing USMLE Step 1 scores over the past year of 83% and an overall pass rate of 87% for the 2016/2017 academic period.

For the Basic Science Programme, Faculty employ interactive lectures, Small Group discussions and problem solving, patient simulators and professional patients, and discussions to engage the student in active learning. Computerized models are used to simulate patient care where Faculty can alter the physiologic indicators in one or more of the model patients during the skills lab experience. Students start learning and utilizing fundamental principles of medicine in the first semester of the basic science programme. A physical diagnosis course taught in the First semester instructs students on patient interviewing and communication skills, as well as examination skills, clinical skills labs in gross anatomy and histology courses expose the students to simple demonstration of skills both from a gross and microscopic perspective. Following this, students study the physiology of all human systems and utilize the clinical skills lab to reinforce the clinical correlations. Additionally, students study the biochemistry and microbiology of the body, including genetic and embryonic development, and move on to the more complex care skills using computerized simulation models. Pathology from the anatomical and clinical perspective is investigated with related laboratory exposures. The science laboratory courses are offered in lecture format with hands-on laboratory exercises that are performed in small groups in the anatomy, physiology, pathology, and microbiology laboratories. These exercises are meant to assist the students in application of theoretical concepts in health care assessment, testing, and diagnosis. Clinical experience during the Fourth semester in the local hospital is carefully designed and scheduled according to the planned student learning outcomes and is supervised by local physicians who have an adjunct faculty role with the University.

Each student is evaluated very carefully throughout the programme for the development of clinical competencies. UMHS has integrated the use of the NBME Shelf examinations into the basic and clinical science programme. These exams are used as a final examination for a variety of courses. Analysing student's performance on these benchmark exams helps both the students and the professors determine how well they compare to the performances of medical students in U.S. medical schools (Exhibit 6 & 8). ACCM's Protocol requires the onsite ACCM inspection team during a campus visit to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes. The ACCM team is also required to observe lectures and labs in a variety of basic and clinical sciences. The on-site evaluation team's report must address the content and structure of the curriculum in meeting the medical school's educational goals. It must also report on the role of the Curriculum Committee in overseeing the curriculum. ACCM Protocol also requires the ACCM inspection team to evaluate compliance through meeting with department chairs and course directors and attending the basic science departments' course directors and attending the basic science departments' course lectures and laboratory sessions (Exhibit 2: Sections VII, VIII, IX) (Exhibit 9).

Analyst Remarks to Narrative

The ACCM described how their Standards of Accreditation (exhibit 1) and Protocol for the Accreditation of Medical Schools (exhibit 2) meet this standard through its curricular and other requirements. The ACCM provided descriptions of the ways the accredited medical schools in the country currently meet this requirement, and provided documentation of the inspection reports (exhibits 9), annual database reports (exhibit 8), and institutional self-studies (exhibits 6) which demonstrate implementation by the schools of these requirements and evaluation by the ACCM in these areas.

Curriculum, Question 2

Country Narrative

Medical schools must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4, 5, 8, 9 & 11). ACCM Standard 4 states that "the programme shall provide a general and broad learning in the principal medical disciplines". ACCM Standard 4 requires the educational programme relating to the basic sciences to include both didactic and practical instruction in the biomedical sciences disciplines. ACCM requires the medical school to describe the programme content in the Basic Sciences, including laboratory and other practical opportunities for direct application of scientific methods, observation and critical analysis.

Schools submit a biennial Institutional Self-study report that explains the role and rigor of the basic sciences curriculum committee to ensure proper standards are maintained in relation to the education (Exhibit 6).

MUA's Institutional Self Study states "The basic sciences curriculum committee (BSCC) oversees all courses taught at all sites in the basic science years. This committee analyses the course content, evaluation methods and the results of courses (Exhibit 15). MUA recognises the importance of identifying professional values for its students at the didactic and personal levels.

Professionalism therefore serves as a tool used to identify behaviours deemed as important in individuals in their role as students, practitioners and members of health care teams. These personal values and principle are emphasised in pre-clinical courses including introduction to psychiatry and ethics."

The UMHS Institutional Self Study demonstrates that the basic sciences curriculum committee (BSCC) oversees all courses taught at sites in the basic science years (Exhibit 15). This committee analyses the course content, evaluation methods and the results of courses. UMHS recognises the importance of identifying professional values for its students at the didactic and personal levels.

Professionalism therefore serves as a tool used to identify behaviours deemed as important in individuals in their role as students, practitioners and members of health care teams. These personal values and principle are emphasised in pre-clinical courses including an Introduction to Psychiatry and Ethics course. The UMHS educational programme is designed to teach the fundamental principles of medicine and to provide students with a solid foundation in the basic and clinical sciences to become competent and

compassionate physicians. UMHS students develop critical judgment skills throughout the entire programme. UMHS is committed to educating uniquely skilled and diverse medical professionals eager to meet the need for physicians in various settings throughout the United States and the world. With a focus on quality patient care and utilizing the latest in advanced technological instruction and personalized education, UMHS's aim is to produce genuinely passionate physicians highly prepared for practice in a changing medical landscape.

UMHS Faculty employ interactive lectures, small group discussions and problem solving, patient simulators and professional patients, and discussions to engage students in active learning. Computerized models are used to simulate patient care where the faculty can alter the physiologic indicators in one or more of the model patients during the skills lab experience. UMHS students start learning and utilizing fundamental principles of medicine in the first semester of the basic science programme. A physical diagnosis course taught in the first semester instructs students on patient interviewing and communication skills, as well as examination skills. Also, in the First semester, clinical skills labs in gross anatomy and histology courses expose the students to simple demonstration of skills both from a gross and microscopic perspective. Following this, students study the physiology of all human systems and utilize the clinical skills lab to reinforce the clinical correlations. Additionally, students study the biochemistry and microbiology of the body, including genetic and embryonic development, and move on to the more complex care skills using computerized simulation models. Pathology from the anatomical and clinical perspective is investigated with related laboratory exposures. Science laboratory courses are offered in lecture format with hands-on laboratory exercises that are performed in small groups in the anatomy, physiology, pathology, and microbiology laboratories. These exercises are meant to assist the students in application of theoretical concepts in health care assessment, testing, and diagnosis. Clinical experience during the Fourth semester in the local hospital is carefully designed and scheduled according to the planned student learning outcomes. This experience is supervised by local physicians who have an adjunct faculty role with the University with each student being evaluated very carefully throughout to ensure the development of clinical competencies.

Each student in Fifth semester will encounter 20 different standardized patients. In Virtual Clinic, standardized patient's exhibit not only specific diseases but also varying personalities, clinical situations, and degree of acuity. In addition, students will encounter 30 hours of actual patients over a five-week period under the supervision of a board-certified physician who are adjunct faculty. Students are introduced to the approach to diagnose abnormalities in each of nine systems. Students are examined in each system separately leading to a final comprehensive OSCE which must be passed to pass the clinical course. The skills that are basic to clinical competence are fully covered.

UMHS has integrated the use of the NBME Shelf examinations into the basic and clinical science programme which are used as a final examination for a variety of courses (Exhibit 8 p.24). Analysing student's performance on these benchmark exams helps both the students and the professors determine how well they compare to the performances of medical students in US medical schools. ACCM Protocol requires the on-site ACCM inspection team to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes (Exhibit 2). The team is also required to observe lectures and labs in a variety of basic and clinical sciences. The team's report must address the content and structure of the curriculum in meeting the medical school's educational goals and on the role of the curriculum committee in overseeing the curriculum (Exhibit 9).

ACCM Protocol also requires the onsite ACCM inspection team to evaluate compliance through meeting with department chairs, course directors and attending the basic science departments' course lectures and laboratory sessions. The team discusses and reports on the college's integration of the basic science and clinical sciences courses. Students at medical school must complete laboratory work in the areas of Gross Anatomy; Microscopic Anatomy; Neuro-anatomy; and Microbiology (Exhibit 2: Sections VII, VIII, IX). The team inspects and visits all laboratories and meets with the majority of instructors including witnessing a range of lectures and practical demonstrations such as Anatomy, Histology and History taking. ACCM are satisfied that the standards of teaching and facilities are of a high standard (Exhibit 9).

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) and Protocol for Accreditation for Medical School (exhibit 2), documenting standards and mechanisms for assessment of medical schools in this area. The ACCM's standards require regular review of the curriculum by a faculty commission and include appropriate requirements for the medical schools to maintain and regularly evaluate and update their basic sciences curriculum. The ACCM has furnished interim inspection reports (exhibits 9) and annual database reports (exhibit 8) which provide documentation from the medical schools of their internal evaluations in this area, as well of the ACCM's regular assessments.

Curriculum, Question 3

Country Narrative

Medical schools must adhere to ACCM standards by fully complying with ACCM Standards of Accreditation (Exhibit 1: Standard 4, 5, 8, 9 & 11). ACCM Standard 4 requires the "curriculum committee of faculty members to develop and evaluate a curriculum that provides a general medical education to prepare student to pursue further training at the graduate level" (Exhibit 1).

MUA has an active Research Committee. The eight-week Research: Literature Review and Analysis (RLRA) research module is a

key part of an integrated coherent approach to the role research plays in the MUA M.D. programme which is completed during the Clinical Medicine section. It begins during the Fourth semester of Basic Sciences when students select their research topic. During this module, students are expected to apply knowledge and understanding from their basic science courses to analyse a current and complex medical care question, using evidence from published medical literature. As part of this course, students are required to write an annotated research paper that is evaluated by a faculty committee. While working independently, students interact regularly with a faculty mentor who provides oversight throughout the project including: selection of an appropriate topic; identification of relevant literature; formulating conclusions; and the preparation of a final paper. The mentor reviews the written paper to ensure that it meets MUA standards prior to approval for submittal to the Faculty Committee for review (Exhibit 59). MUA offers a broad range of learning opportunities to prepare students for a variety of medical careers. An important educational experience for some students is participation in research beyond what is required in the curriculum. MUA encourages students to participate in ongoing research projects throughout both the basic science and clinical medicine portion of the programme. During the Basic Science programme, students have the opportunity to work with MUA faculty on ongoing research projects. Participation in such projects provides valuable learning opportunities, may make students a more attractive candidate for post-graduate opportunities, and may result in credit for presentations and/or publications. Exceptional students may request to participate in a research elective for which they will receive credit. Students also have the opportunity to work with MUA faculty on research projects of their own. Students often work with MUA faculty to either continue or refine research projects begun prior to their matriculation to MUA.

MUA strongly encourages students and faculty to present either their student projects or faculty projects on which students have worked at the University Research Day (Exhibit 59) which has taken place over the past three years. MUA Research Day provides students and faculty alike with the opportunity to present their research activities to the campus with recent Research Day events involving more than 250 people. Each Department in the institution, including clinical medicine has actively participated in research activities that have focused on improving the content and educational methods used in their courses/rotations. In addition, through the ongoing faculty development workshop series, faculty have created, implemented and reported on educational research focused on integrating course content throughout the curriculum. Faculty members are also encouraged to pursue their individual research interests and also contribute to the efforts in their discipline and department. Faculty are supported with conference funds to maintain and advance their academic and research interests and are provided with the resources, facilities and support to both teach and conduct research on campus. Clinical medicine students also participate in ongoing clinical research projects during their rotations in both core and elective specialties. Many preceptors and clinical department faculty have specific clinical research projects, in addition to their patient care and clinical teaching efforts, in which MUA students are encouraged to participate. Opportunities for presentation and publication of results are open for those students who pursue them. Students may also earn credit for elective clinical rotations.

In relation to UMHS, the research goal is to integrate research and other scholarly activities to develop students' skills in critical thinking, problem solving, and conducting modern research. Research activities of the University are overseen and monitored by an active Research Committee. Faculty and/or students who are interested in undertaking a research project must first submit their proposal for review by the Research Committee. Once the Committee grants approval, the project can proceed and students become eligible to enrol in the Medical Research elective course. Research proposals and findings are shared in a number of ways; highlights of some of the valuable research experiences students enjoy are reported on in the official university blog called The UMHS Pulse, presentation at regional and international conferences, as well as through international publications. UMHS hosted the 1st Annual Research Symposium in November 2015, providing students and faculty the opportunity to present current and past research findings to a public audience.

Extracurricular research opportunities are growing and many students are taking advantage of these or are proposing new project ideas. Areas of emphasis are reanalysis of previously generated medical/epidemiological data (data mining) from other studies, novel epidemiological data on arbovirus infection, effects of human anatomical variations in disease pathology, and evaluation of the fungal and bacterial contaminants present in the commercially available meat product on St. Kitts, as well as campus surfaces, including air, and water on the Island of St. Kitts. Faculty and students are currently collaborating with the St. Kitts research community, including the St. Kitts government lab, Ross University of Veterinary Medicine, and St. Kitts Biomedical Research. At least one faculty has active International research collaborations in the area of therapeutic intervention in inflammation-associated diseases and in developing novel antimicrobial agents. About 25 medical students from all the basic sciences semesters are currently engaged in research activities. Faculty and student publications have resulted from these research projects. The level of commitment of the University has progressively increased and so has the faculty commitment to increased high calibre research output. Medical students are encouraged to find faculty mentors to assist them in research that interests them or seek out faculty members who are currently engaged in research projects on campus in St. Kitts and become involved in those projects. While teaching is the primary focus of the University, research throughout the basic and clinical sciences is encouraged and supported. Projects are carefully planned around the availability of students so as not to compromise their coursework with the additional activities involved.

ACCM reviews and assesses the institution relative to these guidelines by reviewing the UMHS Annual Database (Exhibit 8), the biennial Institutional Self-Study (Exhibit 6) before site inspections are carried out and Reports written up (Exhibit 9).

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1), which includes requirements around research for students and faculty. Standards 4.1.8 requires that the curriculum promote "an understanding of basic and translational research." The faculty standards found in Standard 8 require that faculty engage in scientific investigation and scholarly work, that there be a faculty research committee, and that the school provide research facilities and funding for professional seminars for faculty. The ACCM's Protocol for the Accreditation of Medical Schools (exhibit 2) requires that medical schools report on the participation by medical students in faculty research efforts.

The ACCM described the current integration of research at the two medical schools at this country. One school has a research committee; approval of research from either faculty or students by this committee allows students to enroll in an elective course focused on the approved medical research. A second school includes a class titled "Research: Literature Review and Analysis" as part of its curriculum. Students are required to write a research paper that is submitted to a faculty committee for review, with some of those paper topics documented (exhibit 59). The ACCM asserted that both schools encourage research activities, and that this is demonstrated to the ACCM through interim inspection reports (exhibits 9), annual database reports (exhibits 8), institutional self-studies (exhibits 6), and activities of the promotion and curriculum committees (exhibits 15). Although the ACCM provided documentation of ways in which student research skills are incorporated into the curriculum at one school and that students or faculty may create an optional elective course at another school for research purposes, it isn't clear how the ACCM's standards encourage medical schools to make available opportunities for medical students to participate in faculty research or other scholarly activities of the faculty, or what level of engagement there is by students in faculty research activities. The NCFMEA may wish the ACCM to provide further information about how its standards encourages medical schools to make available sufficient opportunities for the participation by medical students in the research or other scholarly activities of faculty.

Country Response

ACCM does encourage medical schools to make available sufficient opportunities for the participation by medical students in the research or other scholarly activities of faculty which is demonstrated by the information below and relevant documentation provided.

Due to the importance of research and critical thinking at MUA, the University provides ample opportunities for students to participate in faculty research, and has made research a required element of the Curriculum. The teaching of research culminates in a research paper for the RLRA course. As a result of this requirement, many students go on to conduct additional research, either independently or in conjunction with MUA faculty both on the Nevis campus and at clinical sites (Exhibit 67).

UMHS students and faculty are actively involved in conducting educational activities for general public and education for teachers on various topics including autism, stress management, depression, good parenting, alcoholism and other topics. These awareness programmes are conducted at various institutions and via local radio programmes (Exhibit 70).

ACCM assesses how effective this is by reviewing the Annual Database Reports and asking relevant questions during site inspection visits. While a school is obliged to provide funding and opportunities for research for faculty and students (which ACCM regularly assesses), the level of participation is dependent on the personal interest of each individual faculty member and student.

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM provided documentation of the ways its standards address research, both through standard 4.1.8, which requires that accredited schools promote "an understanding of basic and translational research," and through standard 8, which requires that faculty engage in scientific investigation and scholarly work, that there be a faculty research committee, and that the school provide research facilities and funding for professional activities of the faculty. The ACCM addressed ways that the two schools accredited in this country fund and promote research activities and how its assessment teams review the schools in this area.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 4

Country Narrative

Further answer to (d):

ACCM Protocol (Exhibit 2) requires the onsite ACCM inspection team to review overall curricular objectives including research activities. ACCM Protocol requires the onsite ACCM inspection team to evaluate compliance through meeting with department chairs and course directors and attending the basic science departments' course lectures and laboratory sessions (Exhibit 2: Sections VII, VIII, IX). The ACCM inspection team is provided with Minutes of the Research Committee in advance of onsite inspections (Exhibit 15). ACCM meets with the Chairman of the Research Committee to ensure that students have opportunities to

carry out some limited research in the context of their busy study schedules. ACCM reviews and assesses the institution relative to these guidelines by reviewing the Annual Database (Exhibit 8), the biennial Institutional Self-Study (Exhibit 6) before site inspections are carried out and Reports written up (Exhibit (9 & 13). The school is required to answer a list of questions covering all major aspects of the governance of the school including information on research opportunities available for students to participate in.

Answer to (e):

ACCM Standard 4: (Exhibit 1) requires each medical school to provide “oversight over the learning experience of clinical students”, which is defined in various aspects of the Standards, and requires involvement from the school’s Curriculum Committee in ensuring that faculty oversee instructional programmes for active learning and independent study to enable students develop the necessary skills for lifelong learning.

MUA Students are encouraged to develop self-directed independent skills at every level of their training both in the basic science and clinical programmes. One of the competencies developed in the MUA curriculum is the Lifelong Learning, Scholarship, & Collaboration, where “Students must be able to examine and evaluate their patient care practices, appraise and assimilate scientific evidence, and use this information to improve their abilities.” MUA addresses this competency in a progressive manner through greater exposure and responsibility as the student advances through the curriculum. Students are introduced to, and are instructed on how to access, additional support regarding study skills, goal setting and periodic self-assessment as part of the Student Orientation programme for all matriculating students. From that point on, Faculty closely monitor the performance of First semester students to identify those who may benefit from additional assistance, while at the same time, open labs, tutorial sessions and office hours provide all students with extra learning, assessment and remediation opportunities. MUA also provides students with an online educational platform that incorporates lecture notes and slides, provides recent peer reviewed articles, email and other communication forums. Skills for lifelong learning are also central to the MUA curriculum (Exhibit 32). As such, self-directed activities are incorporated at numerous points in a student’s progression. The course, Research Curriculum: Evidence-Based Medicine provides both the foundation of skills related to lifelong learning as well as their assessment. Additionally, many courses incorporate the critical appraisal of the primary literature as a means of fostering these skills. The Foundational/Applied Clinical Correlates (either contained within another course in semesters 1, 4 & 5, or structured as separate courses in Semesters 2 & 3) develop the ability of students to critically appraise the primary literature as it relates to a clinical case that contains related questions. As students’ progress through this longitudinal series, they also must develop their own, independent questions related to the cases presented (Semesters 4 & 5).

As students’ progress through the MUA curriculum, they gain understanding and experience in key facets of self-directed learning, namely assessing their learning needs, identifying, analysing and synthesizing information relevant to those needs, assessing the credibility of the information available, and reporting out their results to colleagues and supervisors. In the core clinical clerkships: students are responsible for assessing their own learning needs as they complete Patient Encounters, weekly online clinical cases, patient notes and case presentations. In each of these activities, students must assess their learning needs in order to demonstrate an understanding of the differential diagnosis and formulation of management plans. In addition, the Mid-Clerkship Assessment is required as part of each core clerkship. This Mid-Clerkship Assessment includes an assessment of students’ medical knowledge, communication skills, patient care, self-learning skills, social and community context of healthcare, and professionalism. As part of this assessment, students are required to receive feedback from at least one of their preceptors and the assessment is then reviewed by the office of the Associate Dean, Clinical Medicine.

In the Foundational/Applied Clinical Correlate courses: students are required to identify, analyse, and synthesize information in a group setting. Students will read a case linked to the curriculum content of the other courses that semester. In groups, they will identify two learning objectives relating the case to the other courses and will investigate them in their small groups, during the session. Groups will then report back their findings including the sources from which they obtained the information. In the Cell/Tissue Structure & Function and Neuroscience, Mind & Behaviour courses: students work in small groups to pick a to pick from a list of options, then they identify, analyse, and synthesize information in a group setting as components of researching their topic, and present their findings to the class, including the sources of information. The Research Curriculum: Evidence-Based Medicine course completed in the second semester, develops the skills necessary for students to identify, analyse and synthesize information.

In relation to UMHS, students are encouraged to develop self-directed independent skills at every level of their training both in the basic science and clinical programmes. From their very first semester, in classes such as medical ethics, introduction to physical diagnosis and cell biology, students are taught how to navigate and critically appraise the medical literature; and then apply this information to the material taught in those courses. This training continues throughout the basic science programme in courses such as Physiology, Neuroscience, Behavioural Science, Introduction to Clinical Medicine and especially Epidemiology and Biostatistics. There is a strong emphasis in Epidemiology and Biostatistics to train students on how to critically review and interpret literature and research articles.

UMHS is not engaged in direct residency training. Residency directors from time to time communicate with UMHS on the quality of UMHS clinical preparation of students. This is not a formal relationship. However, Continuing Medical Education (CME) is applicable to all aspects of medical education. Medical teaching is fluid and without constant learning education will calcify and become second rate. At the medical school faculty-level CME is stressed and encouraged.

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) which includes under standard 4.1.7 the standard that "There are opportunities available for active learning and independent study to foster the skills necessary for lifelong learning." The ACCM provided institutional self-studies, which document the collection of information related to this guideline. However, the ACCM's inspection reports do not explicitly address this standard. The NCFMEA may wish to request further information about the evaluation of medical schools in the area of active learning and independent study.

Country Response

ACCM does evaluate all ways that the Curriculum promotes access to active learning and independent study skills in relation to lifelong learning - through information and documentation provided by the schools, as previously outlined. A review of all submitted documentation from the schools is undertaken by ACCM, the Convenor & Deputy Convenor and if there are any queries, these are addressed to the school for a response. Based on the response, this may be accepted or action may be required and the school informed of this. This Standard is reviewed onsite by an inspection team but not explicitly referred to in the Inspection Report. However, ACCM will take note of this and ensure this is included in future Inspection Reports to demonstrate that this is an area that is reviewed onsite and also as a specific part of the Annual Database (Exhibit 68).

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM stated that its review of curriculum and collection of annual database information provides regular opportunities to assess learning and independent study skills. The ACCM acknowledged that review of the agency's standard in this area is not explicitly referred to in the inspection report, and stated that the agency will take note of this and ensure that it is included in future inspection reports to demonstrate review in this area.

The NCFMEA may wish to see the revised template inspection report the ACCM will use in future to document review of medical schools in the area of active learning and independent study skills, and a completed inspection report using the revised template, once available.

Staff Conclusion: Additional Information requested

Curriculum, Question 5

Country Narrative

Further answer to (e):

Innovation comes from experience and an open mind to new ways to get the clinical message across. Without lifelong learning the public will not be served and patients will suffer. UMHS is fully aware of the challenges ahead for residency opportunities for their students. The UMHS teaching programme is geared to prepare students for the future by very intense clinical teaching throughout the entire four years of study. As CME is an avenue to lifelong learning UMHS students will naturally embrace this professional commitment. Evidence for this outlook is already present based on UMHS average passing USMLE Step 1 scores over the past year of 83% and an overall pass rate of 87% for the 2015/2016 academic period (Exhibit 8 p. 22). Self-directed learning continues in ICM and the clinical programme where students must research selected topics and case studies for presentation. Furthermore, students in clinical rotations are expected to carry out self-directed learning on a daily basis to better understand the patient cases assigned by their preceptor.

The importance of acquiring, maintaining, and continually improving information literacy skills in order to stay current and be effective providers of evidence based medical practice is stressed by the Faculty and in particular by the library director. Awareness of the credibility, accuracy and currency of an information source is also emphasized. The library services facilitate access to and promotes the use of credible ancillary material, information resources, and supplementary electronic educational programmes. The Library Blog and library web pages provide valuable filtered content, links, posts and tutorials for self-directed learning and access to online materials. This web presence is designed to further the information search skills and capabilities for life-long learning among our students. The school recognizes that medical knowledge in the 21st century is not only dynamic; it is multiplying at a fast pace. No longer can a medical student memorize current medical knowledge in medical school and imagine that is all they need to know. The key to being a successful physician and providing the best evidence-based medical practice is in knowing how to find the current best evidence for a clinical case.

In summary, the UMHS programme fosters the ability to learn through self-directed independent study. The orientation to self-directed life-long study is introduced early in the medical curriculum and threaded into all subsequent courses. Individual course curriculum provides the students opportunities to learn and demonstrate their comprehension through clinical components, group projects, individual written projects, and through the augmentation of their navigation skills in using the variety of electronic, online and library resource materials, databases, and educational programmes.

ACCM reviews updated Annual Databases from the medical schools in February each year. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on lifelong learning and also in the Institutional Self-Study (Exhibit 8 & 6) as well as ACCM campus site inspections carried out and an onsite report written up (Exhibit 9 & 13).

Answer to (f):

Standard 4: (Exhibit 1) ACCM requires each medical school to provide “oversight over the learning experience of clinical students”, which is defined in various aspects of the Standards, and requires the involvement of the school’s Curriculum Committee in ensuring that the Faculty oversees the workup of patients by students.

Oversight shall consist of: provision of a structured environment for students to work, an academic controlled organisation and supervision by faculty. There should be defined period of clerkship and adequacy of time for study. The faculty of the medical school should ensure practice opportunities (including practical procedures), monitoring of students’ clinical experience, fostering problem solving skills, observing student performance and offering timely remediation. The oversight of students includes attendance records and, most importantly, the encouragement required to ensure professional attitudes consistent with patient care. Students are taught to independently research the literature, study independently or with other groups of students.

At MUA, in the Foundational/Applied Clinical Correlate sessions, students are required to identify credible sources of information to use in order to answer questions associated with the sessions. Overall, there is a strong emphasis on utilization of the primary literature, along with valid web-based resources, in all components of the curriculum. In this manner, students are exposed to credible sources of information and gain an understanding of the types of resources that are routinely employed in medicine as well as research (basic science, clinical and translational). Utilizing skills developed during the preclinical phase of the curriculum, students must assess credibility of information sources when presenting patients to their preceptor and completing weekly activities which are submitted and reviewed by the office of the Associate Dean for Clinical Medicine. Students are required to share information with both their peers as well as supervisors. Examples include Foundational/Applied Clinical Correlate sessions where students are required to critique an article from the contemporary primary literature prior to class and then share their evaluation with the class and faculty members. In addition, these sessions incorporate group-based problem-solving exercises. Once individual groups have identified and answered their individual questions, they then share what they have learned with their peers and faculty members. Students also develop peer teaching cases as a component of Systems & Disease courses. In this manner, students not only share information, but also participate in a bona fide peer teaching activity.

Student presentations are a required component of numerous courses including Cell/Tissue Structure & Function, Genetics & Development, Neuroscience, Mind & Behaviour, etc. In these activities, students share information with their peers and faculty members.

In the core clinical clerkships, there are a number of opportunities for students to share information with their peers and supervisors. Upon completion of the weekly cases, students are required to submit a reflective paragraph pertaining to each case and related clinical experiences. The reflective paragraphs are posted to an online student forum fostering the exchange of information with their peers. In addition, students present patient cases to their team and preceptor each week along with presentations on assigned topics. During these presentations, students share information they obtained with other students and clinical faculty members. Student presentations are a good example of how these facets of self-directed learning come together. Students at MUA are involved in developing and conducting presentations throughout the curriculum. The Clinical Skills courses also provide students the opportunity to learn in a self-directed manner while gaining exposure to clinical settings.

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1). Standard 4.1.8 specifies that the curriculum promote access to service learning opportunities. The ACCM provided UMH's self-study (exhibit 6), which stated that fourth year student experiences include the possibility to elect service experiences, such as rotations in Africa or Pakistan. The ACCM also provided the MUA's self-study (exhibit 6), though information addressing opportunities for service experiences was not found in this document. The ACCM provided inspection reports (exhibits 9) and annual database reports (exhibits 8). However, neither the inspection reports nor the database reports reflect collection of information or assessment in this area. The NCFMEA may wish to request documentation of assessment by the ACCM of the ways the curriculum promotes access to service learning opportunities.

Country Response

ACCM does assess all methods that the Curriculum promotes re access to service-learning opportunities through information and documentation provided by the schools, as outlined below.

MUA has numerous opportunities for medical students to participate in service-learning activities. Each activity combines community service with specific learning objectives, preparation and reflection. The activities are also based on community-identified concerns and are voluntary.

Examples of service-learning opportunities include:

Adult Literacy tutoring programme

Health fairs coordinated with Alexandra Hospital

Fundraising for Alexandra Hospital and local retirement home

Retirement home volunteering

St. James Primary School reading and mentorship programme

The learning objectives for the service-learning activities are based on the institutional competency “Social & Community context of Healthcare” which provides a framework to integrate these activities into the 4-year curriculum. Working with the Assistant Dean of

Student Affairs, students identify specific learning objectives that link to the competency. Students then organize and/or participate in workshops that help prepare students to attain those learning objectives. While assessment of learning activities can be challenging, self-assessment and critical reflection are important methods utilized in these programmes. Following participation in the community service activity, MUA students meet with the Assistant Dean of Student Affairs in a focus group to reflect on the activity, their attainment of the learning objectives and to also produce a narrative assessment of the activity. Students also have an opportunity to enter their personal written reflections in the MUA Learning Management System (LMS).

UMHS students and faculty are actively involved in community outreach programmes. Various student clubs at UMHS actively conduct and participate in health fairs given by various business establishments and organizations for the general public. UMHS students participate in annual prostate cancer and breast cancer screening programmes conducted by the Rotary Club. UMHS are actively involved in fundraising programmes to donate clothing, equipment, furniture, and stationery to the Ministry of Education to support various schools and orphanages. UMHS students regularly participate in community health projects by providing health assessments in the community, for example: blood pressure measurements and associated advice in shopping centres. UMHS students have conducted clothing and non-perishable food collection drives to help people in need during times of distress for example: post-hurricane.

UMHS students and faculty are actively involved in conducting educational activities for general public and education for teachers on various topics including autism, stress management, depression, good parenting, alcoholism and other topics. These awareness programmes are conducted at various institutions and via local radio programmes. UMHS students are also actively involved in global outreach programmes by conducting health camps approximately once every four months in countries like Guatemala, Dominican Republic and Puerto Rico. In achieving the goal of being a health provider to people in need, UMHS has joined the Consortium of Universities for Global Health (Exhibit 71).

The Self-Studies submitted also provide the required information, which are deemed satisfactory and adequate by ACCM (Exhibit 6). A review of all documentation is undertaken by ACCM, the Convenor & Deputy Convenor and if there are any queries, these are addressed to the school for a response. Based on the response, this may be accepted or action may be required and the school informed of this. This Standard is reviewed onsite by an inspection team but not explicitly referred to in the Inspection Report. However, ACCM will take note of this and ensure this is included in future Inspection Reports to demonstrate that this is an area that is reviewed onsite and also as a specific part of the Annual Database (Exhibit 68).

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM attested to the inclusion of service-learning activities at both medical schools in the country. The agency provided an updated template for the ACCM's annual database report for 2018-2019 (exhibit 68), which requires medical schools to provide documentation of the way the curriculum promotes and assesses opportunities for students to engage in service-learning opportunities in the future. Neither medical school has yet had an opportunity to complete the new version of the annual database report submitted by the agency. The agency also stated the intention to include this area in future inspection reports to demonstrate review of this area onsite. The agency attested to the inclusion of information in this area in the submitted self-study reports.

The NCFMEA may wish to see the revised template inspection report the ACCM will use in future to document review of medical schools in the area encouragement of and support for service-learning activities, and a completed inspection report using the revised template, once available. The NCFMEA may wish to review a completed annual database report using the 2018-2019 format, once available. The NCFMEA may wish to request information documenting the request for and review of information in this area in the self-study report template and in a completed self-study report.

Staff Conclusion: Additional Information requested

Curriculum, Question 6

Country Narrative

Further answer to (f):

The most notable element of these courses is in the fourth semester Clinical Skills course in which students also are required to independently complete a formal report on a case from the patients they see at the hospital. The sum of the experiences in the Basic Sciences (including the Clinical Skills courses), and the completion of the research module is designed to ensure that students have developed a competence in self-directed learning. Students then continue to hone these skills throughout the clinical medicine portion of the programme most notably through ward rounds and case presentations. Students further develop these skills through the completion of weekly assignments including competency-based core clinical cases with reflections, patient logs, and patient notes. During the clinical phase of the curriculum, students are required to complete several activities that demonstrate the skills needed in life-long learning. The monitoring of the required weekly online activities demonstrates the student's ability to learn new material as does the Mid-Clerkship Assessment form. Additionally, the clinical evaluation form completed by preceptors

at the end of each rotation includes “Interest in learning”, “Display of initiative”, “Reaction to feedback”, and “Acknowledgement of errors”. Each element is scored with a rubric that specifies criteria for “Exceeding Expectations”, “Meeting Expectations”, and “Below Expectations” with descriptors for each level of performance. The score on this evaluation form accounts for 30% of a students’ grade.

MUA provides several opportunities for medical students to participate in service-learning activities. Each activity combines community service with specific learning objectives, preparation and reflection. The activities are also based on community identified concerns and are voluntary. Examples of service learning opportunities include: Adult Literacy tutoring programme, Health fairs coordinated with Alexandra Hospital, St. James Primary School reading and mentorship programme. The learning objectives for the service learning activities are based on the institutional competency “Social & Community context of Healthcare, which provides the framework to integrate these activities into the 4-year curriculum. Working with the Assistant Dean of Student Affairs, students identify specific learning objectives that link to the competency. Students then organize and/or participate in workshops that help prepare students to attain those learning objectives. While assessment of learning activities can be challenging, self-assessment and critical reflection are important methods utilized in these programmes. Following participation in the community service activity, students meet with the Assistant Dean of Student Affairs in a focus group to reflect on the activity and their attainment of the learning objectives and produce a narrative assessment of the activity. Students also have an opportunity to enter their personal written reflections on a blog that is part of the LMS.

In relation to UMHS, faculty is committed to providing medical education that prepares physicians to practice in diverse health care settings. The programme is based on central concepts of the medical meta-paradigm: client, health, and environment; and on the faculty's beliefs about teaching/ learning, and medical education. Local island experience on St. Kitts teaches valuable life lessons and affords cross-cultural clinical and personal experiences. The multi-cultural, multi-ethnic, multi-lingual fabric of the campus students, faculty and staff provides an amazing environment for personal and professional growth fostering inter-personal and inter-professional understanding.

Every year, a few UMHS students and faculty attend medical conferences and participate in scholarly activities alongside their peers, returning with valuable insight and experiences to share with their colleagues. Distinguished and accomplished visiting professors and clinical chairs along with other medical practitioners, and UMHS faculty, present supplementary lectures on campus as part of the Dean’s Grand Rounds Lecture Series or as individual events which are always well attended and received.

During the Fifth semester, students move to the Portland, Maine campus where they take Introduction to Clinical Medicine II. At this stage, the students are encouraged to integrate knowledge and skills they acquired in the Basic Science programme and start developing higher-level critical judgment skills to become more independent within a clinical setting. There students work within a simulated lab as well as completing histories and physicals with professional patients. Students shadow local physicians one on one in their office as well as on their hospital rounds. Grand rounds at Maine Medical Center are also utilized.

The emphasis during the clinical years is education. During the 4th year elective period, UMHS students can elect experiences, which may be defined as “service”. Examples are African mission rotations, Pakistan clinic exposure for three weeks, etc. These service experiences must be approved by the clinical dean and be supervised by legitimate medical personnel and institutions.

Answer to (g):

ACCM Standard 4: (Exhibit 1) ACCM requires each medical school to provide “oversight over the learning experience of clinical students”, which is defined in various aspects of the Standards, and requires the involvement of the school’s Curriculum Committee in ensuring that the Faculty oversees the workup of patients by students. The curriculum allows students to acquire, through didactic and practical instruction, current understanding and advances in the biomedical science disciplines representing but not necessarily limited to anatomy, histology, physiology, biochemistry, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, therapeutics, preventative medicine and basic and translational research. Instruction within the basic sciences includes laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena and critical analysis of data. Opportunities could include hands-on or simulated exercises where students either collect or utilise data to test and/or verify hypotheses or to address questions about biomedical principles and/or phenomena. The curriculum demonstrates where such exercises occur, the intent of the exercises, and how they contribute to the objectives of the course and the ability to collect, analyse and interpret data. The medical school includes a number of subjects in the basic sciences (Exhibit 32).

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

Analyst Remarks to Narrative

The ACCM's standard 4.2 (exhibit 1) provides the standard for the topics covered by the basic science curriculum and includes all the elements of this guideline. The ACCM provided their Protocol for Accreditation of Schools of Medicine (exhibit 2), institutional self-studies (exhibits 6), annual database reports (exhibits 8), ACCM inspection reports (exhibits 9), and information about the basic science curriculum at one medical school in the country (exhibits 32). These documents demonstrate assessment related to this guideline.

Analyst Remarks to Response

Curriculum, Question 7

Country Narrative

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

The MUA basic science education includes work in small groups and labs. These forums aid in the development of critical thinking as they encourage students to explore their own questions and discuss their ideas and those of their colleagues and teachers. Identifying and exploring questions is helpful for reflecting on clinical practice, but also serves as a basis for developing research opportunities. As reflective practice is essential for graduate physicians to maintain their academic growth and ongoing competence, small group learning, and labs help students identify problems and work with colleagues to achieve solutions. At UMHS, students start learning and utilizing fundamental principles of medicine in the first semester of the basic science programme. A physical diagnosis course taught in the First semester instructs students on patient interviewing and communication skills, as well as examination skills. Also, in the first semester, clinical skills labs in gross anatomy and histology courses expose the students to simple demonstration of skills both from a gross and microscopic perspective. Following this, students study the physiology of all human systems and utilize the clinical skills lab to reinforce the clinical correlations. Additionally, students study the biochemistry and microbiology of the body, including genetic and embryonic development, and move on to the more complex care skills using computerized simulation models. Pathology from an anatomical and clinical perspective is investigated with related laboratory exposures. The science laboratory courses are offered in lecture format with hands-on laboratory exercises that are performed in small groups in the anatomy, physiology, pathology, and microbiology laboratories. These exercises are meant to assist students in application of theoretical concepts in health care assessment, testing, and diagnosis.

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

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

Analyst Remarks to Narrative

The ACCM provides its Standards of Accreditation (exhibit 1) to demonstrate requirements for the laboratory portion of the basic sciences curriculum. Standard 4.2.1 includes the requirement that "Instruction within the basic sciences includes laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena and critical analysis of data." The ACCM's Protocol for the Accreditation of Schools of Medicine (exhibit 2) includes requirements that site visit teams review the curriculum, including laboratory portions, as well as evaluating the curriculum committee through observations or review of meeting minutes (exhibits 15) and attend laboratory sessions while on site, as well as inspect laboratories.

The ACCM also provided institutional self-studies (exhibits 6) and annual databases provided from the schools (exhibits 8) which describe the institutions educational goals and curriculum requirements related to laboratory work and interpretation of laboratory data. The ACCM has demonstrated its own standards for laboratory portions of the curriculum as well as its assessment protocol (exhibit 2), and has provided inspection reports demonstrating evaluation of the medical schools in the country in this area (exhibits 9).

Clinical Experience, Question 1

Country Narrative

ACCM Standard 4 (Exhibit 1) requires that the schools Curriculum Committee designs a programme which encourages students

to acquire an understanding of basic scientific knowledge which is fundamental to medicine and subject to regular reviews and updates. The fundamental scientific knowledge of medicine includes new discoveries, new technologies, new understanding of diseases, new diagnostic techniques and new methods of treatment. The Curriculum should promote the development of problem-solving skills, communication skills, procedural competency, an understanding of the principles of basic and translational research, and ethics as applied to medicine, and access to service learning opportunities. The curriculum should allow students to develop 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. It also enables students to recognise and appropriately address both gender and cultural biases in themselves and others, and in the process of healthcare delivery.

Answer to 1st Question:

MUA recently completed an extensive and comprehensive revision of the Clinical Sciences curriculum which include definition and revision of core clerkship learning objectives, revised core clerkship assessments, introduction of Engaged Learning Experiences with reflections, NBME Clinical Subject Shelf Exams, required patient notes, required patient logs to ensure student exposure to required clinical encounters and procedures, revised Clinical Faculty Evaluations (Exhibit 6). The MUA clinical curriculum (Exhibit 41) is presented in an integrated and multidisciplinary approach in areas of: Internal medicine of not less than 12 weeks, Surgery of not less than 12 weeks, Paediatrics of not less than 6 weeks, Obstetrics/Gynaecology of not less than 6 weeks Psychiatry of not less than 6 weeks, Family medicine of not less than 4 weeks, whether offered as a separate course or integrated into the five major clinical disciplines above, Clinical electives of not less than 26 weeks. Additionally, MUA has implemented revised assessment forms for the graded elements of clinical clerkships that align with MUA's competencies. Since September 2013, all students who matriculated are assessed against MUA's competencies throughout their programme of study and will receive a competency-based transcript. Students are also required to receive a satisfactory assessment against each competency assessed (or remediate unsatisfactory assessments) in each course or clerkship in order to graduate from the programme. After completion of the Basic Sciences, students enter the clinical medicine portion of their studies. The 80-week clinical medicine component consists of a required eight-week research module followed by 72 weeks of clinical clerkships through various medical specialties at affiliated teaching hospitals in the United States. The eight-week Research: Literature Review and Analysis research module is a key part of an integrated and coherent approach to the role research plays in the MUA M.D. programme. During the 72 weeks of clinical rotations students work directly with attending physicians, resident physicians, and hospital staff, conducting patient histories, physical examinations, procedures, writing patient notes and orders, providing case presentations, analysing laboratory, imaging and other investigative results, and attending workshops, conferences and Grand Rounds. Particular emphasis is placed on the commitment to caring for all patients regardless of the medical diagnosis, gender, race, socio-cultural background or socioeconomic status, with respect to their individual needs and preferences. MUA students are expected to demonstrate a commitment to the prevention of medical errors, to the importance of patient safety, and to strictly adhere to the bioethical principles of the profession of medicine. MUA students must complete a total of 42 weeks of clinical clerkships in core specialty areas. During the remaining 30 weeks, students participate in elective clinical clerkships to gain more experience in key areas of medicine and provide them greater insight into specialty areas of particular interest. As part of their electives, all MUA students are required to complete four weeks of a Primary Care Elective (Exhibit 6).

UMHS ensures that following the Fifth semester in Portland, Maine, and after passing the USMLE Step 1, each medical student embarks upon a year of clinical core hospital rotations and follows with a year of hospital elective subspecialty rotations. During the third year, students must take twelve weeks of internal medicine, twelve weeks of surgery, six weeks of obstetrics/gynaecology, six weeks of paediatrics, six weeks of psychiatry, and six weeks of family medicine (Exhibit 42). During these intense hospital rotations, students are assigned to a clinical faculty member formally appointed by UMHS with an academic rank who is either a licensed physician at the hospital or a medical resident. The student is given daily assignments consistent with the UMHS core clinical curriculum and the faculty supervise and evaluate the student's performance.

ACCM Protocol (Exhibit 2) requires the onsite ACCM inspection team to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes. The team is also required to observe lectures and labs in a variety of basic and clinical sciences. The onsite team's report must address content and structure of the curriculum in meeting the medical school's educational goals and also report on the role of the Curriculum Committee in overseeing the curriculum. ACCM Protocol requires the onsite ACCM inspection team to evaluate compliance through meeting with Department Chairs and Course directors. The team discusses and reports on the school's integration of the basic science and clinical sciences courses. In addition to observation, this is followed by a Report written up, presented to the Board, and on approval, sent to the school and government (Exhibit 9).

ACCM Protocol (Exhibit 2 Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations (Exhibit 38). Any recommendations are followed up and monitored by ACCM to ensure implementation occurs (Exhibit 39). ACCM also receives an updated Annual Database (Exhibit 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on clinical subjects including receiving clinical site reports (Exhibit 33).

Answer to 2nd Question: See Exhibit 60

Answer to 3rd Question: See Exhibit 61

Analyst Remarks to Narrative

The ACCM provided a list of the subjects required as part of the clinical sciences component of a medical program, which are also found in the Standards for Accreditation (exhibit 1) under standard 4. This list includes internal medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry, and family medicine. The ACCM's standards and narrative record other requirements, such as that the content cover each organ system, each phase of the human life cycle, and continuity of care. The standards include a wide variety of additional special concern topics such as death and dying, HIV/AIDS, domestic violence, substance abuse, etc.

The ACCM's standards require clinical clerkships to include both inpatient and outpatient settings, and includes requirements about the number and variety of patients, the number of hours of lectures, conferences, faculty teaching, resident rounds, new patients, existing patients, and faculty review and critique of students' workups and presentations.

The ACCM's Protocol (exhibit 2) requires that the ACCM's site teams visit each clinical and non-clinical associated facility. The on-site team discusses clinical science courses with the curriculum, promotion, and evaluation committees and reviews student evaluations, progress reports, and metrics for student performance. The ACCM's protocol includes review of several factors of compliance with clinical science activities. The ACCM provided additional narrative addressing this guideline (exhibits 60).

The ACCM requires medical school to report on several factors relating to clinical sciences, including information about the faculty and time involved, the average number of patients seen, and other factors related to the evaluation of the variety of clinical sciences taught. The ACCM has provided inspection reports (exhibits 9) to demonstrate review of medical schools in relation to this guideline, as well as annual databases (exhibits 8) and institutional self-studies (exhibits 6) to demonstrate review in this area.

Clinical Experience, Question 2

Country Narrative

ACCM Standards 4, 8, 9, 10 & 11: (Exhibit 1) requires each medical school to provide an "oversight over the learning experience of clinical students and the medical school ensures that the content provided is of sufficient breadth and depth to prepare a medical student for entry into clinical clerkships", which is defined in various aspects of ACCM Standards, and requires the involvement of the school's curriculum committee in ensuring that the faculty oversees the workup of patients by students. Oversight shall consist of: provision of a structured environment for students to work, an academic controlled organisation and supervision by faculty. There should be defined period of clerkship and adequacy of time for study. The faculty of the medical school should ensure practice opportunities (including practical procedures), monitoring of students' clinical experience, fostering problem solving skills, observing student performance and offering timely remediation. The oversight of students includes attendance records and, most importantly, the encouragement required to ensure professional attitudes consistent with patient care.

ACCM Protocol (Exhibit 2 Section VII & VIII) requires the onsite ACCM inspection team to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes. The team is also required to observe lectures and labs in a variety of basic and clinical sciences. The onsite team's report must address the content and structure of the curriculum in meeting the medical school's educational goals. It must also report on the role of the Curriculum Committee in overseeing the curriculum. ACCM Protocol requires the inspection team to evaluate compliance through meeting with Department Chairs and Course directors. The team discusses and reports on the school's integration of the basic science and clinical sciences courses. In addition to observation, this is followed by a Report written up, presented to the Board and on approval, sent to the school and government (Exhibit 9).

In relation to UMHS, students in the Fifth semester will encounter 20 different standardized patients. In Virtual Clinic, standardized patient's exhibit not only specific diseases but also varying personalities, clinical situations, and degree of acuity. In addition, students will encounter 30 hours of actual patients over a five-week period under the supervision of a board-certified physician who are adjunct faculty. Students are introduced to the approach to diagnose abnormalities in each of nine systems. Students are examined in each system separately leading to a final comprehensive OSCE which must be passed to pass the clinical course. The skills that are basic to clinical competence are fully covered (Exhibit 6 & 42).

ACCM Protocol (Exhibit 2 Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations (Exhibit 38). Any recommendations are followed up and monitored by ACCM to ensure implementation occurs (Exhibit 39).

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

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) include requirements that schools of medicine require clinical experience in all of the disciplines listed in this section of the guidelines. The ACCM's Protocol for the Accreditation of Medical Schools (exhibit 2)

describe means for evaluating medical schools in these areas, and the self-studies (exhibits 6), annual databases (exhibits 8), and inspection reports (exhibits 9) demonstrate review of medical schools accredited by the agency relative to this guideline.

Clinical Experience, Question 3

Country Narrative

Answer to 1st Question:

ACCM Standard 4 (Exhibit 1) requires a clinical programme to be oriented towards a future career in medicine and should be offered under close faculty supervision of patient care in hospital and ambulatory facilities at all affiliated hospitals. Faculty of medical schools define the competencies to be achieved by its medical students through medical education programme objectives and are responsible for the detailed design and implementation of the components of a medical curriculum that enable medical students to achieve those competencies and objectives such as statements of the knowledge, skills, behaviours, and attitudes that medical students are expected to exhibit as evidence of their achievement through completion of the programme. Faculty of a medical school defines its medical education programme objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education programme objectives known to all medical students and faculty including ensuring that the learning objectives for each required learning experience (e.g. course, clerkship) are made known to all medical students and those Faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

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

MUA students must complete a total of 42 weeks of clinical clerkships in core specialty areas. During the remaining 30 weeks, students participate in elective clinical clerkships to gain more experience in key areas of medicine and provide them greater insight into specialty areas of particular interest (Exhibit 41). As part of their electives, all MUA students are required to complete four weeks of a Primary Care Elective. The First-time pass rate for MUA students taking the USMLE Step 1 exam during 2016/2017 was 97%. The 2017 Match rate for those students who participated for the 1st time in 2017 was 74%. Historically, the greater majority of students match within a year of graduation.

UMHS has integrated into the basic and clinical science programme the use of the NBME Shelf examinations. These exams are used as a final examination for a variety of courses. Analysing student's performance on these benchmark exams helps both the students and the professors determine how well they compare to the performances of medical students in US medical schools. The UMHS educational programme is designed to teach the fundamental principles of medicine and to provide students with a solid foundation in the basic and clinical sciences to become competent and compassionate physicians. The students develop critical judgment skills throughout the entire programme. The First-time pass rate for UMHS students taking the USMLE Step 1 exam during 2016/2017 was 83%. The 2017 Match rate for those students who participated for the 1st time in 2017 was 72%. Historically, the greater majority of students match within a year of graduation (Exhibition 8 p.35).

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

ACCM Protocol (Exhibit 2 Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations (Exhibit 38 & 39). Any recommendations are followed up and monitored by ACCM to ensure implementation occurs (Exhibit 40).

Answer to Question 2:

ACCM Standard 4 (Exhibit 1) requires that the clinical programme is oriented towards a future career in medicine.

All MUA Fourth-year students are required to complete a four-week Primary Care rotation (i.e., Family Medicine unless an alternative such as Ambulatory Internal Medicine or Ambulatory Paediatrics is approved by the office of the Associate Dean, Clinical Medicine). The purpose of the primary care clerkship is to foster a full understanding and appreciation of an integrative approach to the care of patients and families in a community based setting. Additionally, students will have exposure to primary care in the five core clerkships in Third year in order to understand the philosophy and demands of a primary care setting. The following required clerkships provide experiences in Primary care: (i.e., Family Medicine) required elective clerkship (four weeks), Internal Medicine: a minimum of four weeks in the

12-week rotation emphasizing primary care), Paediatrics: a minimum of three weeks in the six-week rotation emphasizing primary care, and Obstetrics/ Gynaecology: a minimum of three weeks in the six-week rotation emphasizing primary care and women's health. Students also have opportunities to pursue elective clerkships in Ambulatory Internal Medicine, Ambulatory Paediatrics, and additional primary care electives during the final year of their clinical training.

Each UMHS student in the Fifth semester will encounter 20 different standardized patients. In Virtual Clinic, standardized patient's exhibit not only specific diseases but also varying personalities, clinical situations, and degree of acuity. In addition, students will encounter 30 hours of actual patients over a five-week period under the supervision of a board-certified physician who are adjunct faculty. Students are introduced to the approach to diagnose abnormalities in each of nine systems. Students are examined in each system separately leading to a final comprehensive OSCE which must be passed to pass the clinical course. The skills that are basic to clinical competence are fully covered (Exhibit 6 & 42). All MUA and UMHS courses in the 3rd (core) and 4th (elective) years are taught in hospitals in the US and Canada.

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1). Standard 4.3 contains the agency's standards for Clinical Science, which includes requirements for exposure to multidisciplinary areas such as emergency medicine, anesthesiology and supporting disciplines such as clinical pathology and diagnostic imaging. The standards specify that clinical clerkships must take place in inpatient and outpatient settings, and that there should be a sufficient number and variety of patients representing a broad range of commonly occurring diseases. Standards 4.5 Oversight of Clinical Students and 4.6 Structural Environment at Clinical Sites include requirements for oversight of clinical experiences, specifying the types of clinical experiences and several methods of evaluation and feedback. The ACCM provided two clinical site inspection reports (exhibits 39) and annual database reports (exhibits 8) from accredited medical schools documenting assessment of the qualifications of faculty and the types and quantities of experiences students are exposed to in a clinical setting.

Supporting Disciplines

Country Narrative

ACCM require as part of students training in Clinical Medicine, during their introduction to Clinical Medicine Courses on campus and during their hospital rotations, that students are expected to be instructed in diagnostic imaging, clinical pathology and other relevant diagnostic modalities.

ACCM Standard 4 (Exhibit 1) states: A curriculum committee of faculty members is responsible for developing and evaluating a curriculum that provides a general medical education to ensure that its graduates are prepared to pursue further training in the clinical clerkships (Exhibit 41 & 42). The Curriculum Committee designs a programme encouraging students to acquire an understanding of basic scientific knowledge which is fundamental to medicine and subject to regular reviews and updates. The fundamental scientific knowledge of medicine includes new discoveries, new technologies, new understanding of diseases, new diagnostic techniques and new methods of treatment. There should be opportunities available for active learning and independent study to foster the skills necessary for lifelong learning. The curriculum promotes the development of problem-solving skills, communication skills, procedural competency, an understanding of the principles of basic and translational research, and ethics as applied to medicine, and access to service learning opportunities. The curriculum allows students to develop 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 and also enables students to recognise and appropriately address both gender and cultural biases in themselves and others, and in the process of healthcare delivery.

The clinical programme should be oriented towards a future career in medicine and offered under close faculty supervision of patient care in hospital and ambulatory facilities at all affiliated hospitals. The faculty of a medical school define the competencies to be achieved by its medical students through medical education programme objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education programme objectives are statements of the knowledge, skills, behaviours, and attitudes that medical students are expected to exhibit as evidence of their achievement through completion of the programme. The faculty of a medical school defines its medical education programme objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education programme objectives known to all medical students and faculty and ensures that these learning objectives for each required learning experience (e.g. course, clerkship) are made known to all medical students and those Faculty, residents, and others with teaching and assessment responsibilities in those required experiences. There must be appropriate exposure to multidisciplinary areas such as emergency medicine, anaesthesiology and to disciplines supporting general medical practice such as clinical pathology and diagnostic imaging. Whether they are covered in separate courses or in the required courses, the curriculum provides instruction in topics of special concern to society and the practice of medicine. This content and its associated clinical experiences will relate to each organ system, each phase of the human life cycle and continuity of care. In addition, topics must cover prevention, acute, chronic, rehabilitative, end-of-life and primary care in order to prepare the students for the many facets of life as a medical professional. These must promote recognition

of wellness, determinants of health, opportunities for health promotion and disease prevention, recognition and interpretation of symptoms and signs of disease, the development of differential diagnoses and treatment plans. Additional important areas will allow the recognition of the health-related impact of behavioural and socio-economic factors so as to assist patients in addressing health related issues involving all organ systems. Students are commonly advised in their 4th year to take an elective in a subject they wish to know more about (Exhibit 6). The school must provide a structured environment for students to learn and work. Each discipline should be staffed by faculty members from the medical school who report to the chief of department or the course director.

Regarding medical facilities for the clinical training of students, ACCM Standard 4 requires medical schools to secure access to hospitals and to emphasise ambulatory facilities. These facilities shall recommend hospitals accredited by such bodies as the ACGME and the British NHS in all clinical disciplines where undergraduate medical education is offered. ACCM Standard 4 further requires the institution's affiliated clinical teaching to be "of sufficient size, quality and accessibility to serve the needs of the institution", to have a professionally managed and well-stocked library and to offer classroom facilities.

Medical schools are required to "maintain -in force at all times- a clinical site affiliation agreement with each health care facility where students are present" (Exhibit 38). The medical school should define and distribute to students and the supervising faculty members a list of learning objectives and types of patients or clinical conditions that must be seen upon commencement of each clerkship. Core Syllabi for each rotation are supplied to students and faculty (Exhibit 41 & 42).

UMHS Introduction to Clinical Medicine II: introduction is made to core medical information necessary to begin the third year of medical training, building on advances made in the fourth semester of ICM. Didactics are blended with laboratory data interpretation, radiology and other imaging techniques, and electrocardiography, introducing core medical information necessary for the third and fourth years of clinical training. This is carried out in a problem-based learning format stressing a review of the basic sciences, the development of case-centred learning goals and emphasis is placed on the introduction of a series of core medical conditions, integrating behavioural medicine. Critical emphasis is also placed on the development of ethical standards, specialization, as well as education and licensing requirements in the various states.

ACCM also receives an updated Annual Database (Exhibit 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information on clinical experience (Exhibit 33).

ACCM Protocol (Exhibit 2 Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations (Exhibit 38 & 39). Any recommendations are followed up and monitored by ACCM to ensure implementation occurs (Exhibit 40).

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) to demonstrates the agency's standards in this area. Standard 4.3 contains the agency's standards for Clinical Science, which includes requirements for exposure to multidisciplinary areas such as emergency medicine, anesthesiology and supporting disciplines such as clinical pathology and diagnostic imaging. One school's Clinical Medical Handbook (exhibit 42) included discussion of student exposure to diagnostic imaging and clinical pathology. Although the agency's standards include that schools expose students to supporting disciplines, such as clinical pathology and diagnostic imaging, the extent of this requirement is not described in the agency's standards, and supporting documentation, such as annual database reports (exhibits 8), and inspection reports (exhibits 9) do not document the extent of students exposure to supporting disciplines, nor do they reflect review by the agency in this area. ACCM's template institutional self-study does not address this area. The NCFMEA may wish to ask for further information about the agency's requirements regarding the extent of student exposure to supporting disciplines and the agency's mechanisms for assessment in this area.

Country Response

The extent of the medical school's student exposure to supporting disciplines is as outlined below:

MUA students receive exposure to supporting disciplines throughout the Basic Science portion of the programme, especially in the systems-based courses (Systems & Disease I-V) and the Clinical Skills series of courses which provide specific examples of this exposure (Exhibit 41). The Systems & Disease courses integrate Anatomy (with significant use of diagnostic imaging), Pharmacology (which include clinical cases/scenarios including the use of local and general anaesthesia), and Pathology (including pathological processes, test, and radiological imaging) across the systems of the body. The Clinical Skills courses incorporate aspects of all disciplines, including supporting disciplines, through clinical cases and training methods.

During the core clinical clerkships students receive exposure to both emergency medicine and pathological processes/testing in the Internal Medicine, Obstetrics & Gynaecology, Paediatrics and Surgery rotations. Furthermore, students receive exposure to Anaesthesiology in the Obstetrics & Gynaecology and Surgery rotations. Students also have the opportunity to choose elective rotations in these supporting areas. The majority of MUA students choose elective rotations in emergency medicine, anaesthesiology, pathology or diagnostic imaging.

In relation to UMHS, students have exposure to multidisciplinary areas of medicine throughout all four years. During the first two years (Basic Sciences) students are taught imaging/radiology during the course in Anatomy and Neuroscience. Students have a

further 12-credit course in clinical pathology. During the Third and Fourth years, students experience emergency medicine during their Third year as part of the internal medicine core clinical rotation (Exhibit 42). Also, many students elect a Fourth-year elective in Emergency Medicine as well as Anaesthesiology and Radiology. All students in the Surgery and Internal Medicine 12-week core rotations receive considerable multidisciplinary training across many medical subspecialties. This also applies to the Obstetrics/Gynaecology, Paediatrics, and Psychiatry core rotations.

Student's exposure to the breadth of clinical medicine and supporting disciplines is enhanced through curriculum development, and is monitored by regular review of student daily logbooks.

A review of all submitted documentation from the schools is undertaken by ACCM, the Convenor & Deputy Convenor and if there are any queries, these are addressed to the school for a response. Based on the response, this may be accepted or action may be required and the school informed of this. This Standard is reviewed onsite by an inspection team but not explicitly referred to in the Inspection Report. However, ACCM will take note of this and ensure this is included in future Inspection Reports to demonstrate that this is an area that is reviewed onsite and also as a specific part of the Annual Database (Exhibit 68).

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM attested to the exposure of students to supporting disciplines at both medical schools as a regular part of coursework, specifically anatomy, pharmacology, and pathology at one school, and anatomy and neuroscience at the other. The ACCM attested that students are then exposed to supporting disciplines during clinical experiences, as well.

The ACCM attested that this area is reviewed by the on-site inspection team, though it is not explicitly referenced in the report. The ACCM stated their intention to include inspection in this area in future inspection reports and to require reporting in this area in future annual database reports. The ACCM provided its template annual database report form for 2018-2019, which includes a request for information in this area. Neither medical school has yet had an opportunity to use the 2018-2019 annual database report form.

The NCFMEA may wish to see the revised template inspection report the ACCM will use in future to document review of medical schools in the area of supporting disciplines, and a completed inspection report using the revised template, once available. The NCFMEA may wish to review a completed annual database report using the 2018-2019 format, once available. The NCFMEA may wish to request information documenting the request for and review of information in this area in the self-study report template and in a completed self-study report.

Staff Conclusion: Additional Information requested

Ethics, Question 1

Country Narrative

Answer to Question 1:

ACCM expects medical schools to provide teaching of medical ethics and human values within the M.D. programme. ACCM Standard 4 (Exhibit 1) requires the clinical curriculum to include topics of special concern to society and the practice of medicine that includes, among other things, medical ethics, death and dying, domestic violence, alcohol and substance abuse, obesity, child abuse, human sexuality, public health, cost management, mental health issues, health maintenance, and geriatrics. Whether they are covered in separate courses or in the required courses, the curriculum provides instruction in topics of special concern to society and the practice of medicine. This content and its associated clinical experiences will relate to each organ system, each phase of the human life cycle and continuity of care. In addition, topics will cover prevention, acute, chronic, rehabilitative, end-of-life and primary care in order to prepare the students for the many facets of life as a medical professional. These will promote recognition of wellness, determinants of health, opportunities for health promotion and disease prevention, recognition and interpretation of symptoms and signs of disease, the development of differential diagnoses and treatment plans. Additional important areas will allow the recognition of the health-related impact of behavioural and socio-economic factors so as to assist patients in addressing health related issues involving all organ systems.

The MUA Institutional Study (Exhibit 6) provides the following educational experience in MUA's Third semester course - Medical Ethics that includes educational objectives related to ethical issues and human values. Medical ethics and ethical decision making are an integral part of the three cases explored and discussed in the Foundational/Applied Clinical Correlate sessions and is one of the important themes that comprise the Comprehensive Care Issues (CCIs) that are incorporated into these sessions, allowing students to gain a more comprehensive understanding of the issues and how they relate to quality patient care. A specific learning objective for each core clinical clerkship includes the "Bioethics of Care". Additionally, five of the Engaged Learning Experience cases specifically address ethical issues. The programme design prepares students for graduate training and for careers as physicians devoted to the delivery of primary care. Ethical issues are covered in all clinical modules where relevant. MUA provides clinical instructions covering all these aspects (Exhibit 14 & 41).

Answer to Question 2:

The design of the programme shall encourage students to master medical sciences, clinical skills, and to develop a professional demeanour for graduate training. The design of the programme shall also prepare students for careers as physicians devoted to the delivery of primary care. This programme incorporates an understanding of medical ethics and human values. ACCM Standard 4 (Exhibit 1) requires the clinical curriculum to maintain patient trust and public confidence, the faculty develop in the student the appropriate professional attributes of physicians as expected by the public, and to teach students to uphold the highest standards of behaviour, conduct, integrity and ethics. The clinical programme must also offer opportunities to appreciate the importance of basic and translational research as applied to medicine. The clinical programme must continue to develop the students' communication skills, including communications with patients and their families, colleagues and other health professionals.

MUA has formative assessments addressing ethical behaviour that are included in the course, Medical Ethics (Semester 3) (Exhibit 14 & 41). Students are required to participate in weekly formative experiences including vignette-based multiple-choice questions as well as short answer questions. Questions pertinent to medical ethics are included in these exercises. Additionally, aspects of ethical considerations are included in the weekly Foundational/Applied Clinical Correlate sessions. Students in the Medical Ethics Course are assessed through two examinations as well as on the basis of student presentations incorporating ethically-relevant topics. Ethical behaviour on the part of the student is assessed through the competency: Professionalism: Students must demonstrate a commitment to the highest standards of professional responsibility, adherence to ethical principles, and sensitivity in all interactions with patients, families, colleagues, and others with whom physicians must interact in their professional lives. The medical graduate is expected to demonstrate personal integrity, ethical behaviour and altruism. This sub competency (goal) is evaluated in multiple courses in the preclinical phase of the curriculum. During the core clerkships, students receive feedback and are evaluated by the preceptors. The clinical evaluation form completed at the end of each core rotation includes "Compassion, integrity and honesty." In addition, lapses in ethical behaviour can be reported on the MUA Professionalism Form. This form is sent to the office of the Associate Dean for Clinical Medicine for review and action.

In relation to UMHS, Introduction to Clinical Medicine II - an introduction is made to core medical information necessary to begin the Third year of medical training, building on advances made in the Fourth semester of ICM. Didactics are blended with laboratory data interpretation, radiology and other imaging techniques, and electrocardiography, introducing core medical information necessary for the third and fourth years of clinical training. This is done in a problem-based learning format stressing a review of the basic sciences, the development of case-centred learning goals and emphasis is placed on the introduction of a series of core medical conditions, integrating behavioural medicine. Critical emphasis is also placed on the development of ethical standards, specialization, as well as education and licensing requirements in the various states. UMHS students in 3rd year core clinical hospital rotations receive weekly feedback from their clinical instructor (preceptor). By midterm, students are given a summary of performance which includes any weaknesses or deficiency which if not corrected may lead to a failure in the core rotation, thus giving them time to make necessary corrections. At the end of each core clinical rotation students take the NBME Shelf Examination. Students must pass this exam in order to pass the rotation. The Dean as well as instructor provides assistance in helping students to understand their substandard performance. The programme design prepares students for graduate training and for careers as physicians devoted to the delivery of primary care. Ethical issues are covered in all clinical modules where relevant. UMHS provides clinical instructions covering all these aspects (Exhibit 31 & 42).

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) which includes in 4.3.3. the requirement that at least 10 hours of medical ethics be taught. The standards also specify that medical ethics be included as part of the basic sciences 4.2 and clinical sciences 4.6.6, as well as part of the curriculum generally 4.1.8. The ACCM's narrative described the incorporation of medical ethics into each school's curriculum. The ACCM described the evaluations in medical ethics included as part of the MUA curriculum and noted that ethics is included as part of the core competency of professionalism, on which students are regularly assessed. The institutional self-studies provided (exhibits 6) and document the existence of medical ethics courses at both medical schools. However, it is not clear how the ACCM evaluates the mechanisms each school has in place to monitor the success of the instruction in medical ethics. The NCFMEA may wish to ask the ACCM for additional information about how the ACCM evaluates the mechanisms each school has in place to monitor the success of the instruction in medical ethics.

Country Response

Both medical schools cover Medical Ethics in the Curriculum, assessment is as outlined below:

The MUA curriculum includes a 37-hour, Third semester MED711 Medical Ethics course. The evaluations in this course include a final exam, required reflections and a group presentation. In addition to the assessments of students contained in this course, the MUA programme includes a broader competency assessment that covers the entire programme. Students are assessed against these competencies throughout the programme. Students must demonstrate attainment of each competency in order to complete the programme.

In relation to UMHS, Ethics is taught in the physical diagnosis course as well as in behavioural science. Additionally, it is taught as a separate stand-alone course during the first year (Exhibit 71). Numerous ethical dilemmas are presented to students in small

groups who are then challenged to discuss and identify solutions. Ethics questions are also part of the block exams and thus are part of the course grade. Ethical issues are at the heart of the student honour code, which they study, and must demonstrate as they interact with fellow students, teachers, and any professional patients.

In the Fifth semester which takes place in Portland, Maine UMHS students are required to spend two days of the week in doctors' offices and conduct H&Ps, and like all clinical Third and Fourth year students, are graded on the six ACGME Competencies of which one is professionalism which substantially involves ethical behaviour. Students are graded by their Preceptors on their ethical behaviour as exhibited by their interaction with patients, colleagues, and preceptors. Any student who has a failing mark on professionalism would fail the course or rotation regardless of their subject knowledge. More recently, UMHS have added a two-hour Ethics lecture during ICM II as part of their Clinical Therapeutics lecture series. The lecturer gives a case-based lecture and actively engages students in the discussion of deep-seated ethical issues.

As students enter into third-year core clinical rotations and fourth year elective rotations, they are constantly under supervision as they interact with preceptors and medical team members - nurses, social workers, etc. If UMHS students behave unethically, the Preceptor counsels the student and appropriate corrections are made.

Failure to make required changes toward ethical behaviour would become a part of the student's final grade report. Failure on "professionalism" automatically results in a grade of Failure regardless of the grades of the remaining five Competencies.

A review of all submitted documentation from the schools is undertaken by ACCM, the Convenor & Deputy Convenor and if there are any queries, these are addressed to the school for a response. Based on the response, this may be accepted or action maybe required and the school informed of this. This Standard is reviewed onsite by an inspection team but not explicitly referred to in the Inspection Report. However, ACCM will take note of this and ensure this is included in future Inspection Reports to demonstrate that this is an area that is reviewed onsite and also as a specific part of the Annual Database (Exhibit 68).

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM provided documentation of assessment in this area through professional conduct assessments that occur throughout the medical student's education. The agency described the inclusion and delivery of an ethics curriculum at each school.

The ACCM attested that this area is reviewed by the on-site inspection team, though it is not explicitly referenced in the report. The ACCM stated their intention to include inspection in this area in future inspection reports and to require reporting in this area in future annual database reports. The ACCM provided its template annual database report form for 2018-2019, which includes a request for information in this area. Neither medical school has yet had an opportunity to use the 2018-2019 annual database report form.

Staff Conclusion: Additional Information requested

Communication Skills, Question 1

Country Narrative

Answer to Question 1:

ACCM does require specific instruction by medical schools regarding communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.

ACCM Standard 4 (Exhibit 1) requires that medical education programme objectives are statements of the knowledge, skills, behaviours, and attitudes that medical students are expected to exhibit as evidence of their achievement through completion of the programme. ACCM requires the clinical curriculum: to maintain patient trust and public confidence, the faculty develop in the student the appropriate professional attributes of physicians as expected by the public, and to teach students to uphold the highest standards of behaviour, conduct, integrity and ethics. The clinical programme must also offer opportunities to appreciate the importance of basic and translational research as applied to medicine. The clinical programme must continue to develop the students' communication skills, including communications with patients and their families, colleagues and other health professionals. Faculty must regularly assess and provide a written evaluation of the student's clinical skills, knowledge, and attitudes on each rotation. The quality and effectiveness of instruction is the most important standard of the educational programme and is overseen by a curriculum committee. Instructional techniques correspond to the objectives of each course, bear relationship to the general abilities of the student, and to the general school standards of quality. To ensure that students possess the intelligence, integrity, personal and emotional characteristics perceived as necessary to become effective physicians, ACCM Standard 6 (Exhibit 1) requires that medical schools admit only those new and transfer students with these attributes. The school's admission committee must assess the proficiency of an applicant's writing skills and verbal communication skills as part of the admissions process.

ACCM Standard 4 (Exhibit 1) defines professional support and encouragement. Supervising faculty members are expected to act as mentors and regularly demonstrate to students the values, attitude, and conduct physicians must practice in order to develop trusting working relationship with patients. Therefore "faculty should regularly observe, critique, and promote and evaluate the

development of appropriate professional attributes in clinical students.”

Answer to Question 2 (see Exhibit 62 MUA/UMHS Communication Skills):

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

In the MUA Institutional Self-Study (Exhibit 6), the university’s mission is to provide students of diverse backgrounds who exhibit a passion for the field of medicine with the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing clinician along with the skills and confidence needed to critically evaluate and apply new information. MUA defines its intended learning outcomes in terms of the competencies students are expected to achieve before completing the programme, which are set forth in detail in the MUA Student Handbook (Exhibit 26), MUA Road to Residency Guide (Exhibit 27) and the MUA Clinical Medicine Handbook (Exhibit 43), as follows:

Patient Care: Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of illness and the promotion of health.

Scientific & Medical Knowledge: Students must demonstrate knowledge about established and evolving biomedical, clinical, and associated sciences and application of this knowledge to the practice of medicine throughout the life cycle.

Lifelong Learning, Scholarship, & Collaboration: Students must be able to examine and evaluate their patient care practices, appraise and assimilate scientific evidence, and use this information to improve their abilities.

Professionalism: Students must demonstrate a commitment to the highest standards of professional responsibility, adherence to ethical principles, and sensitivity in all interactions with patients, families, colleagues, and others with whom physicians must interact in their professional lives.

Communication & Interpersonal Skills: Students must display interpersonal and communication skills that foster effective information exchange and build rapport with patients, their families, and professional associates.

Social & Community Context of Healthcare: Students must demonstrate knowledge of and responsiveness to the larger context of health care and the ability to effectively call on system resources to provide care that is of optimal value to the health of the individual and of the community.

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

Answer to Question 2:

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

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

ACCM Protocol (Exhibit 2) requires the inspection team to evaluate compliance through meeting with Department Chairs and Course directors. The team discusses and reports on the school’s integration of the basic science and clinical sciences courses. In addition to observation, this is followed by a Report written up and sent to the school and government (Exhibit 9).

ACCM Protocol (Exhibit 2: Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations (Exhibit 39). Any recommendations are followed up and monitored by ACCM to ensure implementation occurs (Exhibit 40).

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

Analyst Remarks to Narrative

The ACCM’s Standard 4.1.8 (exhibit 1) includes the requirement that the curriculum promote the development of communication skills. Standard 4.3.6 requires that the clinical program will continue to develop the students’ communication skills, including communications with patients and their families, colleagues and other health professionals. Standard 4.6.8 requires faculty to regularly assess and provide a written evaluation of students on rotation, including their communication skills. The ACCM provided documentation of its means for evaluating a medical school’s mechanisms for monitoring and evaluating its instruction in communication skills. The ACCM collects annual database reports (exhibit 8) and institutional self-studies (exhibits) whereby a medical school reports on data collected in these areas, as well as interim inspection reports (exhibits 9) and clinical site reports (exhibits 39) which document the ACCM’s assessment of the school’s mechanisms in this regard. The ACCM provided documentation of several instruments used by the schools to evaluate their instruction in communication skills, such as student logs

(exhibits 56) and clerkship student evaluations (exhibits 57).

Design, Implementation, and Evaluation, Question 1

Country Narrative

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

ACCM Protocol (Exhibit 2 Section VII) requires an ACCM inspection team to evaluate the effectiveness of the institution's system of programme evaluation by appraising the programme outcomes and the mechanisms used to collect information and the extent to which the institution uses the information to improve the curriculum and instruction. ACCM Protocol also requires the onsite ACCM inspection team to review overall curricular objectives, course content, laboratory exercise, the types and number of patients available for teaching purposes which would include assessing communication skills. The ACCM team is also required to observe lectures and labs in a variety of basic and clinical sciences. The onsite ACCM evaluation team's report must address the content and structure of the curriculum in meeting the medical school's educational goals. It must also report on the role of the Curriculum Committee in overseeing the curriculum. ACCM Protocol requires the onsite ACCM inspection team to evaluate compliance through meeting with Department Chairs and Course directors. The ACCM team discusses and reports on the school's integration of the basic science and clinical sciences courses. In addition to observation, a Report is written up, presented to the ACCM Board and on approval, and sent to the school and government (Exhibit 9).

ACCM Protocol (Exhibit 2 Section VII) also requires ACCM to inspect all clinical sites at least once or more during an accreditation period and following an inspection, a Report is written up and sent to the school which may include recommendations which would also include Faculty involvement (Exhibit 39).

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

For example: Based on MUA first time takers in 2016-2017 the pass rate on the USMLE Step 1 examination was 97% and for all takers the total pass rate for the same period was 99% percent (Exhibit 8 p.p.24). The MUA Annual Database Report 2016-2017 states "Students entering the 5th semester are require to pass USMLE Step 1 prior to entering the clinical science semesters. The NBME subject shelf tests are used in Basic Sciences, Introduction to Clinical Medicine (ICM) and all Clinical Sciences courses. MUA requires students to pass USLME Step 2 on completion of studies. First time Pass Rates of 91% in CK and 90% in CS from 1st July 2016 to 30th June 2017 were achieved by MUA students. MUA graduates from 1st July 2016 through June 30th 2017 had a 72 % residency placement in a large number of residency programmes (Exhibit 8 p.p.35-36). Residency Programmes where MUA residents have been accepted include Brown University, John Hopkins, Vanderbilt, McGill and others (Exhibit 50).

Based on UMHS first time takers in 2016-2017 the pass rate on the USMLE Step 1 examination was 88% and for all takers the total pass rate for the same period was 87% percent The UMHS Annual Database Report 2016-2017 states "Students entering 5th semester are require to pass USMLE Step 1 prior to entering the clinical science semesters. The NBME subject shelf tests are used in Basic Sciences, Introduction to Clinical Medicine (ICM) and all Clinical Sciences courses. UMHS requires students to pass USLME Step 2 on completion of studies. First time Pass Rates of 72% in CK and 85% in CS from 1st July 2016 to 30th June 2017 were achieved by UMHS students. As an alternative to the comprehensive, UMHS require students to take the Kaplan post examination in the 5th semester. Students must pass the Kaplan post examination to qualify for USMLE Step 1. In the future, UMHS will require students to pass either the NBME Clinical Comprehensive Examination or the Kaplan Clinical Comprehensive Examination before they are certified to sit for the USMLE Step 2 CK examination (Exhibit 8 p.p.22-24).

UMHS is not engaged in direct residency training. Residency directors from time to time communicate with UMHS on the quality of our clinical preparation of students. This is not a formal relationship. Continuing Medical Education (CME) however is applicable to all aspects of medical education. Medical teaching is fluid and without constant learning education will calcify and become second rate. At the medical school faculty level CME is stressed and encouraged. Innovation comes from experience and an open mind to new ways to get the clinical message across. Without lifelong learning the public will not be served and patients will suffer. UMHS

is fully aware of the challenges ahead for residency opportunities for its students. The UMHS teaching programme is geared to prepare students for the future by very intense clinical teaching throughout the entire four years of study. As CME is an avenue to lifelong learning UMHS students will naturally embrace this professional commitment. Evidence for this outlook is already present based on UMHS graduates from 1st July 2016 through June 30th 2017 having a 72 % residency placement in a large number of residency programmes in U.S. and Canada (link: <http://www.umhs-sk.org/index.php/m-d-licensing/match-results>) (Exhibit 6).

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) and Protocol for the Accreditation of Medical Schools (exhibit 2). Standard 4.8 requires that medical schools have a curriculum committee of faculty members which develops and evaluates the curriculum. Involvement by the administration is specified, as well. The ACCM's narrative described requirements for the structure and evaluation of the curriculum by the committee. The ACCM also described the site visit team's requirements for evaluation of the curriculum, which includes meetings with the curriculum committee, the chair, and the course directors as well as a report on the curriculum's structure and content. The ACCM collects and reviews information about curricular objectives and outcomes from the medical schools through institutional self-studies (exhibits 6), annual databases (exhibits 8) and review of the meeting minutes of the curriculum committees (exhibits 15). The ACCM regularly collects and reviews information in this area, assesses it during site visits, and prepares reports.

Design, Implementation, and Evaluation, Question 2

Country Narrative

Answer to Question 1: Yes, ACCM does require each medical school to have its own system for evaluating effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation. Medical schools must adhere to standards by fully complying with ACCM Standards and Protocol (Exhibit 1 & 2, Standard 4, 8 & 12) which requires each medical school to have its own evaluation system to ensure the effectiveness of its curriculum, including any required changes. ACCM Standard 4 requires the school, in order to remedy those areas of the curriculum which require strengthening, that the curriculum committee continuously evaluates curriculum weaknesses, goals, content, effectiveness, method of instruction and the degree to which the school goals are achieved. Curricular effectiveness may be measured by student attrition rate, student performance on standardised examinations, percentages of graduates accepted into residency training programmes, percentage of eligible graduates passing USMLE and professional licensing examinations, follow ups of graduates in employment, and sampling the opinions of students and graduates.

ACCM Standard 4 (Exhibit 1) states that medical schools must have a Curriculum Committee of faculty members responsible for developing and evaluating a curriculum that provides a general medical education so that graduates are prepared to pursue further training at the graduate level. The goal of the Curriculum Committee is to design a programme that encourages students to acquire an understanding of basic scientific knowledge, a fundamental to medicine. The committee must develop a programme that promotes problems solving skills, an understanding of the principles of basic and translational research as applied to medicine and access to service learning. In addition, the curriculum must have an orderly sequence of courses.

MUA recently completed an extensive and comprehensive revision of both Basic Sciences and Clinical Medicine sections of the curriculum (Exhibit 32 & 41). The principal features of the revised Basic Science curriculum include a decrease in the passive learning component with a concomitant increase in active learning. Overall time spent in the classroom was decreased, allowing for an increase in student-centred activities (e.g. formative assessment exercises). The incorporation of enhanced clinical skills instruction (professionalism, communication, etc.) is also a key feature. In addition, critical appraisal of the primary literature is incorporated throughout the curriculum allowing students to become facile with this important skill that will continue to be central to their life-long learning. The revised curriculum progresses from foundational material through integrated courses and finally into a systems-based approach. The entire revised curriculum is mapped via the LCMS+ curriculum mapping package. The goals for the Basic Science curricular revision include alignment with the principles of MUA (Exhibit 6).

At UMHS, the institutional responsibility for planning, implementation, evaluation, management, and oversight of curriculum is defined in the Faculty Handbook (Exhibit 28) and rests principally with Faculty (Exhibit 41 & 42). The process of curriculum management and evaluation is focused in two areas: formative assessment of the attainment of knowledge and clinical competency of the students and a broader summative programme assessment that examines all dimensions of the learning experience. The procedure for curriculum design and continuous evaluation rests on the shoulders of the faculty curriculum committee. The committee is appointed each year by the Deans of the basic and clinical sciences. The committee is made up of basic and clinical science faculty members, the Director of the Maine campus, and a student representative. The curriculum committee's responsibilities are clearly described in the Faculty Handbook (Exhibit 28). The committee evaluates the curriculum and makes recommendations to the Deans as to changes, which are perceived to increase the quality of the medical programme. Approved changes by the Deans are forwarded to the President and on approval, on to the board for final approval. The curriculum committee conducts a comprehensive, ongoing, review of the entire preclinical curriculum. Each semester, the committee reviews all courses within a given semester (e.g., Semester one was evaluated during the fall semester of 2014, Semester two was evaluated in the winter semester of 2015, and Semester three during the Spring of 2015). The evaluation includes a course self-

study prepared by the course coordinator, review of shelf exam and Kaplan pre-test scores in the discipline, student course evaluations and a meeting between the course coordinator and the curriculum committee. Additionally, course coordinators are asked to indicate areas covered in the NBME content outline for USLME Step 1. This allows the Committee to evaluate the curriculum as a whole with no gaps or excessive redundancy. The committee also maintains a list of clinical conditions and medications, which are discussed in each course, are posted and available to all faculty to help promote coordination of content between courses. Over the past two years, faculty have identified multiple ways the curriculum could be improved and through the curriculum committee with the support of the administration, significant progress has been made to ensure an even more robust curriculum. UMHS policies and procedures in place have been effective in rectifying curriculum-related problems. One recent example of a curriculum-related issue involved slightly modifying the order of courses taught in the five semester EBS (extended basic sciences) tract to better match that of the four semester MED tract. Specifically, it was noticed that the EBS students lacked exposure to key concepts in Immunology necessary to truly master some of the concepts in Microbiology. Immunology was taught during the same EBS semester (EBS3). To rectify this problem, the Curriculum Committee with the input from the students and the faculty crafted a revised order of classes in the EBS curriculum. Immunology was moved from EBS3 to EBS2, thus the students would have prior exposure to Immunology before taking Microbiology (similar pattern as the MED tract). Behavioural Sciences was moved from EBS2 into EBS4. Thus, it would be taught in the same semester as Neuroscience and after the students completed Physiology (again, similar pattern as the MED tract). Epidemiology was moved from EBS4 to EBS3 semester. These changes also helped balance out credit hour loads per semester (Exhibit 6).

ACCM Protocol requires the onsite ACCM inspection team to review and report on the institutions system of programme evaluation (Exhibit 2 Section VII, VIII & IX) in a written report (Exhibit 9 & 13). ACCM receives a formal updated Annual/Cohort Databases (Exhibit 7 & 8) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects including evaluation of the curriculum process which also includes Minutes of Curriculum Committee (Exhibit 15).

Answer to Question 2:

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

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation and Protocol for the Accreditation of Medical Schools (exhibit 1 and 2) to document its standards and assessment regarding curricular evaluation and revision. The ACCM requires each medical school to have its own system for evaluating and revising its curriculum. The schools engage in formative and summative assessments of the curriculum, using data such as student attrition, student performance on examinations, residency placement, USMLE passage rates, employment of graduates, and student opinion surveys. The ACCM's site visit team reports on the curriculum evaluation process, and the ACCM collects information about all stages of curricular development and evaluation through institutional self-studies (exhibits 6) and annual databases (exhibits 8). The ACCM reviews other supporting documentation such as the curriculum and faculty committee meeting minutes, as well as changes to the curriculum from year to year.

Design, Implementation, and Evaluation, Question 3

Country Narrative

Answer to Question 1:

Medical schools must adhere to ACCM standards by fully complying with ACCM Standards of Accreditation (Exhibit 1 & 2, Standard 4, 8, 12 & 14). ACCM Standard 4 requires the medical school to have a curriculum committee of faculty members who shall be responsible for developing and evaluating a curriculum that provides a general medical education to prepare its graduates to pursue further training and for careers as physicians devoted to the delivery of primary care. The system to evaluate the curriculum requires the curriculum committee to continuously evaluate curriculum weaknesses, goals, content, effectiveness, method of instruction and the degree to which the institutional achieves its goals. A school may measure the effectiveness of the curriculum by student attrition rate, student performance on standardized examinations, percentages of graduates accepted into residency training programmes, percentage of eligible graduates passing the NBME Shelf, USMLE Steps 1 & 2, and other professional licensing examinations, follow ups of graduates in employment and sampling the opinions of students and graduates. The curriculum committee of faculty may use these data sources to strengthen the curriculum. For example: Based on MUA first time takers in 2016-2017 the pass rate on the USMLE Step 1 examination was 97% and for all takers the total pass rate for the same period was 99% percent (Exhibit 8 p.24). Based on UMHS first time takers in 2016-2017 the pass rate on the USMLE Step 1 examination was 83% and for all takers the total pass rate for the same period was 87% percent (Exhibit 8).

ACCM receives a formal updated Annual Database (Exhibit 8) and Cohort Databases (Exhibit 7) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. In relation to the new Cohort Databases: Every February, each medical school sends ACCM its Annual Database Report which covers the previous academic year (July 1 – June 30). This report records the activities of the entire medical school and is based on LCME guidelines. However, over recent years, some problems have arisen as this LCME-based instrument is designed to cover a single annual

intake of students, whereas most Caribbean schools have three intakes, or cohorts, of students each year - January, May and September. To help ACCM to better understand the journey of each cohort through the medical schools ACCM accredits, ACCM requires short Cohort Database Reports, in addition to the Annual Database Report, to be completed by the medical school and returned together by 1st February. The Cohort Database Report consists of questions concerning Admissions, Enrolment, USMLE, Graduation and Residency. In February 2017, ACCM asked for reports on the January 2016 and May 2016 Cohorts so it is possible to fill in data regarding Admissions and Enrolment – subsequent data for these cohorts will be added in February 2018, February 2019 and February 2020, so these are 'living documents' which will be added to in a prospective study. In February 2018, ACCM asked for reports on the January 2017 and May 2017 Cohorts and it is possible to fill in data regarding Admissions and Enrolment only at that stage. Subsequent data for these cohorts on USMLE, Graduation & Residency (i.e. Q 42, 43, 52 & 54) are not available yet but will be added in February 2018, February 2019 and February 2020. These are 'living documents' which will be added to in future years to show how the January 2016 cohort fared. The school is required to answer a list of questions (the Annual Database) covering all major aspects of the governance of the school including evaluation of the curriculum process and provide Minutes of Curriculum Committee (Exhibit 15).

The MUA Annual Database Report 2016-2017 states "Students entering 5th semester are required to pass USMLE Step 1 prior to entering the clinical science semesters. The NBME subject shelf tests are now used in Basic Sciences, Introduction to Clinical Medicine (ICM) and all Clinical Sciences courses. MUA requires students to pass USLME Step 2 in order to graduate. Pass Rates of 91% in CK and 90% in CS from 1st July 2016 to 30th June 2017 were obtained by first time takers at MUA. From 1st July 2016 through June 30th 2017, MUA had a 74% residency placement of those who applied to the National Residency Matching Program (NRMP) (Exhibit 8 p.p. 35-36). Out of 87 students, three chose alternate career paths, such as administration or doctoral programmes.

The UMHS Annual Database Report 2016-2017 states "Students entering 5th semester are required to pass USMLE Step 1 prior to entering the clinical science semesters. The NBME subject shelf tests are now used in Basic Sciences, Introduction to Clinical Medicine (ICM) and all Clinical Sciences courses. UMHS requires students to pass USLME Step 2 in order to graduate. Pass Rates of 72 % in CK and 85% in CS from 1st July 2016 to 30th June 2017 were obtained by first time takers at UMHS. From 1st July 2016 through June 30th 2017, UMHS had a 72% residency placement of those who applied to the National Residency Matching Program (NRMP) (Exhibit 8).

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

Answer to Question 2:

The medical school must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation (Exhibit 1 & 2, Standard 4, 8, 12 & 14).

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

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation and Protocol for the Accreditation of Medical Schools (exhibits 1 and 2) to document its standards and assessment regarding design, implementation and evaluation of a medical school's curriculum. The ACCM requires each medical school to have its own system for evaluating and revising its curriculum. The schools collect and report on data such as student attrition, student performance on examinations, residency placement, USMLE passage rates, employment of graduates, and student opinion surveys. The ACCM's site visit team reports on the school's incorporation of data in its improvement process, and the ACCM collects information about all stages of program evaluation and improvement through institutional self-studies (exhibits 6) and annual databases (exhibits 8). The ACCM reviews other supporting documentation such as the minutes of the promotion committees, the faculty committees, and the curriculum committees (exhibits 15), as well as cohort databases (exhibits 7).

Country Narrative

Answer to Question 1:

ACCM Standard 6 (Exhibit 1) requires that the school admits only those new and transfer students who possess the intelligence, integrity and personal and emotional characteristics that are perceived as necessary to become effective physicians. New and transfer students must have taken a medical school admission test such as MCAT as part of medical schools' admission practices to ensure they have the competency to become effective physicians.

The MCAT is requested of North American resident students at MUA and is a consideration for admissions. Admitted students must submit their test results prior to enrolling into MUA. The MUA Admissions Committee uses MCAT scores to assist in the Admissions decision but does not base decisions solely on these scores. The school collects an MCAT transcript from prospective students which include information on all takes of the MCAT for that student. The transcript and its information is part of consideration of a student in the admissions process. The school's database only records a single MCAT score for applicants. The MCAT transcript, however, becomes part of each student's permanent application file. MUA administration develops a biennial strategic plan that is reviewed annually for progress and a strategic plan is prepared by senior administration with input from various special Committees, Curriculum Committee, as well as other members of the faculty and administration. The MUA strategic plan (Exhibit 55) and midterm reviews are presented to the Board of Trustees for review and approval. MUA's institutional competencies define the essential qualities of a physician. These competencies also serve as a guide for the learning objectives of the programme, and provide a framework for evaluating the curriculum along with the institution as a whole. The institutional competencies also provide the framework for developing the strategic plan. Among the elements considered in this plan are the availability of an applicant pool of sufficient quality and quantity. The size, quality, scope and accessibility of the: Library, Faculty offices, Faculty, Inpatient and ambulatory care facilities, patient numbers in each of the clinical disciplines, Administrative and managerial resources, Financial resources, demands from other educational programmes which may result in dilution of resources. In addition to the strategic plan, senior administration and the Office of the Associate Dean of Clinical Medicine assess the appropriateness of clinical training resources, both in terms of quantity and quality. The review of clinical training facilities includes annual site visits to each site, as well as ongoing monitoring of student patient logs and notes to help ensure adequate exposure to required clinical encounters and procedures as defined in the core clinical clerkship syllabi.

ACCM receives an updated Annual Database (Exhibit 8) and Cohort Databases (Exhibit 7) from the medical school in February each year and a biennial Institutional Self-Study (Exhibit 6) which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including MCAT results and the number of times students have taken the MCAT exam (Exhibit 8). The total mean scores for all MUA students admitted in 2017 was 17 and 486 (Exhibit 8 p.4). The number of times that students took the exam is between one and six times. The average MCAT result for new students matriculating in 2016-2017 was between 87%, 89% and 80% depending on the semester (Exhibit 8 p.9). For UMHS students admitted in 2017, it was 485 (Exhibit 8 p.4). The number of times that students took the exam twice was 68. The average MCAT result for new students matriculating in 2016-2017 was between 95%, 96% and 84% depending on the semester (Exhibit 8 p.5).

Answer to Question 2:

ACCM Standard 6 (Exhibit 1) requires that students must have taken a medical school admission test such as MCAT as part of medical schools' admission practices to ensure they have the competency to become effective physicians. Admissions, MCAT and GPA scores are monitored annually through review of Annual Database and any exceptions to the above rules must be justified to ACCM. The progress and outcomes of any students admitted under an Exceptions rule are closely monitored by ACCM. During an onsite inspection, ACCM Protocol (Exhibit 2: Section VII, VIII, IX) requires the ACCM team to report on the school's admission policies, student selection requirements, the structure and role of the admission committee in the admission process, the demographics of the freshman class over a three-year period, implementation of the school's readmission policies and policies on the admission of transfer students followed by a written Report which on approval by the ACCM Board is sent to the school and government (Exhibit 9 & 13).

ACCM also monitors the information provided by the school in the Annual and Cohort Database Reports on the application pools, GPA and MCAT categories of present and projected students lists (Exhibit 8 & 7). ACCM Protocol (Exhibit 2 Section VII, VIII & IX) requires the onsite ACCM inspection team to evaluate the effectiveness of the institution's system of programme evaluation including Admissions criteria to ensure the highest standard and calibre of students are admitted followed by a written Report which on approval by the ACCM Board is sent to the school and government (Exhibit 9). If ACCM found that a school was not meeting the minimum admission requirements as set out by ACCM and was not in compliance with ACCM Standards (Exhibit 1), the school would be informed and given a period of time to remedy this issue. If it was the case that the school did not progress or achieve this, in accordance with ACCM Protocol (Exhibit 2 Section X), ACCM would consider whether the school was still in compliance and may decide to put the school on a Probationary Accreditation status.

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

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) which outlines several requirements for admissions, including the use of entrance exams. The ACCM provided annual database reports (exhibits 8) which demonstrate the collection of information

from the medical schools about whether they require the MCAT, what the average scores are, how many times students took the test, and what percentage of students took the test. For instance, at MUA, the percentage of students who took the MCAT in 2016-2017 was 87% for those enrolling in September, 89% for those enrolling in January and 80% for those enrolling in May. The ACCM provided its inspection reports (exhibits 9) which demonstrate review by the site team of the MCAT data. The ACCM described several types of data collected concerning admissions, including GPA, number of applicants, number of applicants offered admissions, and the MCAT. While the ACCM's standards require that medical schools consider several factors, such as medical school entrance exams, in its decisions, it isn't clear how the data collected is applied in the ACCM's evaluation of the medical schools. The NCFMEA may wish to request more information about how the ACCM uses the data collected on admissions in its evaluation of the medical schools.

Country Response

ACCM assesses the total suite of criteria for admission for each school (of which the MCAT is one). It is in this context that the ACCM analyse the MCAT data. As well as Admissions criteria, ACCM pays close attention to attrition rates, particularly those relating to academic failure to progress

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM described its assessment of medical schools in this area as including the total suite of criteria for admission for each school, including MCAT, and stated that it pays close attention to attrition rates, particularly those relating to academic failure and progress. While the agency requests data from each school regarding several characteristics of each entering cohort, it isn't clear how the agency uses this data in its evaluation of the medical schools. The NCFMEA may wish to request more information about how the ACCM uses the data collected on admissions in its evaluation of the medical schools.

Staff Conclusion: Additional Information requested

Admissions, Recruiting, and Publications, Question 2

Country Narrative

Answer to Question 1:

ACCM has established requirements for medical school student admissions in Standard 6 (Exhibit 1) and in addition, ACCM Standard 6 recommends that the Admissions Committee develop a process to evaluate and screen applicants for the attributes and characteristics cited above in an orderly process that is applied uniformly. ACCM encourages the Admissions Committee to conduct personal interviews in which screening of applicants includes, among other things, the following: Grade point averages, the type and degree of difficulty of courses taken, scores on the medical school admission test, proficiency of the applicant's writing skills, proficiency of the applicant's communication skills and evaluations from school pre-professional committees or undergraduate faculty members. Regarding re-admission, ACCM Standard 6 requires the institution to define its policy regarding students who were suspended or dismissed for academic and non-academic reasons. ACCM requires the institution's policy and criteria for readmission to meet or exceed its admissions standards on aptitude, health, character, and motivation. Also, ACCM requires a medical school to define its policy on acceptance of transfer credits and not permit a transfer to occur beyond the sophomore year.

ACCM receives a formal updated Annual Database (Exhibit 8) and Cohort Databases (Exhibit 7) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including Admissions and providing Minutes of the Admissions Committee (Exhibit 15). ACCM Protocol requires the onsite ACCM inspection team to review and report on the institutions system of programme evaluation including Admissions (Exhibit 2 Section VII, VIII & IX) followed by a written Report which on approval by the ACCM Board is sent to the school and government (Exhibit 9). ACCM also monitors the information provided by the school in the Annual and Cohort Database Reports on the application pools, GPA and MCAT categories of present and projected students lists (Exhibit 8 & 7).

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

Applicants are accepted based upon the presumption that all of their statements, both oral and written, are true and that all documents are authentic. If it is later discovered that false or inaccurate information was submitted, MUA may nullify acceptance into the programme, or if the student is registered, dismiss the student. Students or graduates of any accredited school or university in the world are invited to apply to MUA. Applicants from the United States (who are U.S. citizens or have permanent

visas) or Canada are expected to have a minimum of three years of undergraduate studies or the equivalent of 90 semester hours or 135 quarter hours, including pre-medical requirements from an accredited school or university. Education Requirements: The following courses are considered standard pre-medical requirements for admission with exceptions considered on an individual basis: Biology, Chemistry, English, General biology or zoology, Inorganic chemistry, Organic/Biochemistry, Physics, Mathematics and others - broad background in humanities, social sciences or physical sciences and computer skills. Admissions Process: The MUA Admissions Committee evaluates candidate's potential based upon certain criteria: Intellectual and academic ability, Communication skills, both oral and written, Goals for entering the medical field, Letters of recommendation and personal statement, Knowledge of international medical education, Special talents, hobbies, interests and international travel, Personal qualities such as spontaneity, enthusiasm, motivation, perseverance and sound judgment, Willingness to work as a team member, function effectively under stress and display flexibility, Community service and leadership skills, Volunteer experience, work or research in the medical field.

UMHS's institutional objectives are of selecting the highest qualified students and providing them with a challenging and comprehensive basic science educational programme in combination with a comprehensive clinical science curriculum exposing students to all the specialty and subspecialty medical fields, which are a major part of ensuring that graduates are competent to provide medical care for all career options in medicine. UMHS has four admissions offices in New York, Michigan, California, and Florida and the primary function is to recruit qualified students throughout the United States, Canada, and Puerto Rico. Admissions staff are highly trained in the standards for admissions which UMHS publishes. Students learn of UMHS through many media resources including the UMHS Website, college poster campaigns, print and web advertising campaigns, college visits, attendance at AMSA and NAAHP conferences, open houses at regional sites, monthly telephone conference calls with perspective students and senior administrators, current students and graduates. Also, more recently, webinars have brought information about UMHS to prospective students. Considerable time is spent in answering students' questions and concerns. Qualified students are encouraged to apply through an online portal which expedites the admissions process. Once all required documents are received, the admissions directors collect these documents, summarize overall and science grade point averages, and submit all the documents electronically to the Faculty Admissions Committee in St. Kitts. Typically, the process of decision making and reporting a decision takes less than a week. Students are provided information regarding financial aid and available scholarships. On average for a class of 100 students, UMHS would receive 400 applicants. Of the 400 applicants, approximately 160 would be accepted. Of those 160 accepted, approximately 100 would enrol on the campus in St. Kitts. Of the 240 that did not gain entrance, the majority either did not meet all the admissions requirements or did not have an acceptable GPA or MCAT scores. In order to validate the admissions standards, the Admissions Committee measures academic performance of each student throughout the programme and considers such variables as undergraduate and pre-med performance, MCAT scores, medical school GPA, USMLE scores, and residency placement statistics.

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) which outlines several requirements for admissions. The standards for what elements must be reviewed as part of the admissions process are set by the agency, with each medical school setting its own requirements that meet the agency's standards. The ACCM provided annual database reports (exhibits 8) which demonstrate the collection of information from the medical schools about several aspects of the admissions process. The ACCM provided its inspection reports (exhibits 9) which demonstrate review by the site team of admissions data. The ACCM described several types of data collected concerning admissions, including GPA, number of applicants, number of applicants offered admissions, and the MCAT.

Admissions, Recruiting, and Publications, Question 3

Country Narrative

Further Answer to (b) Question 2:

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

Answer to (c):

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

ACCM Standard 6 suggests that the Admissions Committee develop a process to evaluate and screen applicants for the attributes and characteristics cited above in an orderly process that is applied uniformly. ACCM encourages the Admissions Committee to conduct personal interviews in which the screenings of applicants include amongst other things, the following: grade point averages, the type and degree of difficulty of courses taken, scores on the medical school admission test, proficiency of the applicant's writing skills, proficiency of the applicant's communication skills and evaluations from school pre-professional committees or undergraduate faculty members. Regarding re-admission, ACCM Standard 6 requires the institution to define its policy regarding students who were suspended or dismissed for academic and non-academic reasons. ACCM requires the institution's policy and criteria for readmission to meet or exceed its admissions standards on aptitude, health, character, and motivation. Also, ACCM requires medical schools to define its policy on acceptance of transfer credits and not permit a transfer to occur beyond the sophomore year.

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

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

MUA's mission is to provide students of diverse backgrounds who exhibit a passion for the field of medicine with an opportunity to acquire medical and clinical expertise needed for a successful career as a practicing clinician along with the skills and confidence needed to critically evaluate and apply new information. MUA attracts a diverse pool of students. Geographically, about 40% of students come from Canada, and 59% from the United States. Men and women each represent approximately half of the student body. Further, MUA provides the opportunity for significant numbers of students from backgrounds traditionally under-represented in medicine. MUA students' success in the USMLE exams and graduates' success in being selected for post-graduate residency training programmes are evidence of achievement with regard to giving graduates the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing physician. All MUA students must pass USMLE Step 1 prior to entering clinical rotations (Years 3 & 4) and must pass Step 2CK and Step 2CS prior to graduation. While success on these exams does not fully measure students' achievement of learning objectives, it is a good barometer of how MUA students perform relative to graduates of U.S./Canadian and other foreign (non-U.S./Canadian) medical schools. In addition to a continued strong performance in USMLE exams, MUA continues its track record of success placing students in post-graduate residency training programmes. Many of these graduates are enjoying success as chief residents or fellows in leading U.S. teaching hospitals. In 2017, MUA graduated 93 students, 74% of whom have received residencies and included in these residencies are some of the most reputable teaching hospitals and institutes in the United States and Canada (Exhibit 50). To ensure that students achieve these learning objectives prior to graduating from the Medical University of the Americas, MUA assesses these competencies throughout the programme of medicine, and maintains a competency-based transcript for students. Students must demonstrate satisfactory achievement of each competency (including sub-categories thereof) in order to graduate (Exhibit 6).

UMHS institutional objectives are of selecting the highest qualified students and providing them with a challenging and comprehensive basic science educational programme, in combination with a comprehensive clinical science curriculum exposing students to all the specialty and subspecialty medical fields, are a major part of ensuring that graduates are competent to provide medical care for all career options in medicine. UMHS is committed to educating uniquely skilled and diverse medical professionals eager to meet the need for physicians in various settings throughout the United States and the world. With a focus on quality patient care and utilizing the latest in advanced technological instruction and personalized education, UMHS's aim is to produce genuinely passionate physicians highly prepared for practice in a changing medical landscape.

Analyst Remarks to Narrative

The ACCM provided its Standards of Accreditation (exhibit 1) which outlines several requirements for admissions under standard 6 and in other places. Standard 6.1.6 describes the requirements for the admissions committee, including several requirements that should be considered during the admissions process. The ACCM's narrative described its requirements that students be in good physical and mental health, possess a record of academic excellence, be of good personal character, have standards of behavior and conduct that will reflect favorably on themselves and on the medical profession, personal integrity, appropriate motivation and a sincere desire to serve their fellow man. The ACCM described its standards for readmission, which includes the requirement that the school define its policy and provide a higher standard for readmitted students than first time admissions. ACCM described its standard that requires medical schools to define their policy on acceptance of transfer credits and not permit a transfer to occur beyond the sophomore year. The ACCM provided annual database reports (exhibits 8) which demonstrate the collection of information from the medical schools about several aspects of the admissions process. The ACCM provided its inspection reports (exhibits 9) which demonstrate review by the site team of admissions data. These reviews included reviewing the minutes of faculty admissions committees (exhibits 15) and meeting with the chairs of those committees.

Admissions, Recruiting, and Publications, Question 4

Country Narrative

ACCM Standards of Accreditation, Standard 6 (Exhibit 1) have established requirements for medical school student admissions including size of the applicant pool. Upon consultation with Administration, a Faculty Committee on Admissions defines the size and characteristics of the student body. There is no minimum size requirement to be eligible for accreditation. However, there must be sufficient enrolment to promote a collegial atmosphere of learning and the school must not enrol more students than resources are available to support a quality education. Equally important, the school must not seek to maintain its enrolment through retention of academically weak students. ACCM Standard 6 (Exhibit 1) also requires schools to publish its admissions policy in its academic catalogue. The school's publications, advertising and student recruitment policy present a balanced and accurate representation of the mission and objectives of the educational programme. Its prospectus, institutional catalogue (or equivalent document) (Exhibit 29) and website (Link: <https://www.mua.edu/>, www.umhs-sk.org) provide an accurate description of the school, its educational programme, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical programme, and its requirements for the award of the MD degree. Upon consultation with the administration, a Faculty Committee on admissions define the size and characteristics of the student body. ACCM Standard 11 (Exhibit 1) requires that the school owns buildings, equipment and a campus of sufficient size, quality and design to fulfil its goals. University owned facilities include auditoriums, classrooms, student laboratories, a library, faculty offices, administrative offices, admissions office, and office for student services, research laboratories, sufficient animal care facilities, student dormitory facilities, dining facilities, student activities facilities, and recreational facilities. ACCM Standard 12 (Exhibit 1) regarding Admissions also covers requirements regarding applicant pool size and entering class. An increase in enrolment above a threshold of 10% in one year or a cumulative increase of 20% in three years will be notified to ACCM one year in advance of the proposed expansion. Notification must be accompanied by documentation demonstrating adequacy of the school's physical and educational resources to manage an increase in numbers.

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

The MUA administration develops a biennial strategic plan that is reviewed annually for progress and is prepared by senior administration with input from various special Committees, Curriculum Committee, as well as other members of the faculty and administration. The MUA strategic plan (Exhibit 55) and midterm reviews are presented to the Board of Trustees for review and approval. MUA's institutional competencies define the essential qualities of a physician, serve as a guide for the learning objectives of the programme, and also provide a framework for evaluating the curriculum along with the institution as a whole. The institutional competencies also provide the framework for developing the strategic plan. Among the elements considered in this plan are the availability of an applicant pool of sufficient quality and quantity. The size, quality, scope and accessibility of the: Library, Faculty offices, Faculty, Inpatient and ambulatory care facilities, patient numbers in each of the clinical disciplines, Administrative and managerial resources, Financial resources, demands from other educational programmes which may result in dilution of resources. Specifically, the 2018 plan includes priorities related to these factors and also includes actionable items that address the priorities identified above. These actionable items include deliverables, responsible individuals, and expected timing for implementation. In addition to the strategic plan, senior administration and the Office of the Associate Dean of Clinical Medicine assess the appropriateness of clinical training resources, both in terms of quantity and quality. The review of clinical training facilities includes annual site visits to each site, as well as ongoing monitoring of student patient logs and notes to help ensure adequate exposure to required clinical encounters and procedures as defined in the core clinical clerkship syllabi (Exhibit 41). The MUA Institutional Self Study (Exhibit 6) describes in some detail the process of recruitment and selection of medical students encompassing the full range of recruiting and marketing services. The size of the applications pool and the anticipated number of matriculation students are always measured against available resources of faculty, classroom and laboratory space and library/study facilities. Responsibility for the selection of student numbers resides with the Admissions Committee.

The UMHS Institutional Self Study (Exhibit 6) and Admissions Policy (Exhibit 40) describes in detail the process of recruitment and selection of medical students encompassing the full range of recruiting and marketing services. The size of the applications pool and the anticipated number of matriculation students are always measured against available resources of faculty, classroom and laboratory space and library/study facilities. Responsibility for the selection of student numbers resides with the Admissions Committee. UMHS Faculty/Leadership is aware of the significance of maintaining high standards. Faculty and leadership are committed to ensuring that student educational needs are being met. The initial review of prospective students by faculty ensures UMHS only accepts those that meet the highest standards. It is UMHS's mission to provide access to Faculty both inside and outside of the classroom, UMHS has set a self-imposed class size limit of 150 students entering in the fall semester and 100 students for winter and spring. It is the duty of the Strategic Planning Committee and the Library and Technology Committee as well as the administration to assure all student needs are met as UMHS grows to that size. Once these students matriculate there is a continual faculty and leadership effort to identify and provide for all possible forms of assistance. Faculty, Chairs, and Committees provide significant input that impacts academic as well as capital budgets. This information is ultimately relayed to the President

and the Board of Trustees for consideration, see UMHS Faculty Committee Meeting Minutes, Strategic Planning Minutes, and IMC Minutes (Exhibit 15). UMHS has a number of ways to help students achieve success in their medical studies: UMHS and Kaplan have partnered to bring students significant review materials to assist students in both basic and clinical science programmes. In the Basic Science Programme students receive the Kaplan Integrated Review Programme beginning in the First semester of medical school.

Analyst Remarks to Narrative

The ACCM described how it requires medical schools to define and plan for the total number of students expected to enroll each year. The ACCM requires medical schools to report on the planned admissions for current and near future years, and to report on factors such as how many students are interviewed and admitted each year and what was the size of the applicant pool. The ACCM also requires the schools to report on the characteristics of each entering class, including elements such as GPA, MCAT Scores, and interview outcomes (exhibits 8). The ACCM has comprehensive standards regarding the facilities, staff, and other resources required to meet the needs of the anticipated student enrollments.

Admissions, Recruiting, and Publications, Question 5

Country Narrative

Further response to (d):

The programme contains written materials and high yield video lectures that complement the basic science curriculum including access to the Kaplan question bank that was modelled in style and format to USMLE-style questions. In addition, UMHS provides paper and online text information about achieving high success in USLME Step 1. A curriculum mapping exercise, in partnership with Kaplan, has been agreed and is currently underway. In the Fifth semester, Kaplan offers students a 6-week live lecture series that covers eight Basic Science disciplines. At the beginning of the semester students receive an eight hour institutionally secured diagnostic test which helps students understand their strengths and weaknesses before the review programme begins. At the end of the Kaplan review, UMHS administers an eight hour institutionally secured final that is modelled on USMLE. Students must pass with a score correlating with a USLME Step 1 success rate in order to qualify. Once students pass Step 1, all are automatically enrolled in Kaplan Step 2 CK and CS review. The CK review consists of a seven-month online video series that covers all core rotations. The video series also correlates well with NBME Shelf examinations which are required at end of each core rotation. The NBME also provides UMHS students with basic science subject exams offered as a final examination and are the same exams that most US medical schools offer. Students receive a detailed analysis of their finals which helps them prepare for the USMLE. In order for students to qualify for USMLE Step 2 CK, students must take and pass the NBME Clinical Comprehensive Examination. UMHS leadership continually reviews data of both basic and clinical science students and also to provide evidence of successes or failures, and where failures are identified UMHS seeks changes to bring success. UMHS meetings of the Basic Science faculty as well as Clinical Science faculty results in recommendations for change which goes to the respective Deans, then forward their recommendations to the Provost and President who subsequently provide these to the Board of Trustees.

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

Answer to (e):

ACCM Standard 6 (Exhibit 1) requires the school's publications, advertising and student recruitment policy to present a balanced and accurate representation of the mission and objectives of the educational programme. The prospectus, institutional catalogue (or equivalent document) and website, provide an accurate description of the school, its educational programme, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical programme, and its requirements for the award of the MD degree.

MUA publishes an official institutional catalogue which provides comprehensive information regarding MUA (Exhibit 29). This includes its Mission Statement, Admission criteria, Course information, Tuition Fees and information about financial assistance. All documentation is in English. There is also a website (Link: <https://www.mua.edu/>) which provides further information and contact details. MUA also publishes a Student Handbook (Exhibit 26) which provides detailed information regarding all aspects of the student's courses and facilities. The MUA Student Handbook includes performance standards and expectations, methods of evaluation performance, guidelines regarding students' code of behaviour and professionalism and information regarding disciplinary procedures in the event of misconduct, including academic dishonesty. MUA also publishes a Faculty Handbook (Exhibit 28) outlining standards and procedures relating to MUA students including the roles and responsibilities of Faculty. UMHS publishes an official institutional catalogue which provides comprehensive information regarding the school (Exhibit 23). This includes its Mission Statement, Admission criteria, Course information, Tuition Fees and information about financial

assistance. All documentation is in English. There is also a website (link: <https://www.umhs-sk.org/>) which provides further information and contact details. UMHS also publishes a Student Handbook which provides detailed information regarding all aspects of the student's University Medical School Course and facilities (Exhibit 26). It includes performance standards and expectations, methods of evaluation performance, guidelines regarding students' code of behaviour and professionalism and information regarding disciplinary procedures in the event of misconduct, including academic dishonesty.

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) reflect most of the publication requirements of this guideline, as found in standards 5.1.9 Student Promotion and Evaluation, 6.1.1 Admission, 6.5 Student Dismissals, 7.5 Fees and Student Refunds, and 10.2 Student Health. However, neither the narrative nor the standards reflect a requirement that the language of instruction be published by the medical schools, although the ACCM noted in its narrative that all documentation is in English. The ACCM provided sample student (exhibit 26) and faculty handbooks (exhibits 28) from the country's two medical schools and institutional catalogs (exhibits 23 and 29). The NCFMEA may wish to request information about requirements by the agency for the publication of the language of study, and may wish to request documentation of review by the agency in this area.

Country Response

The language of instruction used by both medical schools is English and all documentation is, and lectures are taught, in English.

All MUA publications, including the Institutional Catalogue, Student Handbook, Clinical Medicine Handbook, Faculty Handbook, Course Syllabi are published in English. The Institutional Catalogue also notes English as the language of study at MUA (Exhibit 29) Page 8).

In relation to UMHS, all text material and all lectures are taught in English. At no stage is any other language taught as part of the four years at medical school. All faculty and all students must have proficient skills in speaking and writing the English language. Prior to admission into UMHS, any person whose native language is other than English must provide a minimum passing score on the Test of English as a Foreign Language (TOEFL). Faculty and Senior Administration are primarily recruited from the United States, Canada, and England. All speak and use high quality English in their communication skills. The greater majority of students are from the United States, Puerto Rico, and Canada. All published materials, both academic and non-academic are in English.

ACCM will request that each school includes this information on its website - that the sole language of instruction is English - and state in the Student and Faculty Handbooks, and in the Institutional Catalogue.

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM noted that all schools in the country use English as the primary language for all activities. The ACCM stated that it will require that each school include this information on their websites and in their student and faculty handbooks and institutional catalogues in future. The ACCM provided a template annual database report form for 2018-2019 which includes the requirement that the school provide information and documentation about the publication of the language of study.

Staff Conclusion: Comprehensive response provided

Admissions, Recruiting, and Publications, Question 6

Country Narrative

ACCM Standard 5, Section 5.2 (Exhibit 1) addresses student access to records and the confidentiality of student records. The records must be confidential and available only to faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality. Applicable law must govern the confidentiality of student records. The MUA & UMHS Student Handbooks (Exhibit 26) also include ACCM's contact details. However, ACCM Standard 13 has strict criteria set down as to issues ACCM deals with.

MUA students are given multiple opportunities to review their own records, some required, others optional. MUA provides details on this in a section titled "Student Records" which includes the schools FERPA Policies in the MUA Student Handbook (Exhibit 26). Also, other documentation that students' have access to for example are diplomas, a graduation check-list, an enrolment verification letter and a related enrolment verification request form, and an official transcript, which are all signed (Exhibit 54). The MUA Student Handbook (Exhibit 26) outlines the following procedures for student record access: The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records including: The right to inspect and review the student's education records within 45 days after the School receives the student's request for access. A student should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) the student wishes to inspect. The school official must make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the school official to whom the request was

submitted, that official shall advise the student of the correct official to whom the request should be addressed. The right to request the amendment of the student's education record(s) that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. A student who wishes to ask the school to amend a record should write to the school official responsible for the record, clearly identify the part of the record to be changed and specify why it should be changed. If the school decides not to amend the record as requested, the school will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures are provided to the student when notified of the right to a hearing. The right to provide written consent before the university discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent. Among the situations in which FERPA allows disclosure of education records without a student's prior written consent is disclosure to school officials with a legitimate educational interest in access to the record. School officials include persons employed by the school; persons serving on the board of trustees; and students serving Medical University of the Americas on official committees of the School. A school official also may include a volunteer or contractor outside of the school who performs an institutional service or function for which the school otherwise would use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfil his or her responsibilities for the school. FERPA also allows disclosure of directory information without a student's prior consent unless a student has directed the registrar in writing that his or her directory information may not be disclosed without the student's consent. Directory information includes the student's name, telephone listing, school and home address, school email address, photograph, date and place of birth, enrolment status, dates of attendance, participation in officially recognized school activities, honours and awards, and the other educational institutions attended. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA.

UMHS standards and policies are also described in detail in the UMHS Student Handbook (Exhibit 26) and outlines the following procedures for student record access: The importance of this Handbook is emphasised during orientation of new students each semester with a copy provided to all students and faculty every semester by email. Any revisions made to an existing Handbook are explained to students, faculty, and the Dean of student affairs. In addition, this Handbook is always accessible on the M-drive (UMHS campus Intranet) in a student affairs folder. Students and course directors are able to access their records using the faculty and student portals of a comprehensive academic management system called CAMS. This is a powerful, easy-to-use platform offering 24/7 access to student information and services. Students can register online, check their grades, accept financial aid, pay bills, apply for graduation, and handle all their institutional business from anywhere, anytime. The Handbook, core clerkship educational objectives, clinical recommended reading list, and graduation memo are also available on the portal. The CAMS portal system is secure and confidential, requiring a specific user ID and password to log onto the system. Besides students requesting to review their academic file, they also have access to their academic records by requesting a transcript through the portal or viewing their records on the student portal. On the portal, they can view their directory information, course grades: a UMHS Student Portal Academic Record Viewing (Exhibit 64), official student transcripts (Exhibit 62), course registration, clinical rotation schedule, and apply for graduation: UMHS Portal Graduation Application Request (Exhibit 63). To obtain an official transcript, students must submit a request in writing to the UMHS Registrar or request it through the university portal. Graduation requirements are published in multiple locations, including the Catalogue (Exhibit 23), Student Handbook (Exhibit 26) student portal and memos. A Graduation (or Degree) Audit is an internal process managed by the Office of the Registrar in collaboration with other Departments and Bursar. When a student submits a graduation application (Exhibit 65), a review of their file begins which includes receipt of all grades, a review of academic credits, required boards, administrative documents, and financial standing. Once a student has been cleared by all internal parties and a degree date posted to their record, documentation is sent to ECFMG to begin the ECFMG certification process as this required certificate for International Medical Graduates is necessary in order to practice in the US. The official diploma is then sent to the graduate.

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) includes requirements regarding student access to their own records. Standard 5.2.2 states that the student has the right to review and challenge his/her academic record if they believe the information contained therein to be inaccurate, misleading or inappropriate. The ACCM provided an institutional catalogue (exhibit 23) and student handbooks (exhibits 26) for both schools, documenting that each school includes a policy describing confidentiality of student records and student rights to review and request corrections to those records, as well as information about confidentiality of student records.

Student Achievement, Question 1

Country Narrative

Answer to (f) Question 2:

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

student or as otherwise governed by laws concerning confidentiality. Applicable law must govern the confidentiality of student records.

During an onsite inspection, the ACCM team reports on the institution's process and criteria for student dismissal and student discipline including student records and access. The ACCM team determines whether the institution gives students prompt notification and the underlying reasons for the action. Regarding student appeals, the ACCM team assesses whether the institution gave the student the right to review the accuracy of their records and an opportunity for a hearing. The site inspection is followed by a written report, which on approval by the ACCM Board, is sent to the school and government (Exhibit 9 & 13). The Report may not specifically state this but a review was and is always carried out.

Answer to Question (g):

ACCM Standard 5 (Exhibit 1) requires institutions to have a Student Promotion and Evaluation Committee comprised of faculty members. Its purpose is to establish several methods for assessing the level of student knowledge and skills as compared to performance levels of students at other institutions. ACCM expects the school to have methods to distinguish the different degrees of student performance among the enrolled students. Each school must develop methods to assess performance in the areas of subject matter, course objectives, and the programme of studies. Additionally, ACCM expects each academic Department or division of the institution to enforce its standards without regard to where the institution offers the courses, e.g. at the main campus or a satellite facility. ACCM receives an updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including information regarding student evaluation as well as Minutes of the Student Promotion and Evaluation Committee (Exhibit 15).

Answer to Question 1 (h):

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

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

ACCM Protocol (Exhibit 2) requires the onsite ACCM inspection team to meet with the Chair of the Student Promotion and Evaluation Committee and to review the methods which the medical school uses to evaluate students, including interim student evaluation and progress reports as well as the requirements for promotion, graduation and academic disciplinary action (Exhibit 2: Sections VII, VIII & IX). The team must report on, among other things, whether school policies concerning student promotion and evaluation are published, such as in the Student Handbook (Exhibit 26), the methods of student evaluation employed by the medical school, whether the grading system has been applied uniformly, and the average score and passing percentage on standardized examinations, and the general view of students concerning the effectiveness of the methods used by the school in evaluating and promoting students, including written Reports drafted that on approval of the ACCM Board are sent to the school and government (Exhibit 9 & 13).

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

Analyst Remarks to Narrative

The ACCM's Standards for Accreditation (exhibit 1) under Standard 5 Student Promotion and Evaluation include requirements for medical schools to form faculty student evaluation and promotion committees, which set procedures for evaluation of student achievement and set criteria for satisfactory academic progress and the requirements for graduation. The ACCM's standards include several requirements regarding promotion, including that a student must pass USMLE step 1 before advancing to clinical training, and pass USMLE step 2 before graduation. The inspection reports (exhibits 9) provided by the agency include a statement that they noted the work by the relevant committees to monitor academic performance and provide support and guidance to students. The ACCM provided institutional self-studies (exhibits 6) from the country's two medical schools, which provide more information about the student assessment process. The annual database reports provided by the institutions (exhibits 8) also reflect information about student evaluation processes.

Student Achievement, Question 2

Country Narrative

Answer to Question 1 (h): in previous Section (due to space available in that section).

Answer to Question 2 (h): ACCM Standard 5 (Exhibit 1) requires that medical schools must have a Student Promotion and Evaluation Committee (SPEC) that defines, publishes and enforces its rules throughout the institution. The SPEC must include methods of student evaluation, a grading system, standards of achievement for promotion, standards of achievement for honour roll, processes and criteria for student dismissals, process for appeals, the right to challenge adverse decisions and to be represented by legal counsel. In addition to the traditional test taking methods of student evaluation, faculty must evaluate student performance based on observation of a student's performance, proficiency and mastery of the fundamental clinical principles, clinical skills and problem-solving abilities in each clinical area. Therefore, the criteria in this ACCM Standard allows medical schools to also establish their own methods of evaluating student achievement. To determine if the requirements are adequate, the ACCM onsite inspection team meets with the Chairperson of the SPEC and reviews methods used by the medical school to evaluate student performance in the Basic Science and Clinical Science courses (Exhibit 2: Section VII, VIII, IX). The team reviews interim student evaluations and progress reports with student feedback to ensure that faculty identifies weak students early enough to begin counselling and tutoring if required. The team also reviews the school's requirements for student promotion, graduation, and academic disciplinary actions and Minutes of the SPEC (Exhibit 15) for evidence that student evaluation and promotion policies are developed and implemented. In addition, the team reviews the school's efforts in: Counselling students with regard to making satisfactory academic progress, selecting elective courses, guiding students in determining career paths and directing student to appropriate postgraduate positions (Exhibit 6). The ACCM team's Report (Exhibit 9 & 13) includes whether the school requires the publication of student promotion and evaluation policies, the methods of student evaluation, the uniform application of the grading system, the average score and passing percentage on standardized examinations, and the general view of students concerning the effectiveness of the methods used by the school in evaluating and promoting students. ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year covering all major aspects of the governance of the school including evaluating student achievement which are reviewed and assessed.

Methods that MUA collects and uses to evaluate student educational experiences include: student evaluations of clerkships, core clerkship examination performance, OSCE results, required clinical encounters and procedures, and USMLE performance which are outlined in the MUA Student Handbook (Exhibit 26). MUA outcome measures in the preclinical and clinical years are employed to determine individual competency achievement. The rubrics and criteria are provided to students in syllabi for individual courses and clerkships. In this manner, the expectations are transparent and students are made aware of these criteria from the outset. This is true for every method of assessment including, written assignments, oral assessments, participation and preparation, patient logs, patient notes, engaged learning experiences, and summative exams. Standards for competency achievement of each competency are clearly indicated in all syllabi. In addition, remediation follows a well-established policy. In the case of a student that does not achieve a particular competency, the course director works in conjunction with the overall competency director to develop a remediation plan that is presented to the student. Adherence to the remediation plan is a prerequisite for successful achievement of competency. Students must achieve each competency in order to progress to the next semester. Students who do not meet expectations in any competency during the core clerkships immediately receive an individualized remediation plan agreed upon by the competency director and the Associate Dean for Clinical Medicine. Students in the clinical programme must achieve each competency before graduation. MUA maintains a competency-based transcript, and students must demonstrate each competency in order to make academic progress and complete the programme. The office of the Associate Dean, Clinical Medicine is responsible for reviewing individual student evaluations of the clinical sites, student grades and USMLE results. If the office of the Associate Dean, Clinical Medicine identifies issues requiring further review at a site, these are immediately addressed in detail. This process involves collaboration with the Clerkship Director and Clinical Department Chairs. This is followed by the development and implementation of a correction plan which is then monitored regularly. A report summarizing student evaluations of individual sites is reviewed for comparability across sites. This is done each semester by Executive Dean and the office of the Associate Dean, Clinical Medicine. Preparation for a site visit includes a review of the Core Clerkship Exam results, clerkship grades, and the student evaluations of the site. Any inconsistencies identified are reviewed with the faculty at the site visit. Reports from MUA annual site visits are reviewed twice per year at the Clinical Department Chair meeting which may make recommendations to the office of the Associate Dean, Clinical Medicine. Urgent issues identified during a site visit are addressed on site or immediately thereafter. Frequency of follow-up is dependent upon the significance of the issue. All of these actions are reviewed by the Executive Dean and reported to the Curriculum Committee (Exhibit 6).

UMHS student achievement and attainment of objectives of the medical programme are measured in numerous ways. First, students are provided clear objectives of every basic science class as well as clinical core rotations which is outlined in the UMHS Student Handbook (Exhibit 26). During the first two years, students take medical science classes in St. Kitts. Student learning is assessed most formally by monthly block exams over all material covered since the last block exam. Students are provided feedback on each exam generally within 48 hours after taking the exam. Students have the opportunity to review the exams, ask questions, assess accuracy of the grading system, all designed to help the student understand why the correct answers are more accurate than the way they answered the question. Any student who has failed an exam is requested to come to the professor's

office and go over the exam as well as being offered suggestions for better study and test taking skills. Any student in grade difficulty can also be provided with training strategies for developing test-taking skills. New students who encounter difficulties with the first set of exams are encouraged to shift into the Extended Basic Sciences (EBS) programme.

Analyst Remarks to Narrative

The ACCM's Standards for Accreditation (exhibit 1) set some of the requirements for student achievement, including that a student must pass USMLE step 1 before advancing to clinical training, and pass USMLE step 2 before graduation. Standard 5: Student Promotion and Evaluation includes requirements for medical schools to form faculty student evaluation and promotion committees, which set procedures for evaluation of student achievement and set criteria for satisfactory academic progress and the requirements for graduation. The inspection reports (exhibits 9) provided by the agency include a statement that they noted the work by the relevant committees to monitor academic performance and provide support and guidance to students. The ACCM provided institutional self-studies (exhibits 6) from the country's two medical schools, which provide more information about the student assessment process. The annual database reports provided by the institutions (exhibits 8) also reflect information about student evaluation processes.

Student Achievement, Question 3

Country Narrative

Answer to Question 2 (h) continued:

UMHS students not only take onsite developed science subject Block Examinations but also take the National Board of Medical Examiner (NBME) subject exams in many of the major science subjects. These are given at the end of the semester and provide students with ways to compare their performance in the science field against those being trained in U.S. and Canadian medical schools. Students' academic progress is constantly being monitored and feedback is provided by the professors and the deans. New students who do not appear to be profiting from the instruction at the minimum passing rate after Block 1 are encouraged to take the EBS programme, which provides one additional semester in which to take all the courses in the first four semesters. Students who pass all basic science courses then transition to the Fifth semester in Portland, Maine. Students are evaluated on a weekly basis and are constantly being provided feedback by the faculty. A student's performance is reviewed live, as well as on video tape, and each student is taken through the training sessions and receives feedback of performance quality from poor to excellent. Students are provided with suggestions for correcting methods of interviewing, taking physical exams, managing patients, determining diagnoses or differential diagnoses. Students must take a "check out" exam at the end of the semester in which the teachers and the Dean review a history and physical of a patient and provide a grade as well as recommendations for methods of improvement. Each student pass the "check out" exam before they are permitted to continue. Students are also given objective and subjective exams over the material in introductory to Clinical Medicine II and are provided feedback as to the quality of their work.

Students in Third year core clinical hospital rotations receive weekly feedback from their clinical instructor (preceptor). By midterm in the rotation, students are given a summary of performance which includes any weaknesses or deficiency which if not corrected may lead to a failure in the core rotation, thus giving them time to make necessary corrections. At the end of each core clinical rotation students are given the NBME shelf exam. Students must pass this exam in order to pass the rotation. The Dean as well as the instructor provides assistance in helping students to understand their substandard performance (Exhibit 6).

Answer to Question (i):

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

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

The ACCM team's Report (Exhibit 9 & 13) includes whether the school requires the publication of student promotion and evaluation policies, the methods of student evaluation, the uniform application of the grading system, the average score and

passing percentage on standardized examinations, and the general view of students concerning the effectiveness of the methods used by the school in evaluating and promoting students.

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

Analyst Remarks to Narrative

The ACCM's Standards for Accreditation (exhibit 1) under Standard 5 Student Promotion and Evaluation include requirements for medical schools to form faculty student evaluation and promotion committees, which set procedures for evaluation of student achievement and set criteria for satisfactory academic progress and the requirements for graduation. The inspection reports (exhibits 9) provided by the agency include a statement that they noted the work by the relevant committees to monitor academic performance and provide support and guidance to students. The ACCM provided institutional self-studies (exhibits 6) from the country's two medical schools, which provide more information about the student assessment process, including discussion of effort to identify and monitor struggling students, as well as to provide support services when needed. The schools require multi-faceted faculty evaluations of students for each course or clerkship. The annual database reports provided by the institutions (exhibits 8) also reflect information about student evaluation processes.

Student Achievement, Question 4

Country Narrative

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

The medical school must adhere to standards set down by ACCM by fully complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation (Exhibit 1 & 2). With regard to the periodic re-evaluation and monitoring of medical schools, ACCM receive formal updated Annual and Cohort Databases (Exhibit 8 & 7) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year. The school is required to answer a list of questions covering all major aspects of the governance of the school. This includes academic performance of students as well as information on Residency Match rates (Exhibit 6 & 16). The school also provides a list of Residency programmes into which graduates have been accepted (Exhibit 51). ACCM defines its standards of educational quality as Standards (Exhibit 1: Standard 4, 6, 8, 11, 12 & 14). ACCM Standard 1 establishes the requirements for institutional goals that include the educational mission, goals and objectives. ACCM requires the institution to publish and distribute its goals among its students (Exhibit 26), faculty (Exhibit 28) and the public, generally through an institutional catalogue (Exhibit 29) or other publishing media. ACCM requires the medical school to engage in a planning process that sets the direction for the institution and identifies measurable outcomes that identify accomplishment of the goals or areas in need of improvement. ACCM Standard 14 requires medical schools to make every reasonable effort to collect data on postgraduate progression of their graduates.

ACCM Protocol requires the onsite ACCM inspection team to review and report on the institutions system of programme evaluation (Exhibit 2 Section VII, VIII & IX). The ACCM team reports on the indicators utilized by the curriculum committee to appraise programme outcomes such as scores on exams including standardized and licensed exams, graduation rates, residency acceptance rates, the employment status of graduates, student and graduate surveys. The ACCM team reports on the mechanisms used by the institution to monitor the quality of instruction and the breadth and depth of course content, the mechanisms used to collect information, and to what extent the institution has used the information to appraise and improve curriculum courses and instruction (Exhibit 9 & 13).

ACCM Protocol (Exhibit 2) also requires the onsite ACCM inspection team to meet with the Chief Executive Officer of the medical school to review the institution's educational goals for compliance and to summarize in a written report the educational goals of the medical school. The report comments on whether the institution has met its goals and these goals are familiar to faculty and students, and the extent to which the institution makes an effort to enhance its ability to reach its goals (Exhibit 9 & 13).

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

ACCM also monitors the application pools, GPA and MCAT categories of present and projected students lists provided by the institution in the Annual and Cohort Database Reports (Exhibit 8 & 7). Regarding non-compliance of ACCM Standards relating to accreditation, ACCM Protocols must be adhered to and have protocols in place to deal with this (Exhibit 2: Section V, X, XI, XII) Evaluation of the medical schools is, and has been for some time, based on the United States Medical Licensing Examination (USMLE) Step 1 and 2.

Also, on an ongoing basis, the office of the Associate Dean, Clinical Medicine and the Clinical Department Chairs monitor the

following information with regard to each core clinical site: Student Evaluations of the clinical site, Students' patient logs and patient notes, NBME Clinical Science Subject Exam performance and other student feedback (e.g., direct to Clinical Chair or Deans).

Analyst Remarks to Narrative

The ACCM described several ways in which schools collect and report on outcome data for students. The ACCM's Protocol for the Accreditation of Medical Schools (exhibit 2) includes requirements for assessment in this area. The ACCM provided cohort databases (exhibits 7), annual databases (exhibits 8), and self-studies (exhibits 6) to demonstrate many methods used by the schools to set standards for student achievement, collect and report data on outcomes, and to demonstrate the ACCM's collection and review of this data. USMLE step 1 and 2 pass rates, student attrition and promotion rates, graduation rates, and residency placement rates are just some of the data used to evaluate student achievement.

Student Achievement, Question 5

Country Narrative

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

In relation to MUA, see Exhibit 63.

UMHS actively collects and utilizes information from students as part of its ongoing assessment of the programme. The primary sources of this information are course evaluations and clinical rotation evaluations. Additionally, the school conducts a survey each semester of all clinical students and a pre-graduation survey of all prospective graduates (Exhibit 8).

UMHS engages in an anonymous student survey of all students in the first two years of basic sciences and in the third and fourth years of clinical clerkship rotations. These surveys utilize the platform "Survey Monkey" and are collected after each Basic Science course and after each student completes a clinical rotation. These surveys question the quality of the course, the curriculum, the teacher, the facilities and equipment, as well as the hospitals, the preceptor faculty, and the availability of an appropriate mix of patients and procedures. The data is summarized per class/per rotation and provide invaluable insight as to strengths and weaknesses of the University's academic programmes. This data assists tUMHS administration in determining where faculty are potentially failing in their duties. As a result of failure to meet the standards of education recorded in the faculty handbook, lack of sufficient teaching skills, or inability to sufficiently challenge the students. This may result in required changes or ultimately hospital/preceptor replacement. Also, changes may occur where clear deficiencies in the curriculum, teaching materials or equipment are identified. On the hospital side, deficiencies in availability of patients, lack of time with the preceptor, lack of patient mix, etc. can be remedied without delay ensuring students receive the very best of instruction in the teaching hospitals (Exhibit 6).

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) Standard 4.8.3 requires that evaluation by the students of basic science courses and clinical rotations is in place and used in curriculum review. The ACCM provides documentation of extensive collection and use of student evaluations at both of the country's medical schools. The ACCM provided sample site visit questionnaires used for clinical site visits, which request information about the use of student evaluations and for sample evaluations for review by the agency (exhibits 58). The ACCM provided the MUA's Clinical Medicine Handbook (exhibit 43), which describes required clinical evaluations by students, which must be completed prior to those students receiving a grade and which include several components. The ACCM provided institutional self studies (exhibits 6), which discuss the collection and use of student evaluation data by the institutions and review of that data by ACCM.

Student Services, Question 1

Country Narrative

Answer to Question 1:

ACCM Standard 10 (Exhibit 1) addresses student services which includes counselling and guidance; student health; student financial aid and budgeting. A faculty advisor must be assigned to each student for academic and personal counselling which will include course selection, student conduct rules, postgraduate training, licensure, procedures for student appeals and filing grievances. All new students should receive orientation to become familiar with institutional services and student regulations. Standard 10 also requires the medical school to provide basic medical services to students and their families. The medical school must publicize the availability of health insurance and long-term disability coverage. This standard requires the institution to ensure students are vaccinated against communicable diseases prior to matriculation. Also, as part of its educational and prevention programme, students receive instruction in the treatment and prevention of other infections and environmental diseases. The medical school shall grant medical leave to the student when deemed appropriate. In addition, Standard 10 requires the institution's financial aid office to counsel and provide students with a detailed summary of the estimated costs of tuition, books,

supplies, and personal living expenses to complete the entire medical programme of study. The institution counsels' students on the amount and availability of financial aid. At the end of the students' programme the institution shall counsel students on their student loan debt load, their responsibility for repayment, and the average monthly payments. ACCM expects the institution to comply with all government regulations regarding the administration and management of student aid programmes. Students must also have access to confidential psychological counselling on campus. Personal counselling and mental health services should be available through the Dean of Student Affairs (Psychologist) or by referral to a local psychiatrist.

ACCM receives updated Annual (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from medical schools in February each year which are reviewed and assessed. The school is required to answer a list of questions covering all major aspects of the governance of the school including provision of student services (Exhibit 8 & 66)).

ACCM Protocol (Exhibit 2: Section VII, VIII, IX) directs onsite teams to report on whether the school provides student financial aid and budgeting, the ACCM team reports on the following: whether the school counsels and provides students with detailed costs for tuition, books, supplies, and personal living expenses for the entire programme, availability of student financial aid, the extent to which the cost of education and the current level of financial aid adversely impacts the ability of the school to recruit and enrol students, counselling of students on the average indebtedness, responsibilities for repayment and average monthly payments, the school's student loan default rates and its programme concerning default prevention on Title IV student loans, student satisfaction concerning the financial counselling offered by the school.

ACCM Protocol directs onsite teams to report on whether the school provides student counselling, including confidential psychology counselling. The team also reports on the availability and cost of health and disability insurance, disability coverage for student and their families, whether the school has policies for disease prevention, vaccination against communicable disease, and other environmental perils to students and their families and the level of student satisfaction with the school's counselling and guidance programme. Finally, the team must report on the level of student satisfaction with the health and counselling services through written Reports, that on approval of the ACCM Board, are sent to the school and government (Exhibit 9 & 13).

Analyst Remarks to Narrative

Under Standard 10: Student Services of the ACCM's Standards of Accreditation (exhibit 1), there are requirements for the availability of faculty advisement and confidential psychological counseling. There are also requirements for the school to provide medical services to students and their families, to publicize the availability of health insurance and long-term disability coverage, and to educate students in the treatment and prevention of infectious and environmental diseases. These standards require schools to provide a financial aid counselor to assist with the planning of students' budgets, and the standards require placement assistance to guide students on choosing electives, making suitable career choices, and navigating residency match programs and processes.

Student Services, Question 2

Country Narrative

ACCM Standard 5, Section 5.2 (Exhibit 1) addresses student access to records and the confidentiality of student records. The records must be confidential and available only to faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality. Applicable law must govern the confidentiality of student records. The MUA & UMHS Student Handbooks (Exhibit 26) also include ACCM's contact details. However, ACCM Standard 13 has strict criteria set down as to issues ACCM deals with.

MUA students are given multiple opportunities to review their own records, some required, others optional. MUA provides details on this in a section titled "Student Records" which includes the schools FERPA Policies in the MUA Student Handbook (Exhibit 26). Also, other documentation that students' have access to for example are diplomas, a graduation check-list, an enrolment verification letter and a related enrolment verification request form, and an official transcript, which are all signed (Exhibit 54). The MUA Student Handbook (Exhibit 26) outlines the following procedures for student record access: The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records including: The right to inspect and review the student's education records within 45 days after the School receives the student's request for access. A student should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) the student wishes to inspect. The school official must make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the school official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed. The right to request the amendment of the student's education record(s) that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. A student who wishes to ask the school to amend a record should write to the school official responsible for the record, clearly identify the part of the record to be changed and specify why it should be changed. If the school decides not to amend the record as requested, the school will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures are provided to the student when notified of the right to a hearing. The right to provide written consent before the university discloses personally

identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent. Among the situations in which FERPA allows disclosure of education records without a student's prior written consent is disclosure to school officials with a legitimate educational interest in access to the record. School officials include persons employed by the school; persons serving on the board of trustees; and students serving Medical University of the Americas on official committees of the School. A school official also may include a volunteer or contractor outside of the school who performs an institutional service or function for which the school otherwise would use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfil his or her responsibilities for the school. FERPA also allows disclosure of directory information without a student's prior consent unless a student has directed the registrar in writing that his or her directory information may not be disclosed without the student's consent. Directory information includes the student's name, telephone listing, school and home address, school email address, photograph, date and place of birth, enrolment status, dates of attendance, participation in officially recognized school activities, honours and awards, and the other educational institutions attended. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA.

UMHS standards and policies are also described in detail in the UMHS Student Handbook (Exhibit 26) and outlines the following procedures for student record access: The importance of this Handbook is emphasised during orientation of new students each semester with a copy provided to all students and faculty every semester by email. Any revisions made to an existing Handbook are explained to students, faculty, and the Dean of student affairs. In addition, this Handbook is always accessible on the M-drive (UMHS campus Intranet) in a student affairs folder. Students and course directors are able to access their records using the faculty and student portals of a comprehensive academic management system called CAMS. This is a powerful, easy-to-use platform offering 24/7 access to student information and services. Students can register online, check their grades, accept financial aid, pay bills, apply for graduation, and handle all their institutional business from anywhere, anytime. The Handbook, core clerkship educational objectives, clinical recommended reading list, and graduation memo are also available on the portal. The CAMS portal system is secure and confidential, requiring a specific user ID and password to log onto the system. Besides students requesting to review their academic file, they also have access to their academic records by requesting a transcript through the portal or viewing their records on the student portal. On the portal, they can view their directory information, course grades: a UMHS Student Portal Academic Record Viewing (Exhibit 64), official student transcripts (Exhibit 62), course registration, clinical rotation schedule, and apply for graduation: UMHS Portal Graduation Application Request (Exhibit 63). To obtain an official transcript, students must submit a request in writing to the UMHS Registrar or request it through the university portal. Graduation requirements are published in multiple locations, including the Catalogue (Exhibit 23), Student Handbook (Exhibit 26) student portal and memos. A Graduation (or Degree) Audit is an internal process managed by the Office of the Registrar in collaboration with other Departments and Bursar. When a student submits a graduation application (Exhibit 65), a review of their file begins which includes receipt of all grades, a review of academic credits, required boards, administrative documents, and financial standing. Once a student has been cleared by all internal parties and a degree date posted to their record, documentation is sent to ECFMG to begin the ECFMG certification process as this required certificate for International Medical Graduates is necessary in order to practice in the US. The official diploma is then sent to the graduate.

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) includes requirements regarding the use of student records, limiting the access to faculty and administration staff with a need to know. Standard 5.2.2 states that the student has the right to review and challenge his/her academic record if they believe the information contained therein to be inaccurate, misleading or inappropriate. The ACCM provided an institutional catalogue (exhibit 23) and student handbooks (exhibits 26) for both schools, documenting that each school includes a policy describing confidentiality of student records and student rights to review and request corrections to those records, as well as information about confidentiality of student records.

Student Complaints, Question 1

Country Narrative

Yes, ACCM has written procedures for investigating student complaints relating to medical schools. ACCM has three standards that medical schools must use to address student complaints (Exhibit 1). In ACCM Standard 5, in the section regarding student promotion and evaluation, ACCM requires the Student Promotion and Evaluation Committee (SPEC) to enforce related rules that "shall consist of methods of student evaluation, grading system, standards of achievement for promotion, standards of achievement for honour roll, process and criteria for student dismissals, process for appeals, the right to challenge adverse decisions and to be represented by legal counsel." These rules also offer students a right to due process regarding notification, evidentiary presentation, and the right to review the accuracy of the records and to prepare a response to defence. ACCM has three standards that medical schools must use to address student complaints (Exhibit 1). In ACCM Standard 5, in the section regarding student promotion and evaluation, ACCM requires the Student Promotion and Evaluation Committee (SPEC) to enforce related rules. ACCM Protocol (under ACCM Standard 5) requires the ACCM inspection team to report on the institution's process

and criteria for student dismissal and student discipline (Exhibit 9). During the review, the ACCM team will assess whether student receive prompt notification and the underlying reasons for the action taken by the school. The ACCM team will also report on the institution's process for students to appeal an adverse decision. ACCM Standard 6 addresses student dismissals and requires the medical school's SPEC to develop policies and procedures for dismissal of students who fail to meet the academic and behavioural standards. Each institution must publish these standards and make them available to every student such as in the UMHS & MUA Institutional Catalogues (Exhibit 23 & 29) and the UMHS & MUA Student Handbooks (Exhibit 26). Additionally, the school's dismissal procedures must include provisions for due process and appeal. ACCM Protocol for the inspection team is not required to include a report on this section because it is duplicative of Standard 4 regarding student promotion and evaluation. ACCM Standard 13 covers complaints to the medical school and complaints about the medical school. This Standard includes ensuring information and contact details about ACCM are included in the Student Handbooks (Exhibit 26) including a link to ACCM's website (Link: <http://www.accredmed.org/>) which is how students are made aware of complaints procedures. The medical school is required to maintain a Complaints Log detailing any complaints submitted, the process and actions taken to resolve them. Each of these Standards and Protocol for inspection teams only deals with student disciplinary or appeal actions, and not with the process an institution must have for handling student complaints related to ACCM Standards. However, ACCM Protocol (Exhibit 2: Section VII, VIII, IX) addresses how ACCM will investigate complaints it receives in addition to maintaining records of all complaints received, it will only review complaints that deal with a college's failure to comply with ACCM Standards of Accreditation (Exhibit 2: Section XIII). ACCM does not review nor interfere in routine business decisions or operations of the college that includes, among other things, business decisions or operations of the college such as student and faculty dismissals. ACCM will notify all complainants of this policy.

ACCM has clearly outlined the policies and procedures that ensure due process to students with grievances as well as the procedures to ensure that student complaints relating to ACCM Standards of accreditation are timely resolved. However, ACCM does include in its review of the college as to whether the college has in place appropriate procedures for handling such internal matters (Exhibit 9). The procedures outline the requirements that the complainant must meet to substantiate the complaint and the authorization to release information, the timelines for the school's response, and the timelines for rendering a decision. If an ad-hoc subcommittee of ACCM makes an on-site visit, it reports to ACCM at its next regularly scheduled meeting and ACCM renders its decision within 30 days of its meeting regarding the complainant.

Answer to Question 2:

Since September 2004, the MUA Student Handbook includes adopted procedures for handling complaints about programme quality that ACCM established (Exhibit 26).

The procedures require ACCM to only investigate complaints that, if substantiated, may constitute non-compliance, in relation to programme education quality, with ACCM accreditation standards. It will not intervene on any complaint regarding admission, appointment, promotion or dismissal of faculty or students. ACCM has clearly outlined the policies and procedures that ensure due process to students with grievances as well as the procedures to ensure that student complaints regarding the elements of accreditation are timely resolved. However, ACCM does include in its review of the school as to whether the school has in place appropriate procedures for handling such internal matters. The procedures outline the requirements that the complainant must meet to substantiate the complaint and the authorization to release information, the timelines for the school's response, and the timelines for rendering a decision. If an ad-hoc subcommittee of ACCM undertakes an onsite visit, it reports to ACCM at its next regularly scheduled meeting and ACCM renders its decision within 30 days of its meeting regarding the complainant.

UMHS policies for addressing complaints, allegations of student mistreatment and for acceptable standards of conduct in the teacher-learner relationship are clearly delineated both in the UMHS Student Handbook (Exhibit 26) and the UMHS Faculty Handbook (Exhibit 28). The UMHS administration expects students, faculty and administration to be responsible for maintaining personal, professional, and institutional standards in order to bring a positive reflection upon themselves, the school, and the medical profession. Faculty, students, and administration are responsible for reporting any allegation to the Dean of Student Affairs. Such reports must be in writing (signed and dated by the person making the report or allegation) and should describe the nature and specifics of the alleged conduct and the code or standard believed to have been violated. If a hearing is requested, the hearing procedure in the Student Handbook will be followed. In the case where the subject of the report is a faculty or a staff member, the report will be forwarded to the Dean for resolution.

Incoming students attend a presentation, during orientation, educating them on the Universities' policies and procedures for reporting harassment and grievances. Furthermore, every semester, the Student Handbook is sent electronically to all students and posted in the student affairs folder on the campus intranet.

Faculty must demonstrate respect for students as individuals and make every reasonable effort to foster honest academic conduct. Exploitation, harassment, or discriminatory treatment of students is not tolerated. Faculty members also have an obligation to conduct themselves in a manner that creates a positive learning environment compatible with an institution of higher education.

Analyst Remarks to Narrative

The ACCM's Standard 13: Student Complaints (exhibit 1) requires that a medical school publish its procedures for student complaints, either in the student handbook or on the school's website. Faculty advisors are available to counsel students on filing grievances. The procedure defines how the complaint must be made, what committee will process the complaint, and provide an estimated time line for investigation and resolution. The requirements include that there must be a timely notification to the

complainant of the result of the investigation and that the school must maintain a log of complaints that have been submitted and processed, and the actions taken to resolve them.

The ACCM provided its Protocol for the Accreditation of Schools of Medicine (exhibit 2), which describes procedures for review of a medical school in this area. Specifically, the site visit team is instructed to report on the processes and protocols for complaints by students, including the publication, accessibility, and transparency of these processes, the time taken to evaluate and investigate a complaint, the advisement available to students and the process for notifying students of the outcome of an investigation. The team is also instructed to report on the frequency and seriousness of complaints received by the school, and any pattern of complaints identified, as well as the school's ability and efforts to resolve complaints. Finally, the site visit team is instructed to report on whether the ACCM's contact details are available to students and on the students' awareness of what type of complaints can be addressed to ACCM and how this should be done.

The ACCM provided some documentation of review of the country's two medical schools in this area. The ACCM provided annual databases (exhibits 8) in which schools were required to report on the number of complaints received and records or logs associated with them. The ACCM provided institutional self-studies (exhibits 6) in which the schools reported on their current complaint policies. The ACCM provided its accreditation report for MUA, which included comments on the publication of clear guidelines for academic probation and dismissal including a formal appeals process for the school, and noted that disciplinary procedures are outlined in the Student Handbook. The report also noted the presence of contact details for ACCM available in published materials, and noted that the ACCM had not, to date, received complaints from students regarding non-compliance with the ACCM's standards.

Student Complaints, Question 2

Country Narrative

Answer to Question 2 continued:

Conduct that is determined to be a misuse of academic freedom, or where the actions/behaviours of a member or members of the UMHS community impair the opportunities of others to teach and learn, or disrupt the orderly functions of UMHS, will be deemed misconduct and will be subject to appropriate disciplinary actions. The major categories of misconduct for which disciplinary action may be taking include: wilful failure of a faculty member to carry out their academic responsibilities, violation of lawful published UMHS regulations, failure to respect the rights or academic freedom of students, staff or of other faculty members, behaviour in the discharge of their duties that violates commonly accepted standards of professional ethics, plagiarism, misrepresentation or fraud in classroom presentations, published works, or published presentations, physical abuse, mental abuse, or action that threatens or endangers the health or safety of any member of the UMHS community, any person on UMHS property, at a UMHS sponsored/supervised event, defamatory statements, undocumented allegations, attack upon personal integrity or harassment of any kind. UMHS also has a centralized reporting system via the CAMs portal ("Complaint Box") for receiving complaints and tracking their resolution. It is envisioned that this system will allow the appropriate UMHS administrators oversight of issues, which may occur in their Department (Exhibit 6).

Answer to (ii) 1:

Answer to 1st Question:

ACCM has three Standards (Exhibit 1) for medical schools to address student complaints. In ACCM Standard 5, a section was developed regarding student promotion and evaluation, ACCM requires the Student Promotion and Evaluation Committee (SPEC) to enforce related rules that "shall consist of methods of student evaluation, grading system, standards of achievement for promotion, standards of achievement for honour roll, process and criteria for student dismissals, process for appeals, the right to challenge adverse decisions and to be represented by legal counsel. These rules also offer students a right to due process regarding notification, evidentiary presentation, a right to review the accuracy of the records and to prepare a response to defence. ACCM Protocol (Exhibit 2) for the onsite ACCM team under Standard 5 requires the team to report on the institution's process and criteria for student dismissal and student discipline (Exhibit 9). During the review, the team will assess whether a student received prompt notification and the underlying reasons for the action taken by the school. The ACCM team will also report on the institution's process for students to appeal an adverse decision.

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

Answer to 2nd part of Question 1:

Yes, students are made aware of this as ACCM Standard 13 (Exhibit 1) covers complaints to the medical school and complaints about the medical school. This Standard includes ensuring information and contact details about ACCM are included in MUA &

UMHS Student Handbooks (Exhibit 26) including a link to ACCM's website (Link: <http://www.accredmed.org/>) which is how students are made aware of complaints procedures. The medical school is required to maintain a Complaints Log detailing any complaints submitted, process and actions taken to resolve them.

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

The Student Handbooks adopt procedures for handling complaints about programme quality that ACCM established in 2004 (Exhibit 26). The procedures require ACCM to only investigate complaints that, if substantiated, may constitute non-compliance with accreditation standards relating to programme education quality and does not intervene in any complaints regarding admission, appointment, promotion or dismissal of faculty or students.

ACCM has clearly outlined the policies and procedures that ensure due process to students with grievances as well as the procedures to ensure that student complaints regarding standards of accreditation are timely resolved. However, ACCM does include in its review of the school as to whether the school has in place appropriate procedures for handling such internal matters. The procedures outline the requirements that the complainant must meet to substantiate the complaint and the authorization to release information, the timelines for the school's response, and the timelines for rendering a decision. If an ad-hoc subcommittee of ACCM undertakes an onsite visit, it reports to ACCM at its next regularly scheduled meeting and ACCM renders its decision within 30 days of its meeting regarding the complainant.

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

If there have been any complaints, the logs/records are provided to ACCM for review. In the past seven years, there has been one complaint made about MUA which related to dismissal of a faculty member and was therefore not related to non-compliance with accreditation standards.

Since UMHS was accredited in 2015, to date no complaints relating to UMHS's failure to comply with ACCM Standards of Accreditation have been received.

Analyst Remarks to Narrative

The ACCM's standards include that the accrediting body can only investigate complaints from students which relate to non-compliance with the Standards of Accreditation, and which have not been resolved satisfactorily at the school level. The medical school must publish a link to the accrediting body's website on its own website, and these complaints will be treated in accordance with ACCM's policy for handling complaints. The accrediting body will also keep a log of complaints made to it, together with action and time taken to process those complaints. The ACCM reported that there has been one complaint made about MUA in the past seven years, and that this complaint was deemed not related to the school's compliance with ACCM's Standards.

Finances, Question 1

Country Narrative

Response to Question 1:

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

ACCM Standard 7 designates the institution's Chief Financial Officer to oversee the institution's financial resources, assist in preparing and controlling the budget, and supervise the accounting and reporting system and collect, manage, and disburse funds. ACCM Protocol (Exhibit 2: Section VII, VIII, IX) ensures that the onsite inspection team reviews Minutes of the Board of Trustees for evidence that it governs the school by securing financial resources. An onsite ACCM inspection team assesses and reports whether the income, such as endowment, annual giving, clinical services, government funds, grants, tuition and other sources sustained the expenses during the past three years, the changes in the income levels for the same period, and if deterioration exists, the institution's plan to restore the school to a stable financial condition without adversely affecting educational quality. The ACCM team reviews the roles of the Department Heads and Faculty representatives in developing the institutional budget

including whether their roles are advisory or participatory in final budget decisions.

ACCM also reviews the fiscal strength of a medical school when there is substantive change, such as a change of ownership. ACCM reviews information obtained from the ACCM inspection team to determine whether the new owner can ensure that the medical school will continue to comply with ACCM Standards of Accreditation.

To ensure that a medical school is adhering to ACCM Standard 7, ACCM requires that a set of independently audited Financial Statements (Exhibit 21 & 23) are provided annually together with a completed Annual Database (Exhibit 8). Also, the Financial Statements are reviewed by ACCM and if there are any queries or issues noted, these are sent to ACCM Auditors for further review and comment followed by notification to the school if required.

Answer to Question 2:

ACCM receives a formal updated Annual Database from the medical school in February each year (Exhibit 8). The school is required to answer a list of questions covering all major aspects of the governance of the school including finance and submit a set of independently audited accounts (Exhibit 23). These documents are reviewed by the ACCM Convenor of the school with regular reports presented at each ACCM Board Meeting concerning all matters relating to the school (Exhibit 9 & 13).

Answer to Question 3:

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

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) Standard 7 addresses the financial resources of the school, and includes requirements regarding the financial stability of the school. As part of its review of medical schools, the ACCM collects yearly audited financial statements (exhibits 21 and 23). The ACCM's narrative did not address whether the medical schools are privately-owned and/or for-profit schools.

The charter agreements (exhibits 4) between the medical schools and the government of St. Kitts & Nevis include requirements related to the size of the student body. Specifically, the charter agreement between the government and UMHS specifies that the Federation can support up to 2000 students and that the school may increase its enrollment to 1200. The accrediting body's standards include limitations on the size of enrollment, with standard 12.4 specifying that an increase of enrollment greater than 10% in one year or 20% in 3 years will require notification to the ACCM one year in advance of the planned expansion and shall include demonstration of the adequacy of resources to serve the increased population. Standard 6.6 outlines factors that must be taken into consideration when planning student body size. The Annual Databases (exhibits 8) and institutional self-studies (exhibits 6) document trends in enrollment at each school and the interim inspection reports (exhibits 9) document review by the agency in this area. The NCFMEA may wish to request information about whether the medical schools in this country are privately-owned and/or for-profit schools.

Country Response

Both MUA and UMHS medical schools are for-profit medical schools.

Though it is not specifically stated, this will be added as a question as part of the Annual Database template (Exhibit 68) going forward.

See Weblink:

https://en.wikipedia.org/wiki/Medical_University_of_the_Americas_%E2%80%93_Nevis

https://en.wikipedia.org/wiki/University_of_Medicine_and_Health_Sciences

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM noted in its narrative that both medical schools in the country are for-profit medical schools. The agency stated that a question regarding the school's status in this area will be included with future annual database reports. The ACCM provided a template annual database report form for 2018-2019 which asks the school to confirm whether the institution is public or private, and for-profit or non-profit.

Staff Conclusion: Comprehensive response provided

Facilities, Question 1

Country Narrative

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

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

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

ACCM Protocol (Exhibit 2) requires the ACCM onsite inspection team to inspect facilities and equipment to ensure compliance with Standard 11 including auditoriums, classrooms, student laboratories and lounges, faculty offices, administrative facilities, research laboratories and libraries. ACCM Protocol requires the ACCM onsite inspection team to report on the faculty in the basic and clinical sciences with respect to professional growth, continuing medical education, faculty collaboration, faculty research activities, professional security and academic freedom, workload, etc. The ACCM team is also required to ascertain the faculty views of the curriculum and the student body, faculty familiarity with the educational goals of the school, and faculty knowledge of student performance and the success of the medical school's graduates in post-graduate training and professional practice. The ACCM team report addresses whether the size, quality and design of the general facilities are sufficient for the size of the faculty and student body, the level of research activities and the nature of the curriculum. For each hospital and ambulatory facility, the team reports on the quality of the facility and whether affiliation agreements exist for each one (Exhibit 9).

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

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

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

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) include requirements about the types and adequacy of the facilities available to meet the goals of the medical school. The ACCM requires medical schools to prepare annual database reports (exhibits 8), which request information about any changes to the facilities, and institutional self-studies (exhibits 6), which describe the adequacy of the facilities to meet school goals. The ACCM's accreditation report on the Medical University of the Americas (exhibit 13) reflects review of physical, IT, clinical and other facilities.

Facilities, Question 2

Country Narrative

Answer to (c):

MUA facilities include offices for faculty, administrators, and support staff; laboratories and other space appropriate for the conduct of research; student classrooms and laboratories; lecture halls sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including space for student study and space; and equipment for library and information access. With the modest growth in enrolment over the past number of years, this has been matched by continued growth and improvement in the quality of campus facilities. For example, the 2009 facility expansion added 38,000 square feet of facilities, including: multimedia enabled lecture halls; clinical skills labs; electronic testing centre; faculty offices; and student fitness centre. In 2013, MUA completed a nearly 5,000 sq. ft. student centre that includes a cafeteria, student meeting space, and student lockers. MUA has also continued to renovate existing facilities. In 2015, MUA completed a renovation that added a small group lab, as well as two clinical skills labs. The small group lab includes eleven tables with eight seats at each. This facility has the I/T and A/V infrastructure required to enable small group work and presentations. As part of this renovation, MUA also added

additional faculty offices. Furthermore, MUA has begun planning for a 15,000-20,000 sq. ft. clinical skills and small group learning centre (Exhibit 6 & 8).

UMHS provides ample resources for teaching students enrolled both within the basic science and clinical science programmes. In Semesters 1-5, there are 58 full time equivalent faculty. That number was derived by including both full-time, half time, and part time faculty. Half-time and part-time faculty are counted as a percentage of a full-time faculty. As a result, there are 38 full time faculty, and 51 that are less than full-time. Both the St. Kitts and Maine Campus are state of the art and contain sufficient academic facilities including but not limited to a library, learning resource centre, skills and multipurpose laboratories, multiple classrooms, auditorium, food service, faculty offices, counselling centre, and administrative offices. The campuses were originally designed with the understanding that enrolment would increase over time. As a result, UMHS has the capacity to increase enrolment without expanding physical facilities for the immediate future. In terms of student services, UMHS has a robust advisement system in place, which includes faculty advisors, tutors, nurse, and counsellors to assist students both academically and personally. In terms of the clinical programme, UMHS is affiliated with major teaching hospitals in the United States, Canada, and Puerto Rico and have a significant number of preceptors working within each of these affiliated hospitals to provide an outstanding clinical environment. Student services are adequate for the number of students currently enrolled, but this is an area that is targeted for improvement. The registrar's head office is located at the New York headquarters with employees at both the St. Kitts and Maine campuses. The bursar's office, financial aid department, and most student support services for the clinical programme are located at the UMHS headquarters in New York. In line with this, UMHS is expanding the Financial Aid Department and student support services to better accommodate the increase in demand. The Maine fifth-semester campus comprises over 10,000 sq. ft. of facilities including classrooms, skills laboratory, eight Virtual Clinic examine rooms for student training, a learning resource centre and library with hard bound volumes and an extensive online holding, and student lounge facilities. Students also have access to the University of Southern Maine library and Central Maine Medical library and on-line resources. Standardized patients are made available to students for their practice in performing histories and physicals as well as diagnoses, differential diagnoses and treatment plans (Exhibit 6).

Answer to (d):

MUA encourages biomedical research and has a course: Research Curriculum: Evidence-Based Medicine (RLRA) which provides both the foundation of skills related to lifelong learning as well as an assessment. This course spans Semesters 4, 5 and the pre-clinical period. During this time, students must document that they are progressing towards the goal of producing a hypothesis-based analysis of the primary literature representing their investigation into a timely and important problem in medical science. Instruments used for this purpose include the RLRA Form 1, RLRA Form 2, RLRA Guide to Authors and RLRA Paper Review Form.

Students learn the nature of medical research and current developments in best practice and decision making. Students learn to use to analyse and use correctly scientific literature and clinical knowledge and to understand a physician's responsibility to remain up to date and to use information correctly (Exhibit 6). All students are assigned a research project during the First semester which they are expected to complete by the end of the second trimester.

MUA does not conduct animal research or use facilities for animal research.

UMHS does encourage biomedical research and UMHS's research goal is to integrate research and other scholarly activities to develop students' skills in critical thinking, problem solving, and conducting modern research. Areas of emphasis are reanalysis of previously generated medical/epidemiological data (data mining) from other studies, novel epidemiological data on arbovirus infection, effects of human anatomical variations in disease pathology, and evaluation of the fungal and bacterial contaminants present in the commercially available meat product on St. Kitts, as well as campus surfaces, including air, and water on the island of St. Kitts. Faculty and students are currently collaborating with the St. Kitts research community, including the St. Kitts government lab, Ross University of Veterinary Medicine, and St. Kitts Biomedical Research.

At least one faculty has active International research collaborations in the area of therapeutic intervention in inflammation-associated diseases and in developing novel antimicrobial agents.

About 25 medical students from all the basic sciences semesters are currently engaged in research activities. Faculty and student publications have resulted from these research projects. The level of commitment of UMHS has progressively increased and so has the faculty commitment to increased high calibre research output (Exhibit 6).

UMHS does not conduct animal research or use facilities for animal research.

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) includes standards for the facilities available to faculty, administrators, support staff, research laboratories, student classrooms, and lecture halls. Additionally, standards are in place regarding facilities available for student use and quipment for library and information access. There are requirements regarding facilities for animals when they are used in teaching or research.

The ACCM provided documentation of review of facilities in these areas through an accreditation report (exhibit 13) for the Medical University of the Americas, and on-going collection of information for review about the facilities of the medical schools through annual databases, self-studies, and inspection reports (exhibits 6, 8 and 9). The ACCM reports that neither school of medicine located in this country uses animals in teaching or research. The ACCM described ways in which the two schools of

Faculty, Question 1

Country Narrative

Answer to Question 1 & 2:

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

ACCM Standards of Accreditation (Exhibit 1) includes standards for determining if the faculty is "sufficient magnitude for the size of the student body and the scope of the programme." Additional ACCM Standards include standards of qualifications that assist in determining appropriateness and qualifications for leadership at an institution. Faculty members that are shared between a parent location and a remote site are given additional time for classroom preparation, student tutoring, and committee work. Duties of leadership officials include providing assurance that students at remote locations are treated equally as those at the parent campus.

The onsite ACCM inspection team is expected to review and report if appointed faculty are adequate and qualified for the positions they hold, as well as providing a review of the facilities and equipment.

ACCM Standard 3 (Exhibit 1) addresses institutional management and administration and requires an institution to "design an administrative structure so that each division is able to perform its unique responsibilities efficiently. The design and the size of the administration shall also be of sufficient magnitude for the size of the student body and the scope of the programme." This standard requires the school's Board of Trustees to approve the appointment of the Chief Executive Officer (CEO), Chief Academic Officer (CAO), and faculty members and requires the CAO to carry out institutional policies and to implement the educational objectives of the institution. The principal administrative and academic heads of the medical school shall maintain open lines of communication with each other.

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

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

ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which are reviewed and assessed. ACCM inspects the school and its facilities through Interim Site Inspections every two years as well as drafting a written Report which is sent to the school and the St. Kitts & Nevis governments (Exhibit 9 & 13).

ACCM Protocol (Exhibit 2: Sections VII, VIII, IX) requires the ACCM onsite inspection team to meet with key members of the medical school's administration, faculty and student affairs personnel to discuss curriculum, school policies and practices, and the provision of student services to ascertain the effectiveness of the school's management of instructional resources, and ensure that the Chief Academic Officer of the medical school has sufficient access to resources and authority of the University President to effectively administer the medical educational programme.

ACCM Protocol requires the ACCM onsite inspection team to report on the faculty in the basic and clinical sciences with respect to professional growth, continuing medical education, faculty collaboration, faculty research activities, professional security and academic freedom, workload, etc. The ACCM team is also required to ascertain the faculty views of the curriculum and the student body, faculty familiarity with the educational goals of the school, and faculty knowledge of student performance and the success of the medical school's graduates in post-graduate training and professional practice. The ACCM team report should address whether the size, quality and design of the general facilities are sufficient for the size of the faculty and student body, the level of research activities and the nature of the curriculum. The ACCM team is required to report whether the size of the faculty is adequate and proportional to match: the size of the student body, the scope of patient care, and the level of research activities. In addition, for each department, the ACCM team should report faculty size; the amount of space allocated to the department; the

total budget and amount of contributions from other sources, e.g., parent university, research grants, clinical services and government; the percentage of time faculty devotes to teaching, research, patient care, and faculty committee work; and any major strengths or weaknesses in the department. Finally, the ACCM team is to report on a number of other faculty issues, such as workload, professional growth, policies for selection and promotion, etc. (Exhibit 9 & 13).

See Exhibit 65 & 67 for further answers to Questions 1, 2, 3, & 4

Analyst Remarks to Narrative

The ACCM's standard 8 (exhibit 1) includes requirements about the quality, size, and breadth of knowledge of faculty members. Standard 8.1.1 requires that the full time equivalent faculty to student ratio is 1:8. Standard 8.4, addressing professional competence, requires that teaching faculty possess teaching experience with a degree in the major concentration of the instructional area. The ACCM requires that faculty members must have completed postgraduate training in their area of specialization and possess specialty board certification or equivalent.

Standard 3.3.3 requires that the CAO appoint at each clinical site department faculty who report to their respective divisional heads. Standard 4.6.1 requires that each clinical department is staffed by physicians who are faculty members of the medical school and who report to the chief of the department or the course director. Standard 4.6.2 requires that supervision of the medical students at clinical sites is carried out directly by physicians who are faculty members of the medical school. The clinical staff may be experienced attending physicians or resident physicians under the supervision of attending physicians; however, all attending physicians must hold medical school appointments.

Faculty, Question 2

Country Narrative

ACCM assesses the institution relative to conflict of interest policy at the school by reviewing the Annual Database (Exhibit 8), the biennial Self-Study (Exhibit 6), Clinical Site Reports (Exhibit 33 & 38) including ACCM site inspections undertaken, onsite reports written up and presented at ACCM Board Meetings for review and discussion (Exhibit 9). As previously stated, there are guidelines and policies set in place within ACCM Standards of Accreditation to deal with situations should they arise.

At MUA, for Basic Science faculty - each faculty member meets with the Associate Dean, Basic Sciences each semester to discuss their performance. While strengths and weaknesses are discussed with each faculty member, specific performance improvement plans are developed where significant or persisting problems exist. Where teaching skills are a concern, faculty members may be referred to their Course Director or Department Chair for assistance in adjusting teaching styles. Faculty may also be referred to teaching resources (e.g. archived faculty development lessons, online teaching resources). Faculty performance in the clinical medicine portion of the programme is reviewed as part of the end-of-rotation student evaluations but may also be the focus on an ad hoc concern raised by one or more students. In either case, where significant concern exists, the Associate Dean, Clinical Medicine discusses the concern with the Clerkship Director and/or the preceptor directly. An improvement plan may involve local or online teaching resources, including the MUA faculty development webinar series and archived lecture series (Exhibit 65).

UMHS has policies in place regarding institutional and non-instructional conflict of interest policies set out in the Faculty Handbook (Exhibit 28). The following are references to these concerns: Faculty are urged to remember that they are not only a professor in the classroom but, on a greater scale, a member of society that carries inherent respect for their position. By virtue of their specialized knowledge and their position as educators, obligations may weigh heavily on their University life and in their interactions in the general community. Faculty should measure the urgency of these obligations in the light of their responsibilities to their taught courses, research, and ultimately to their institution.

Faculty are informed that all media interviews, including newspaper, television, and radio, must first be arranged through and with participation of the Dean. This policy pertains to all faculty, staff, and employees of UMHS. In line with these conflictual concerns, the UMHS Board recognizes the importance of participation by individuals in the political, social and economic affairs of the community, state and nation. While the Board respects the deep concern of individual faculty members and students regarding current events and issues, and the committed desire to actively participate in political events, the board must emphasize the distinction between involvement of an individual and the involvement of an institution. The Board holds that UMHS must remain outside of the political arena. Changes in the academic calendar, in order to free students, faculty or other employees to engage in political activities, are not allowed. The Board does not think it legitimate or wise for the University to make political commitments. Finally, Faculty are urged to consider that the highest standards of teaching and research demand that Faculty should be engaged full time in their employment by UMHS except in instances where faculty members are hired as part-time. Gaining outside employment requires approval granted in writing from the President. UMHS believes that there may be benefit to the University and professional gain to the individual in a limited amount of outside work such as consulting and lecturing. Outside employment that is reasonable and does not create a conflict of interest, detract from fulfilment of normal faculty duties and responsibilities, or significantly interfere with delivery of instruction to students may be approved. UMHS maintains the privilege of reviewing the faculty members' performance if it is deemed to be detrimental to the faculty members teaching responsibilities and where such negative

impacts are shown, require that the faculty member discontinue outside employment.

Thus far, these policies have been adhered to by faculty and according to their records there have not been any conflicts of interest that has been deemed to have been detrimental to UMHS (Exhibit 6).

Analyst Remarks to Narrative

The ACCM's Standard 8.2.1 requires that the school has policies that deal with circumstances in which the private interests of faculty or staff may be in conflict with their official responsibilities. Additionally, outside employment by full time basic science faculty is not permitted as per standard 8.7 due to the possibility of a potential conflict of interest. The ACCM's institutional self-studies (exhibits 6) require the medical schools to report on the adequacy of the school's conflict of interest policies; the one completed by UMHS does so. The ACCM provided UMHS's faculty handbook (exhibit 67), which discusses its conflict of interest policy for faculty. The ACCM provided its accreditation report for MUA (exhibit 13), which includes evaluation of whether outside employment by faculty has created a conflict of interest.

Library

Country Narrative

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

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

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

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

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

For example, at UMHS, the Library/LRC has a total seating capacity of 258 seats providing quiet study areas, individual study carrels, along with group study rooms. The hard copy circulating, reference, and reserve collections available provide a wealth of credible, medical information sufficient to support the basic sciences programme. In addition, the library subscribes to a significant number of electronic Basic and Clinical Science resources that are accessible remotely and well support all students (basic and clinical) at all levels of their studies wherever they happen to be and from whatever device they choose to use.

The medical reference collection holds all key texts in hard copy with the additional remote provision of a complete set of very current medical reference electronic texts, enhancing search ability and accessibility. The Library subscribes to or licenses citation and full text journal databases, point-of-care clinical resources, education software programmes, eBook collection databases, and excellent medical resource databases such as Access Medicine.

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation (exhibit 1) document its requirements for a library's physical facilities, resources, and professional staff. The ACCM's Protocol for the Accreditation of Medical Schools (exhibit 2) describes its requirements for review of the library by the site team, which includes a meeting with the chief librarian and review of the facility, along with an assessment of the adequacy of the staff and the physical and electronic resources provided to meet the needs of the school.

Clinical Teaching Facilities, Question 1

Country Narrative

Answer to Question 1:

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

Teaching agreements between MUA, UMHS and the Medical Service of the St. Kitts and Nevis Governments is dealt with by the

principals themselves.

Answer to Question 2:

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

Before a clinical site inspection takes place, certain documentation is provided in advance by the school to ACCM which includes the following:

Hospital Questionnaires Part 1 & 2 completed (Exhibit 44 & 45)

School/Hospital Affiliation Agreement (up to date and signed) (Exhibit 37 & 38)

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

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

Previous Medical School/Clinical Site Inspection Reports (Exhibit 30, 33 & 50)

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

Student Logs & Evaluations (Exhibit 56 & 57)

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

Hospital Visit Timetable/Agenda

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

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

Answer to Question 3:

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

At MUA & UMHS, all hospital core sites are ACGME-accredited teaching institutions, all preceptors are board certified (or board eligible) physicians with privileges in the hospital, all hospitals and preceptors receive and use the MUA provided core clinical curriculum, which contains the stated objectives, planned competencies, reading assignments and assessment methods (Exhibit 32, 41, 42 & 43).

MUA & UMHS also carry out its own regular inspections followed by written Reports on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 30 & 33).

Analyst Remarks to Narrative

The ACCM affirmed that its standards (exhibit 1) require affiliation agreements between the medical school and associated clinical sites, which are approved by the school and then reviewed by the ACCM using their standards and protocol. The ACCM's standards and evaluation procedures describe the roles and responsibilities of the hospital and school, and procedures for review of these agreements are described, as well. The ACCM has provided examples of affiliation agreements (exhibits 37 and 38) along with other documentation of clinical site visit evaluation and review. The ACCM notes that the agreements between the medical schools and the country's medical service is "dealt with by the principals themselves." It is not clear from this narrative whether the ACCM reviews affiliation agreements between the medical schools and the country's medical service. The NCFMEA may wish to ask the ACCM about their mechanisms for review of the affiliation agreements between the country's medical service and the schools.

Country Response

The affiliation agreements that the medical schools use for the delivery of the core clerkships are specific to that requirement.

In regard to MUA, the school does not conduct clinical clerkships at the local Alexandria Hospital in Nevis. Certain attending

physicians at the hospital are members of MUA's faculty and second year students gain exposure to patients in various disciplines under the supervision of these faculty members. The faculty members are organized and supervised by Dr. Cardell Rawlins (a long-time Professor of MUA, Head of Surgery and Chief of staff at the hospital. Dr. Rawlins faculty appointment dates back to the establishment of MUA's Basic Science campus on Nevis. Dr. Cardell Rawlins is also Assistant Dean for Clinical Affairs of MUA and is under contract with the University to secure the student experiences with the local hospital. The agreement has always been with Dr. Rawlins, Chief of Staff at Alexandria Hospital, not the hospital itself.

UMHS has an agreement with the Joseph N. France General Hospital in St. Kitts to accept student for pre-clinical training once a week under the following requirements:

- A. Placement of Students - As mutually agreed between the parties, the University will place an appropriate number of students at the Hospital each academic term. The Institution will provide physician preceptors for all student interactions with clinical facilities.
- B. Discipline - While enrolled in clinical experience at the Hospital, students and Faculty are subject to applicable policies of the University and the Hospital. Students shall be dismissed from participation in the University's programme only after the appropriate disciplinary or academic policies and procedures of the University have been followed. However, the Hospital may immediately request University's faculty to remove any student, from the Hospital, who poses an immediate threat or danger.
- C. Specific Responsibilities - The following duties shall be the specific responsibility of the designated party (University and/or Facility):

The University shall be responsible for the selection of students to be placed at the Hospital.

University faculty in collaboration with Facility staff shall provide orientation to the Hospital for students.

University faculty in collaboration with Facility staff shall be responsible for scheduling training activities for students.

University faculty shall be responsible for supervising students at all times while present at the Hospital for clinical experience.

University faculty shall evaluate the performance of individual students.

The Facility shall retain complete responsibility for patient care, providing adequate supervision of students requiring that the University appoint only well qualified physicians to supervise the education effort.

ACCM also conducts an inspection of the local hospitals when undertaking a campus site inspection as outlined in the Inspection Reports (Exhibit 9).

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM described some of the particulars of agreements between each medical school and local hospitals. ACCM reported that UMHS has an agreement with a local hospital and reported some of the particulars of that agreement. The ACCM also noted that its inspection reports include visits to local hospitals.

The ACCM stated that MUA has a contract with an individual chief of staff at a local hospital to arrange hospital experiences for students, rather than with the hospital, and that this chief of staff is also an assistant dean for clinical affairs at MUA. The NCFMEA may wish to request additional information about what the agency's requirements are for an agreement by the institution with an individual staff member with roles both at the institution and the hospital, rather than an agreement between the institution and a clinical site and documentation of its review of the arrangement. The NCFMEA may wish to inquire whether the ACCM reviewed this agreement and for documentation of that review.

Staff Conclusion: Additional Information requested

Part 4: Accreditation/Approval Processes and Procedures

Onsite Review, Question 1

Country Narrative

Question 1 & 2: Yes, ACCM is the entity responsible for accrediting medical schools in St. Kitts & Nevis and conducts an onsite review at a medical school prior to granting accreditation. The ACCM accreditation/approval process begins with an Application package submitted, which includes a completed Profile Database (Exhibit 46) and an Initial Institutional Self-Study (Exhibit 47), and a set of financial independently audited accounts, which is processed and reviewed by ACCM. This is followed by a Board review with a decision made. If the decision is not of a positive nature, ACCM makes recommendations as to what the medical school could carry out to assist in achieving accreditation. Once these recommendations are put in place, the medical school is in a position to re-apply again if it so wishes. If ACCM finds that the school has met the eligibility criteria, ACCM arranges to conduct an in-depth inspection of the campus site to evaluate whether it demonstrates a readiness and ability to comply with ACCM Standards (Exhibit 1). Part of this onsite inspection requires a meeting with government representatives. ACCM also requires an initial letter from the Government recognizing ACCM as a medical accreditation agency for that country and a signed Resolution (Exhibit 48). If a decision is made to grant an accreditation status, a tri-partite Heads of Agreement (HOA) (Exhibit 3 & 49) must also be signed by the government, school and ACCM. The inspection includes a thorough comprehensive onsite review of the school to include all local core clinical clerkship sites, if any (not including geographically remote clinical sites), during which

sufficient information is collected to determine if the school is in fact operating in compliance with ACCM accreditation Standards and Protocol (Exhibit 1 & 2).

ACCM Protocol (Exhibit 2: Section VII & VIII) addresses the comprehensive onsite inspection and review of a medical school which takes up to three days. ACCM Protocol (Exhibit 2: Section VII & VII) specifies the daily format for conducting the onsite inspection, including the subjects for each group or individuals interviewed. This review includes an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

The ACCM inspection team meets with the CAO, faculty representatives from other health care programmes to assess the adequacy of the teaching staff and determine whether faculty resources are utilized properly, and also meet with members of the administrative team, deputy course directors, and teaching staff at satellite health care facilities. In addition, the team meets with the Curriculum Committee that supervises, monitors the curriculum and student educational experience to determine if consistency exists at all locations. The inspection team also meet with the Student Promotion and Evaluation Committee that supervises and monitors standards of student evaluation for consistency. After completing the site inspection, an inspection Report is written up including any recommendations, presented to the ACCM Board for a decision to either grant or deny accreditation. Following a decision, the Report is sent to both the medical school and the government. If an accreditation status is granted, ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, report on their major clinical departments, ambulatory facilities, hospital libraries and discuss with hospital executives the role and responsibilities of the hospital and its relationship with the school. The affiliation agreement should contain provisions consistent with the requirements of ACCM Standard 11 (Exhibit 37 & 38). ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once during the accreditation cycle. If ACCM receives information that the school has affiliated to a new teaching site, the new site is inspected within twelve months after placement of students. As ACCM is accrediting multiple schools that may use a common core clinical clerkship site, where sites have a single coordinator responsible for the educational experience of students from the multiple schools, and where ACCM whenever it visits that site, interviews students from all schools, then that site does not require being visited more than once during the accredited period. ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once (a revisit is scheduled if required) during the accreditation cycle, including a written Report (including any recommendations which must be implemented within a certain time period) sent to the school (Exhibit 39). MUA and UMHS also carry out their own regular inspections followed by written Reports, on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 30 & 33).

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

Answer to Question 3:

For a medical school seeking accreditation, ACCM requires that an Application package to ACCM, which includes a completed Profile Database (Exhibit 46) and an Initial Institutional Self-Study (Exhibit 47) and a set of financial independently audited accounts be submitted, which is processed and reviewed by ACCM.

For an accredited school, ACCM receives a formal updated Annual Database (Exhibit 8) and a biennial Institutional Self-Study (Exhibit 6) from the medical school in February each year which includes information on the school's facilities which are reviewed and assessed (before an onsite campus inspection takes place, if due).

The guide used to assist in conducting an onsite campus inspection is: ACCM Protocol - Section VII and in relation to drafting a site Report: Section IX (Exhibit 2). The onsite inspection report is written up including any recommendations and presented to the ACCM Board for a decision to either grant or deny accreditation (Exhibit 9). Following this, the report is sent to both the medical school and the government for review and response.

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the ACCM inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 44, 45 & 46).

Analyst Remarks to Narrative

The ACCM provided its standards and protocols for accreditation (exhibits 1 and 2), as well as sample clinical site visit reports, institutional self-studies, annual databases, and interim inspection reports (exhibits 30, 6, 8, 9). The ACCM reported that it conducts an initial evaluation of a new medical school, monitors the school at regular intervals using several of the mechanisms described, and visits all clinical sites, including all new clinical sites within 12 months of initial student placement.

The documentation provided demonstrates collection of information about the admissions process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical schools, and the academic support resources available to students at each school.

However, the on-site inspection reports address the general areas of the ACCM's standards, but do not address most of the sub-criteria for each of the agency's standards. Furthermore, the two sample interim inspection reports provided by the ACCM (exhibits 9) provided general, similar comments for each school. The NCFMEA may wish to request additional information about how the ACCM's on-site review provides a thorough comprehensive review of the school which addresses the agency's standards.

Country Response

An ACCM review of a Basic Science campus (interim or otherwise) is just one of a suite of assessment methods used by ACCM to ensure that a school addresses LCME standards throughout each accreditation cycle. Analysis of mandatory detailed documentation is carried out annually (Institutional Self-study, Annual Database, Cohort Databases - the submissions from UMHS just received for the 2017-18 academic year total approximately 200 pages), covering all aspects of school activity from the admissions process right through to graduation statistics and residency match success rates. The information sought in these templated reports is based on ACCM standards and sub-criteria, which in turn, are based on LCME standards. In addition, cyclical site visits to clinical sites and the administrative head office of the school are carried out.

The onsite basic science campus inspection Reports are generated based on a template, to ensure consistency and comparability within the cohort of schools accredited by ACCM. The use of a template may result in the use of some common descriptors or phrases. However, each school has different Convenors and Deputy Convenors and each inspection team is unique. In addition, each team is guided by ACCM Protocol and, in particular, Sections VI, VII and IX.

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM noted that there are other mechanisms for review of information about the schools in addition to on-site inspections, such as the annual database reports submitted by each institution yearly. The ACCM stated that the on-site inspection reports are generated based on a template, and referenced its protocols for on-site inspections.

The NCFMEA may wish to request additional information about how the ACCM's on-site review provides a thorough comprehensive review of the school which addresses the agency's standards, in particular in regards to how the on-site inspection reports address all subparts of the agency's standards.

Staff Conclusion: Additional Information requested

Onsite Review, Question 2

Country Narrative

Answer to Question 3 continued:

The sample agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 38). ACCM is responsible for ensuring the quality of the clinical teaching sites. ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once during the accreditation cycle, including a written Report which is sent to the school (Exhibit 38 & 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will visit the new site within twelve months of the placement of students (Exhibit 50).

MUA & UMHS also carry out their own regular inspections followed by written Reports on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 30 & 33).

Answer to Question 1:

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the ACCM inspection team to evaluate all the medical school's teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 44,45 & 46). The sample agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 37 & 38).

Answer to Question 2 & 3:

ACCM is responsible for ensuring the quality of the clinical teaching sites. ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once during the accreditation cycle, including a written Report which is sent to the school (Exhibit 38 & 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will visit the new site within twelve months of the placement of students (Exhibit 50).

MUA & UMHS also carry out their own regular inspections followed by written Reports, on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 30 & 33).

Analyst Remarks to Narrative

ACCM's Standards of Accreditation (exhibit 1) require an integrated academic structure between the medical school and clinical sites, with regular reviews provided by both the ACCM and the medical school, and with established faculty relationships between staff at clinical sites and the medical school. The ACCM provided sample hospital site visit questionnaires and reports and clinical site visit reports to document regular review in this area.

Onsite Review, Question 3

Country Narrative

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 44 & 45). The sample affiliation agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 38). ACCM is responsible for ensuring the quality of the clinical teaching sites.

Answer to (i):

ACCM conducts an onsite review of sites never before inspected, within twelve months including a written Report which is sent to the school for review and response (Exhibit 31 & 50).

Answer to (ii):

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

Answer to (iii):

When ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team visits the new site within twelve months of the placement of students, including a written Report which is sent to the school for review and response (Exhibit 31 & 50).

Analyst Remarks to Narrative

The ACCM's Standards and Protocol (exhibits 1 and 2) require visits to all clinical sites within 12 months of placement of students at those sites and at least once per each accreditation period. The ACCM provided sample clinical site visit reports, questionnaires, and affiliation agreements to document its regular review of clinical sites (exhibits 30, 31, 37, 38, 39, 44, 45, 50).

Onsite Review, Question 4

Country Narrative

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

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

Before a clinical site inspection takes place, certain documentation must be provided in advance by the school to ACCM which includes the following:

Hospital Questionnaires Part 1 & 2 completed (Exhibit 44 & 45)

School/Hospital Affiliation Agreement (up to date and signed) (Exhibit 37 & 38)

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

Letters of Appointment/Certificates for hospital/preceptor faculty (1st site inspection only)

Previous Medical School/Clinical Site Inspection Reports (Exhibit 30 & 33)

Previous ACCM Inspection Report (if not a new site) (Exhibit 38 & 39)

Student Logs & Evaluations (Exhibit 56 & 57)

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

Hospital Visit Timetable/Agenda (to include meeting with hospital executives)

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

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 44, 45 & 46). The sample agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 37 & 38). ACCM is responsible for ensuring the

quality of the clinical teaching sites. ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once (if required a revisit is scheduled) during the accreditation cycle, including a written Report (including any recommendations that must be implemented within a certain time period) which is sent to the school (Exhibit 38 & 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will visit the new site within twelve months of the placement of students (Exhibit 50).

Analyst Remarks to Narrative

The ACCM reviews affiliation agreements between clinical sites and the medical schools. The stability and quality of the instructional program at the clinical sites are established through review of student logs, student evaluations, hospital questionnaires, clinical site visit reports, review of faculty CVs at each site, and review of the affiliation agreements between each school and its clinical sites. The ACCM has provided documentation of collection and review of this information for sample clinical sites.

Onsite Review, Question 5

Country Narrative

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

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

ACCM Protocol (Exhibit 2: Section VII & VIII) requires the inspection team to evaluate the teaching hospitals, and report on their major clinical departments, ambulatory facilities, and hospital libraries and to discuss with hospital executives the role and responsibilities of the hospital and school and the relationship with the school (Exhibit 44, 45 & 46). The sample agreement contains provisions consistent with the requirements of Standard 11 (Exhibit 37 & 38). ACCM is responsible for ensuring the quality of the clinical teaching sites.

ACCM conducts an onsite review of previously reviewed and approved hospitals or clinical teaching sites at least once (if required a revisit is scheduled) during the accreditation cycle, including a written Report (including any recommendations that must be implemented within a certain time period) which is sent to the school (Exhibit 38 & 39). If ACCM receives information that the school has affiliated with a new teaching site, an ACCM inspection team will visit the new site within twelve months of the placement of students (Exhibit 50).

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

At MUA & UMHS, all hospital core sites are ACGME-accredited teaching institutions, all preceptors are board certified (or board eligible) physicians with privileges in the hospital and all hospitals and preceptors receive and use the MUA provided core clinical curriculum, which contains the stated objectives, planned competencies, reading assignments and assessment methods (Exhibit 6). MUA also carries out its own regular inspections followed by written Reports, on clinical sites to ensure all clinical policies and goals are being complied with, including notifying ACCM of any changes and updates to clinical sites, which are reviewed by ACCM (Exhibit 30 & 33).

Analyst Remarks to Narrative

ACCM's narrative noted that ACCM is responsible for assuring the quality of clinical sites. The clinical sites for the country's medical schools are often in the United States or comparable third countries. Each clinical site is subject to the same requirements, including a review of its educational objectives, faculty and department chief appointments and responsibilities, evaluation procedures and classrooms, library, student study areas, and sleeping rooms for students scheduled to take calls. The school approves the agreements with the clinical sites, which are then reviewed by the ACCM. ACCM's protocol (exhibit 2) requires an inspection team to visit the teaching hospitals and report on their major clinical departments, ambulatory facilities, and hospital libraries, as well as to meet with hospital executives to discuss the role and responsibilities of the hospital and its relationship with the school.

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

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

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

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

ACCM Protocol also describes the specific qualifications and duties of the members who serve on inspections teams at the medical schools. Training takes place when a new member joins the Board as a Commissioner. A training session (Exhibit 37) is organized for a new member over a period of a day with each new member given a copy of the ACCM Standards and Protocol (Exhibit 1 & 2) and the ACCM Commissioners Handbook (Exhibit 34) documents to use as a guide including signing a Conflict of Interest Form (Exhibit 36).

All positions are currently filled with two new members joining as Commissioners within the last two years (Exhibit 34). Training is also ongoing and continues with Commissioners gaining experience through being involved in a set number of duties and through having access to written/electronic documentation relating to ACCM, reviewing Annual/Cohort Databases and Institutional Self-Study documentation, writing Reports, processing Applications from medical schools/governments seeking accreditation, scheduling and carrying out onsite campus and clinical site inspections of medical schools and clinical sites (Exhibit 2 p.p.5-10).

Analyst Remarks to Narrative

The ACCM noted that all ACCM members are commissioners and site team inspection members with required qualifications including training and profession medical education experience as medical educators. However, the ACCM's Commissioner Handbook notes that most members are medical doctors, with at least one member being a member of the public. The ACCM's Protocol for the Accreditation of Medical Schools (exhibit 2) provides a list title "Representation, Qualifications, and Experience of Commissioners" which includes:

1. An earned M.D. or equivalent from a recognized medical school
2. Completion of postgraduate training
3. Specialty certification from a recognized medical society
4. Experience as a chief academic officer of a medical School
5. Experience as a chief or senior faculty of a clinical department at a medical school
6. Experience as a chief or senior faculty of a basic science department
7. Experience as a senior manager or administrator at a postgraduate teaching hospital or medical school
8. Experience in undergraduate and graduate medical education, teaching, research and patient care
9. Experience in the medical school evaluation process
10. A lay person representing the public

All members are provided with training, and a sample training agenda was provided, along with many of the documents used in training, including the ACCM's Standards of Accreditation, Protocol for Accreditation of Medical Schools, ACCM Commissioner Handbook, ACCM Complaints Procedure, Self Study and Profile, Annual Database Survey, and Hospital Questionnaire. The ACCM provided a sample declaration of conflict of interest form for commissioners and commission meeting minutes.

Analyst Remarks to Response

Re-evaluation and Monitoring, Question 1

Country Narrative

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

The ACCM period of accreditation is for six years and each school must undergo a comprehensive re-evaluation for each

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

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

ACCM continues to ensure compliance with ACCM Standards through reviewing and assessing the institution relative to inspection of site, faculty and facilities, by reviewing the MUA Annual & Cohort Databases (Exhibit 7 & 8) and the biennial MUA Institutional Self-Study (Exhibit 6), as well as two biennial Interim Site inspections carried out within a six-year accreditation period including an onsite report written up (Exhibit 9 & 13). These inspections are also conducted to ensure any recommendations made during a previous inspection have been implemented. The Report is also sent to both the school and the government for a review and response.

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

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

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

To date, MUA has been fully compliant with ACCM Standards and Protocol since it was first accredited in 2010.

To date, UMHS has been fully compliant with ACCM Standards and Protocol since it was first accredited in 2015.

Analyst Remarks to Narrative

The ACCM provided documentation demonstrating that its approval period for medical schools is six years, and that schools undergo reevaluation prior to each renewal of accreditation and regular monitoring during the period of accreditation. The ACCM provided an accreditation report prepared prior to the renewal of MUA's accreditation (exhibit 13) as well as institutional self-studies (exhibits 6), annual databases (exhibits 8) and interim inspection reports (exhibits 9). These reports reflect regular reevaluation and monitoring of accredited medical schools according to ACCM's standards of accreditation.

The institutional self-studies provided for the Medical University of the Americas, however, do not use the ACCM's template form or standards for self-assessment, resulting in some of the ACCM's standards not being addressed in the MUA's self-studies, such as conflict of interest policies or availability of service opportunities to students. The NCFMEA may wish to request additional information about how the ACCM insures that self-studies address all parts of the ACCM's standards when accepting documents that do not use the ACCM's template self-study document.

Country Response

It is accepted that the MUA Institutional Self-Studies submitted were similar but not the same as the ACCM template. There were reasons for this at the time but going forward this will not be accepted and the school has been informed of this.

However, the MUA Self-Studies submitted did provide the required information, which were deemed satisfactory and adequate by ACCM. This also included a review of all documentation by ACCM, the Convenor & Deputy Convenor and if there were any queries, these were addressed to the school for a response and the school provided the relevant information or documentation. In relation to any policies or availability of service opportunities to students, these can be requested and submitted if required (Exhibit 65 & 67).

Analyst Remarks to Response

In response to the draft staff analysis, the ACCM provided documentation of student services provided to students, such as curricular and financial advising, counseling, and the availability of health insurance for students. The ACCM stated that in future, it would require both institutions in the country to use the ACCM's template self-study document to create its self-study.

Staff Conclusion: Comprehensive response provided

Re-evaluation and Monitoring, Question 2

Country Narrative

Annual Surveillance of Accreditation Programme:

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

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

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

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

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

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

ACCM has written procedures to investigate complaints it receives involving a school's failure to comply with ACCM Standards of accreditation. After reviewing the complaint to determine its credibility, ACCM will forward any credible complaints to the school for a response. If ACCM does not find the complaint credible or the school refutes the complaint, ACCM will dismiss the complaint and notify the complainant of its decision. Although ACCM annually publishes a list of schools it accredits, ACCM has not received any complaints to date about MUA (apart from two, one in 2014 and in 2018 which did not relate to compliance with ACCM Standards and Protocol). ACCM has not received any complaints to date about UMHS.

Answer to Question 2:

ACCM only investigates complaints that, if substantiated, may constitute non-compliance with ACCM Standards (Exhibit 1) and Protocol (Exhibit 2) and will only consider complaints that have not been resolved satisfactorily at the institutional level. Details of ACCM are published in the MUA & UMHS Student Handbooks (Exhibit 26) and in ACCM Standards (Exhibit 1).

ACCM Standard 13 (Exhibit 1) requires the medical school to provide information to students about the mechanism for submitting complaints to MUA & UMHS on its websites (<https://www.mua.edu/>) and (<https://www.umhs-sk.org/>) and in the MUA & UMHS student handbooks (Exhibit 26). The medical school is expected to keep a log of all complaints received and ACCM keeps a log of complaints addressed to ACCM, together with actions and time taken to process any such complaints as described in ACCM Protocol, Section V – XVI (Exhibit 2).

If the number of complaints, which upon investigation appear appropriate to non-compliance, and exceed more than a small number (e.g. 4) per year, an additional meeting with the Chief Academic Officer and senior staff would be arranged with a view to demanding that corrective action be taken at a management level and the Board of Trustees informed.

Both MUA & UMHS maintain a log of student's complaints and have policies and procedures for dealing with these internally within a specific time frame. Complaints are infrequent and an increase in a number of serious complaints would require ACCM reconsider the medical school's accreditation status and may prompt additional visits to the campus and/or clinical sites.

Analyst Remarks to Narrative

The ACCM's Standards and Protocol (exhibits 1 and 2) demonstrate requirements for the handling of complaints by both the accredited medical schools and the agency which meet the requirements of this guideline. The ACCM's complaint review process requires timely, fair and equitable handling of all complaints related to the standards and procedures for accreditation. The ACCM's processes include requirements for response to complaints and consideration of complaints when reevaluating a medical school for accreditation. The ACCM reports that it has not received any complaints for either of the country's two medical schools which relate to the standards or procedures for accreditation.

Substantive Change

Country Narrative

ACCM requires all accredited schools to report substantive changes related to the following: campus extensions, curriculum changes, resource changes, and changes in admission numbers. ACCM Standards outline the specifics for notification in

Standard 12 (Exhibit 1).

ACCM continues to ensure compliance with ACCM Standards through reviewing and assessing the institution relative to inspection of site, faculty and facilities, by reviewing the Annual Databases (Exhibit 8) and the biennial Institutional Self-Study (Exhibit 6), as well as two biennial Interim Site inspections carried out within a six-year accreditation period including an onsite report written up (Exhibit 9 & 13). These inspections are also conducted to ensure any recommendations made during a previous inspection have been implemented. The Report is also sent to the school and the government for a review and response. Other post accreditation oversight rendered by ACCM includes substantive changes or adverse actions taken by another accrediting agency or regulatory body. Whenever a school undergoes a change in ownership or governance, the school is required to complete relevant sections of the Institutional Self-Study (Exhibit 6) and the Annual Database (Exhibit 8) pertaining to the change. ACCM would schedule an onsite inspection of the school within six months from the receipt of the notification letter from the school.

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

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

ACCM will also determine whether to continue, change or add conditions to the terms of the school's accreditation status.

Analyst Remarks to Narrative

The ACCM's Standards of Accreditation and Protocol for the Accreditation of Medical Schools (exhibits 1 and 2) include requirements related to substantive change. The ACCM requires notification of substantial changes related to campus extensions, curriculum changes, resource changes, and changes in admission numbers. The ACCM also collects and reviews information regularly from accredited medical schools through institutional self-studies, cohort database reports, annual database reports, and site review inspections (exhibits 6, 7, 8, 9).

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

Answer to Question 1:

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

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

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

An officer of the accredited school or the school itself.

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

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

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

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

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

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

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

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

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

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

Has a prejudicial view towards the school seeking accreditation

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

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

Answer to Question 2:

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

Analyst Remarks to Narrative

The ACCM's Protocol for Accreditation of Medical Schools (exhibit 2) includes requirements for preventing conflicts of interest on the part of commission members. These requirements excludes participation by members with any salient relationship with the school being accredited. The ACCM provided sample conflict of interest forms signed by commission members to demonstrate application of its policies, and provided information regarding the extent and application of its conflict of interest policies.

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

To ensure that ACCM Standards (Exhibit 1) of accreditation are applied consistently, the Commissioners themselves conduct every aspect of the accrediting operations, e.g. onsite inspections, policy-making and decision-making. To ensure consistency in complying with ACCM Standards, ACCM conducts the inspection in a predetermined and structured format that serves a blueprint for conducting the inspection and ensuring that different teams evaluate different schools with equal uniformity and consistency. ACCM Commissioners have no relationship with the medical school other than to act as inspectors and accreditors. One of ACCM's procedures to ensure consistent application of ACCM Standards is the utilization of the ACCM Commissioners to conduct every aspect of its accrediting operations, from onsite inspection to policy-making to decision-making by following and being fully compliant with ACCM's Protocol (Exhibit 2). The policy further states that, in general, each team is composed of three Commissioners (one of these must be a Basic Scientist) for a full accreditation campus site inspection and two Commissioners for an Interim Site or Clinical Site inspection. These inspections are also conducted to ensure any recommendations made during a previous inspection have been implemented. The Report is also sent to the school and the government for a review and response. If the Annual Database Report and/or supporting documentation indicated that a school has fallen out of compliance with ACCM Standards, ACCM will begin a programme review at the school to determine whether it is necessary to change the school's accreditation status.

Analyst Remarks to Narrative

The ACCM reported that commission members conduct all aspects of site visits, policy making, and decision making, ensuring consistency through all aspects of the process. Two members conduct site visits for interim inspections, and three conduct visits for reevaluation. The ACCM referenced its conflict of interest policies and procedures and the involvement of multiple parties for accreditation decisions, with the school and government receiving accreditation reports. The ACCM collects annual database reports and institutional self-studies to monitor any significant changes at the school that may affect accreditation.

Accrediting/Approval Decisions, Question 1

Country Narrative

ACCM has incorporated ACCM accreditation Standards and Protocol (Exhibit 1 & 2) in all of the steps involved in the evaluation and decision-making process of schools of medicine for the countries it represents. All ACCM accredited medical schools must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation and ACCM Protocol for Accreditation and provide an education that adheres to LCME standards, the joint committee of the Association of American Medical Schools (AAMC) and the Committee on Accreditation of Canadian Medical Schools (CACMS). All medical schools must adhere to the standards set down by ACCM by fully complying with ACCM Standards of Accreditation

(Exhibit 1) and ACCM Protocol for Accreditation (Exhibit 2).

ACCM requires schools to provide specific information that is keyed into the accreditation ACCM Standards through submitting the completed Annual and Cohort Database reports. The Annual and Cohort Databases (Exhibit 24 & 25) and the Institutional Self-Study (Exhibit 12) requires schools to provide extensive and specific data and information based on the Standards. ACCM receives the completed Annual and Cohort Databases from the school which include information on the previous year's outcome data and also independently audited financial accounts statements (Exhibit 21 & 23). In addition, ACCM requires a comprehensive biennial Institutional Self-study document (Exhibit 6) to be completed and submitted by the medical school.

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

Clinical sites are evaluated regularly based on reports from the schools (Exhibit 30 & 33) and are inspected least once by ACCM (Exhibit 38 & 39) during the six-year accreditation period.

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

Analyst Remarks to Narrative

The ACCM relies on several mechanisms for collection and review of information about each medical school's compliance with the ACCM's standards, such as accreditation reports for school's applying for new or renewed accreditation, as well as monitoring mechanisms such as annual cohort and database reports, institutional self-studies, and interim inspection reports. The ACCM's standards include the requirement of an 85% USMLE step 1 pass rate for first time takers and passing of USMLE step 2 prior to graduation. Additionally, the ACCM's reviews include collection and review of information regarding U.S. residency match rates and long-term career outcomes for graduates.

Accrediting/Approval Decisions, Question 2

Country Narrative

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

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

MUA First time takers during 2016-2017 had 97% pass rate of the USMLE Step 1 (Exhibit 8). UMHS First time takers during 2016-2017 had 83% pass rate of the USMLE Step 1 (Exhibit 8). The Annual Database Report 2016-2017 reveals the importance of the insistence of the ACCM on the necessity of students to pass USMLE Step 1 prior to entering clinical science semesters and the improvement in the standard of reporting the employment status of graduates. The latter will continue to be a priority and lead to improvements in the relevant section of this questionnaire.

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

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

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

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

Analyst Remarks to Narrative

The ACCM's narrative noted its requirements for outcomes based information on the performance of student in relations to

licensure examinations, residency acceptance rates, and graduate employment. The ACCM reported the collection of information by both of the country's medical schools regarding mentoring students through the residency match process. For example, the MUA self study (exhibit 6) reports that nearly 90% of graduates were matched to a residency in either the United States or Canada. While not all graduates respond to requests for feedback about career progression, the ACCM's institutional self-study document encourages schools to actively seek such feedback.

Accrediting/Approval Decisions, Question 3

Country Narrative

ACCM collects data on MUA pass rates for MUA USLME Step 2CK (87%) and USLME Step 2CS (90%), UMHS USLME Step 2CK (72%) and Step 2CS (85%) Examinations and graduates who have obtained residencies (Exhibit 8).

ACCM has not established any student performance benchmarks but collects this data annually from the schools to determine whether the school has made improvements. Student outcomes clearly affect accreditation decisions. If the student body does not have a greater than 85% pass rate in USMLE Examinations, withdrawal of accreditation status would be seriously considered and could occur if this took place over a number of years.

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

In February 2017, ACCM asked for reports on the January 2016 and May 2016 Cohorts, to fill in data regarding Admissions and Enrolment, subsequent data on USMLE, Graduation & Residency (i.e. Q. 42, 43, 52 & 54) are not available yet but will be added in February 2018, February 2019 and February 2020. These are 'living documents' which will be added to in future years to show how the January 2016 cohort fared.

Answer to next Question re Outcome standards:

ACCM continues to ensure compliance with ACCM Standards through reviewing and assessing the Annual & Cohort Databases (Exhibit 7 & 8) and the biennial Institutional Self-Study (Exhibit 6). Decisions made by ACCM take into consideration the outcomes based on the performance of students in relation to licensure examinations, residency acceptance, and graduate employment. For example, all students who enter the fifth semester of study must pass the USMLE Step 1, before entering the clinical science semesters. MUA First time takers during 2016-2017 had a 97% pass rate and UMHS First time takers had an 83% pass rate for USMLE Step 1 (Exhibit 8) ACCM does not collect or monitor USLME Step 3. The Annual Database Report 2016-2017 reveals the importance of the insistence of the ACCM on the necessity of MUA & UMHS students to pass USMLE Step 1 prior to entering clinical science semesters and the improvement in the standard of reporting the employment status of graduates. The latter will continue to be a priority and lead to improvements in the relevant section of this questionnaire. There must be clear evidence that MUA

& UMHS students are achieving institutional objectives, are passing standardised exams imposed by external regulatory and licensing bodies, primarily the United States medical licensing examination (USMLE) series and students are matching to quality residency programmes and gaining licensure following residency completion. Throughout this process, students' judgement and ability to practice confidently is assessed using recognised external methods, providing objectivity and allowing graduates to be compared directly with students from other U.S. and Canadian-based medical schools with current and former clinical student representatives engaged in an ongoing dialogue about the effectiveness and approach to clinical sciences, rotation and licensure issues. Online surveys provide current clinical students with an opportunity to anonymously evaluate the staff and clinical practices each semester. The results are shared with the entire clinical team and are used to inform the Curriculum which is a living document continually evaluated for effectiveness in achieving the overall goals of the institution.

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

Answer to Question 2:

ACCM collects data on the pass rates for the Step 2CK (87%) and Step 2CS (90%) examination and graduates who obtained residencies (Exhibit 8). ACCM has not established any student performance benchmarks but collects this data from the schools annually to determine whether the school has made improvements. Student outcomes clearly affect accreditation decisions. If the student body does not have a greater than 85% pass rate in USMLE Examinations, withdrawal of accreditation status would be seriously considered and could occur if this took place over a number of years.

Every February, each medical school submits its Annual Database Report (Exhibit 8) which covers the previous academic year (July 1 – June 30). This report records the activities of the entire medical school and is based on LCME guidelines. However, over

recent years, some problems have arisen as this LCME-based instrument is designed to cover a single annual intake of students, whereas most Caribbean schools have three intakes, or cohorts, of students each year - January, May and September. To help ACCM to better understand the journey of each cohort through the medical schools we accredit, ACCM requires these short Cohort Database Reports (Exhibit 7) to also be returned by 1st February. The Cohort Database Report consists of questions concerning Admissions, Enrolment, USMLE, Graduation and Residency. In February 2017, ACCM asked for reports on the January 2016 and May 2016 Cohorts, to fill in data regarding Admissions and Enrolment, subsequent data on USMLE, Graduation & Residency (i.e. Q. 42, 43, 52 & 54) are not available yet but will be added in February 2018, February 2019 and February 2020. These are 'living documents' which will be added to in future years to show how the January 2016 cohort fared.

Report on evaluation of MUA's Student Performance Data US Medical Licensing Examination (USMLE):

Admission and Attrition: The ACCM continues to monitor the admissions data which is included in the submitted MUA Annual Database (Exhibit 8 p.3). There has been a slight increase in students matriculating over the last two years; the total intake for 2016-17 was 201. Consequently, ACCM is not concerned about staff/student ratio or facilities. The Grade Point Average (GPA) has not changed significantly over the past two years. Attrition has been significant in the first and second years with a total of 83 students. USMLE STEP 1: All MUA Students must take and pass USMLE to proceed to their hospital studies off island (i.e. in USA) as the recent statistics show in the MUA Annual Database (Exhibit 8 p.p.24 -25). This information shows that for 2014-15 the MUA first time pass rate was 94%, the first-time pass rate 2015-16 had increased slightly to 94%, and for 2016-17, 99% with all going upwards in the right direction. USMLE STEP 2: Clinical knowledge (CK) and Clinical Skills (CS) data in the MUA Annual Database (Exhibit 8 p. 2).

Analyst Remarks to Narrative

ACCM documented its collection of data on USMLE step 1 and 2 for each medical school, as well as information regarding graduates who have obtained residencies. ACCM's standards require medical schools to set a benchmark of an 85% pass rate for first time takers of the USMLE step 1; while not meeting this mark would not automatically trigger a withdrawal of accreditation status, the agency stated that withdrawal would be seriously considered in this case and could occur if failure to meet the benchmark occurred over several years. The agency requires each school to collect and analyze data about student success on USMLE exams, residency placements, and other outcomes, and evaluates this data for positive or negative trends.

Accrediting/Approval Decisions, Question 4

Country Narrative

ACCM considers these to be a satisfactory first-time pass rate for MUA of USLME Step 2CK (87%) and USLME Step 2CS (90%) and for UMHS USLME Step 2CK (72%) and Step 2CS (85%).

Graduation & Residency for MUA: A total of 93 students consisting of 49 Female and 44 Male received their MD degree from 1st July 2016 to June 30th 2017. A total number of students who obtained residency (categorical or preliminary, Match or Scramble) for the first time from July 1, 2016 to June 30, 2017 was 87. The number who tried and failed to obtain residency was 22. The reasons given for the shortfall were that the limited scope of some students' applications prevented a match e.g. they applied to a small number of highly competitive programmes (e.g. dermatology) or they did not apply to enough programmes (e.g. surgery programmes only) and finally due to geographical limitation (e.g. to a major city). 72 out of 93 students graduating from July 2016 to June 2017 were initially matched in the National Resident Matching Programme (NRMP) Section 57 in the Annual Database report shows the specialties that graduates accepted (Exhibit 8 p.36). There has been a significant improvement in the Matching of graduates from this school through MUA's implementation of appropriate student outcome measures to improve institutional effectiveness (e.g., curriculum, selection process). MUA has had outcome measures in place which it uses to improve institutional effectiveness. These outcome measures encompass the entire programme and over time have led the University to numerous changes designed to improve institutional effectiveness. Additionally, over time MUA has implemented additional outcome measures so that it can better assess, and thus improve institutional effectiveness.

The following outlines some of these outcome measures in place, how they are used to improve institutional effectiveness and highlight some examples of improvements made over time. Integral to MUA's mission statement are the six institutional competencies that are used both to assess student's preparedness, and institutional effectiveness. From these institutional competencies flow the learning objectives of each element (course/clerkship) of the programme. The learning objectives provide the foundation for course reviews by the Curriculum Committee. The ongoing assessment and review of the programme has led to a number of recent programmatic improvements in recent years, including: the introduction of the RLRA course to address Lifelong Learning, Scholarship & Collaboration; competency monitoring and evaluation throughout the curriculum; and improvements to clinical patient log systems. In addition to using outcome measures to identify the need to, and implement, improvements to the programme, MUA employs a number of interactive methods to more effectively engage students in learning. As part of this development, the University introduced an audience response system that provides formative feedback to students and instructors in real-time. The assessment methods, both during the Basic Sciences and Clinical Medicine portions of the programme, provide comprehensive measures of student performance, and in aggregate, university performance, across each of the university's institutional competencies. Finally, the Programme Evaluation section of the Annual Database summarizes how MUA's outcome

measures and programmatic elements are employed by the university to evaluate and improve institutional effectiveness.

Report on evaluation of UMHS's Student Performance Data US Medical Licensing Examination (USMLE)

Admission and Attrition: The ACCM continues to monitor the admissions data which is included in the UMHS Annual Database (Exhibit 8). A total of 135 UMHS students matriculating over the past year. Consequently, ACCM is not concerned about staff/student ratio or facilities. The Grade Point Average (GPA) has not changed significantly over the past two years (Exhibit 8).

USMLE STEP 1: All UMHS Students must take and pass USMLE to proceed to their hospital studies off island (i.e. in USA) as the recent statistics show in the UMHS Annual Database (Exhibit 8 p.p.22-23). This information shows that for 2014-15 the UMHS first time pass rate reached ACCM's recommendation of an 85% first time pass rate, in 2015-16 it had decreased slightly to 80%, but figures for 2016-17 show an increase up to 83% with an overall Pass Rate of 87%, so it's going upwards in the right direction.

USMLE STEP 2: Clinical knowledge (CK) and Clinical Skills (CS) data in the UMHS Annual Database show a first-time pass rate for CK in 2015-16 and 2016-17 at 72% with an overall pass of 77%, for CS in 2015-16 and 2016-17 at 85% with an overall pass of 87%, (Exhibit 6 p.p. 22-23). ACCM considers this to be a reasonably satisfactory first-time pass rate and will continue to monitor the data annually.

Graduation & Residency for UMHS: A total of 133 Students consisting of 68 Female and 65 Male received their MD degree from 1st July 2016 to June 30th 2017. The total number of students who obtained residency (categorical or preliminary, Match or Scramble) for the first time from July 1, 2016 to June 30, 2017 was 63, 72% in total. The number who tried and failed to obtain residency was 25. The reasons given for the shortfall were that the limited scope of some students' applications prevented a match e.g. selected a residency that was highly competitive (even for US graduates), have failed the USMLE once or twice, would only choose a residency site in a large urban research hospital or only wanted a residency in their home state, amongst others. Historically, the greater majority of students match within a year of graduation. UMHS obtains the NRMP and CaRMS rosters indicating students who have participated and Matched. Graduates are requested to inform UMHS of any residencies obtained outside of the Match. UMHS is in the process of developing an alumni portal to survey, track and engage UMHS graduates. Post-graduation information will be collected and entered into an Alumni Database.

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

Analyst Remarks to Narrative

The ACCM's narrative reported its requirements for outcomes based information on the performance of student in relations to licensure examinations, residency acceptance rates, and graduate employment, and provided documentation of regular collection and review of this information. The ACCM reported the collection of information by both of the country's medical schools regarding residency match rates, USMLE exam pass rates, and attempts made by the school to improve those numbers. For example, the MUA self study (exhibit 6) reports that nearly 90% of graduates were matched to a residency in either the United States or Canada.
