

## U.S. Department of Education Staff

Redetermination

Prepared July 2018

### Background

At its September 1996 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) initially determined that the standards of the New York State Education Department (NYSED), Office of the Professions, used to evaluate St. George's University School of Medicine (SGUSM) in Grenada (for the purpose of placing St. George's students in clinical clerkships in teaching hospitals in New York State), in conjunction with the standards used by Grenada's Ministry of Health, Housing, and the Environment to evaluate and approve clinical clerkships for St. George's students outside of New York, were comparable to those used to evaluate medical schools in the United States. The country's initial grant of comparability, based upon the NYSED standards, has been continued since that time, with redetermination of comparability occurring in 2007 and reports and other information submitted in intervening years.

The country was reviewed for continued comparability at the Fall 2013 NCFMEA meeting. At that time, the Committee deferred its decision on comparability and requested a special report, which was reviewed and accepted at the Spring 2014 NCFMEA meeting. The Committee also requested a new comprehensive application for continued comparability, which was reviewed and accepted at the Spring 2016 NCFMEA meeting. Also at that time, the Committee requested an update report, which is the subject of this analysis.

### 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 further inquire about whether CAAM-HP will develop plans to implement site visits to all clinical sites. [Overview of accreditation activities]

-- The NCFMEA may wish to request more information about the agency's administrative and fiscal capacity to carry out its accreditation activities. The Committee may also wish to request more information about the agency's plans to conduct core clinical site visits to SGUSOM in the expected time frame. [Schedule of upcoming accreditation activities]

### Staff Analysis

#### **Current status of medical schools**

##### **Country Narrative**

The St George's University School of Medicine (SGUSOM) is the only medical school operating in Grenada. The school was last surveyed by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) in April 2015. The MD programme at SGUSOM was subsequently accorded Accreditation with Conditions for 4 years, 2015-2019 by CAAM-HP (see Appendix 1: CAAM-HP 2015 Assessment Letter to SGU).

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

The country reports that the St. George's University School of Medicine (SGUSOM) continues to be the only medical school operating in Grenada. The school has been provided accreditation with conditions by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) from 2015-2019. As supporting documentation, the country attached Appendix 1, which is an assessment letter from CAAM-HP to SGUSOM detailing the findings from a site visit to SGUSOM by an ad hoc assessment team conducted from April 8 to April 16th of 2015 (see Appendix 2 SGUSOM site visit report for actual findings). Based upon the findings by the ad hoc team during the April 2015 site visit, CAAM-HP accorded accreditation with conditions to SGUSOM for a period of four years (2015 to 2019) with the expectation that the school would submit to CAAM-HP annual progress reports indicating what efforts are being made by SGUSOM to address the issues referenced in the site visit report as well as in the CAAM-HP letter to SGUSOM.

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#### **Overview of accreditation activities**

##### **Country Narrative**

The CAAM-HP conducted a full site visit to SGUSOM from April 8-16, 2015. This involved a survey of the basic science campus in Grenada and clinical affiliates in New York. See Appendix 2: SGUSOM 2015 Site Visit Report.

Between 2007 and 2015, CAAM-HP has visited the following clinical sites:

1. St Joseph's Medical Centre, N.J.
2. Coney Island Hospital, NY, and
3. Long Island College Hospital, NY (no longer used)
4. Brooklyn Hospital Centre
5. NY Methodist Hospital
6. Sound Shore medical Centre of Westchester now known as Montefiore, New Rochelle
7. Elmhurst Hospital Centre (now part of the Queen's Hospital Network)
8. St Barnabas medical Centre/Mt Vernon Hospital
9. Hackensack University Medical Centre
10. Newark Beth Israel
11. Richmond University Medical Centre
12. Lutheran medical Centre (no longer used)
13. Kings County Medical Centre
14. Woodhull Medical Centre
15. Flushing Hospital
16. Southside Hospital

CAAM-HP is in the process of arranging visits to SGUSOM's other clinical clerkship sites which were not visited during the accreditation visits. CAAM-HP, however, faces a challenge given the vast number of these sites and their dispersion across the USA and the availability of a sufficient number of site visitors and bearing in mind as well that CAAM-HP has to conduct site visits to other medical dental schools in the region. CAAM-HP is committed to carrying out this exercise but realises that this undertaking will take longer than 4 years to be accomplished.

The CAAM-HP monitors the MD programme of SGUSOM during the period of accreditation by way of progress reports which are submitted annually. This is in keeping with the conditions of the school's accreditation. These reports outline steps taken to address issues flagged by CAAM-HP in the site visit report. SGUSOM provided the CAAM-HP with progress reports in 2016 and 2017 (see Appendix 3: SGUSOM 2016 Progress Report and Appendix 4: SGUSOM 2017 Progress Report). Those reports were considered at the 2016 and 2017 meetings of the CAAM-HP and assessments made as per Appendices 5 and 6: SGUSOM 2016 Progress Report Assessment and SGUSOM 2017 Progress Report Assessment. The 2018 progress report has been submitted and will be considered at CAAM-HP's meeting in July 2018.

CAAM-HP hosted a successful and well received Capacity Building Workshop in Barbados, March 19-22, 2017. Participants came from 24 medical schools in the region including St George's University. The workshop was designed to provide guidance to schools and strengthen their capacity to prepare for the accreditation process and evaluate themselves against the Standards. Presentations focused on themes such as Aspects of the Accreditation Process; Focusing on the Standards and The Standards in Practice.

One significant objective of the Workshop was to introduce the revised accreditation standards for medicine to the schools and help them develop a comprehensive understanding of their interpretation, application and assessment. Through presentations and group deliberations using case studies, the workshop provided participants with an interactive forum to engage with CAAM-HP and medical education experts. The programme and presentations can be accessed on the CAAM-HP website at <http://www.caam-hp.org/workshop.html>.

### **Analyst Remarks to Narrative**

#### **ACCREDITATION REVIEWS OF SCHOOL CAMPUSES AND CLINICAL CLERKSHIP SITES AND DATES OF ON-SITE VISITS OF ALL CORE CLINICAL SITES:**

The country reports that CAAM-HP's ad hoc survey team conducted a full site visit to the St. George's University School of Medicine from April 8-15 of 2015 and attached as Appendix 2 the report of CAAM-HP's full accreditation survey. The report states that the team visited the True Blue campus and the General Hospital in Grenada on April 8 – 11, 2015, as well as the following teaching sites in New York, USA, on April 12 – 16, 2015:

Hackensack University  
Medical Center,  
Newark Beth Israel,

Richmond University Medical Center,  
Woodhull Medical Center,  
Kings County Medical Center,  
Kingsbrook Jewish,  
Flushing Hospital Medical Center, and  
Southside Hospital.

#### MEETINGS HELD AND ACCREDITATION DECISIONS REACHED:

CAAM-HP made one accreditation decision regarding SGUSOM as documented in Appendix 1.

The country reports that between 2007 and 2015, CAAM-HP visited sixteen clinical sites affiliated with SGUSOM and that CAAM-HP is in the process of arranging more site visits to the school's other clinical clerkship sites that were not visited. However, the country stipulated various challenges CAAM-HP faces in conducting these visits such as the number of sites, their distance across the US, and the lack of a sufficient number of site visitors. As such, the country noted that this undertaking will take longer than four years to complete. Based upon this information, it is unclear whether there is a comprehensive program of review of all clinical sites on a regular basis or that CAAM-HP has adequate administrative staff and resources to carry out its accrediting responsibilities. More information is requested from the country as to how all clinical sites are reviewed on a regular basis by CAAM-HP.

The country notes that in compliance with the conditions of its accreditation, SGUSOM has provided CAAM-HP with annual progress reports detailing the steps the school has taken to address the various identified issues CAAM-HP found during the April 2015 site visit. Appendix three contains the school's 2016 progress report and Appendix 4 contains the school's 2017 progress report. The country notes that the school has submitted a 2018 progress report that will be considered at CAAM-HP's meeting July of 2018. The country did not provide the 2018 progress report and is asked to provide it in its response. In regards to the review of the medical school's annual progress reports to CAAM-HP, CAAM-HP accepted the school's 2016 and 2017 progress reports but noted that significant concerns still remained.

#### ACCREDITATION CONFERENCES OR TRAINING SESSIONS HELD, ETC:

The country reported that CAAM-HP hosted a Capacity Building Workshop in Barbados, March 19-22, 2017 to which SGUSOM attended. The workshop was designed to provide guidance to schools and strengthen their capacity to prepare for the accreditation process and evaluate themselves against the Standards. The country did not provide any supporting documentation for the workshop in this review but did state that the program and presentations can be accessed on the CAAM-HP website. The country is asked to provide documentation concerning the Capacity Building Workshop in its response.

### **Country Response**

The Authority admits that there is no comprehensive programme at this time for the review of all SGUSOM's clinical sites on a regular basis. However, CAAM-HP wishes to reiterate that at the moment, visits to clinical sites have been carried out during the full accreditation site surveys. Again, CAAM-HP and SGU acknowledge the unique challenge to the accrediting agency from a school with the largest student population and the vast number of clinical sites spread across 70 hospitals geographically dispersed throughout the USA, Canada and the UK. In addition, in an effort to develop a schedule for the visits while simultaneously carrying out visits to other schools, it became almost impossible to put together teams to SGU based on the availability of the required number of site visitors all at the same time.

CAAM-HP must respond to many other medical schools while seeking to comply with the SGU's requirements. In fact, between 2015 and 2018 CAAM-HP carried out 20 site visits to schools and monitored 25 others.

This issue was discussed at the Annual General Meeting in July 2018 and efforts are being made to assign a new adjunct staff member to the task of organising visits to sites in New Jersey for a start in late October 2018. Also, SGU is scheduled for a full site visit in the Spring of 2019.

As it relates to SGUSOM's 2018 Progress Report to CAAM-HP (Appendix 14A), it was not provided at the time of the initial submission of this application as it was not yet formally presented to and considered by the CAAM-HP Board. CAAM-HP is now in a position to share that report in addition to the 2018 Progress Report Assessment Letter, Appendix 14B.

With regard to the 2017 Capacity Building Workshop, CAAM-HP is pleased to share its 2016-2017 Annual Report (Appendix 15) in which a review of the Workshop was documented on page 16 through to 22. As previously mentioned, the programme and

presentations can be accessed at <https://www.caam-hp.org/news-details/Capacity+Building+Workshop%2C+March+2017+Feb+1+2017/02366200-8b96-11e7-a6a0-f23c911818f6>

Among the outcomes of the 2017 Workshop was that suitable participants were identified and served as site visitors for CAAM-HP during the 2017-2018 administrative year.

CAAM-HP hosted another Capacity Building Workshop from July 25-28, 2018 in Trinidad and Tobago. That Workshop was attended by approximately one hundred (100) representatives from just under thirty (30) schools in the English-speaking, Spanish-speaking and Dutch territories in the Caribbean. Information about the workshop can be found at <https://www.caam-hp.org/news-details/Capacity+Building+Workshop%2C+July+2018+Aug+18+2018/661b9f14-a334-11e8-8584-f23c911818f6>

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country notes that it does not currently visit all clinical sites due to logistical difficulties. Specifically, there are 70 hospitals spread across three countries that serve as clinical sites for one medical school, St. George's University School of Medicine (SGUSOM). The accrediting body, CAAM-HP, has discussed the issue and noted changes to address the issue; however there are still no concrete plans by the agency to visit all clinical sites.

In addition, the country has submitted the requested 2018 SGUSOM Progress Report (exhibit 1), the 2018 SGUSOM Assessment Letter (exhibit 2), and the CAAM-HP Annual Report (2016-2017) (exhibit 3). The country has also provided a website address for the capacity building workshops hosted in July of 2018.

**Staff Conclusion:** Additional Information requested

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## **Laws and regulations**

### **Country Narrative**

There have been no changes to the laws and regulations that affect the accreditation of medical schools in Grenada.

### **Analyst Remarks to Narrative**

The country stated in its narrative that there have been no changes to its laws or regulations that affect the accreditation of medical schools in Grenada. Therefore, it has no documentation to provide.

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## **Standards**

### **Country Narrative**

In keeping with its Procedures for revision of standards the CAAM-HP Secretariat commissioned a sub-committee to review its accreditation standards for medicine over the period January 2016 and March 2017. Membership of the committee comprised:

- 1 representative from an accredited medical school
- 1 CAAM-HP member
- 1 representative of the Caribbean Association of Medical Councils (CAMC)
- 1 person from outside of the region with experience with the CAAM-HP accreditation standards and processes
- 1 experienced CAAM-HP site visitor
- The Executive Director as an ex-officio member

The committee:

- maintained the current format of the CAAM-HP standards
- considered the existing standards in the light of the recently revised LCME standards
- compared the CAAM-HP standards against the revised LCME standards and identified discrepancies resulting in the addition of a number of new standards to the current CAAM-HP standards
- changed some standards from "should" to "must"
- amalgamated some standards where they overlapped
- renumbered the standards in the various sections to take account of the additions and amalgamations
- was mindful that the standards must be applicable both to regional and to "off shore" medical schools

In considering the standards the Committee unanimously came to the view that the Internship and Continued Professional Education (CPE) sections did not fit well with the process of accrediting medical schools. CPE is the responsibility of registering bodies and the individual professional bodies and are not a part of an undergraduate medical programme.

The Committee took into consideration the fact that Internship is not part of the undergraduate medical education programme nor is it the responsibility of the schools and hence should not be a part of the assessment process.

The question of quantitative standards has been controversial for CAAM-HP. Internationally, the trend seems to be that less is more in this area; it was the Committee's view that it is more important to capture a small number of key, robust and verifiable data than to ask for vast amounts of data which are difficult to collect, verify and impossible to manage effectively.

The Committee felt that external examinations and residency rates could not be made compulsory standards and that students who choose not to sit the USMLE and apply for residency must not be put at a disadvantage. However, as many of the schools in the region are geared to successful USMLE and residency placements it was accepted that data should be collected and evaluated for individual schools and be included in the database. If a school has these as important goals for their programme they should form part of the accreditation judgement on that school. For schools where these are not major programme goals and where student rates of sitting these examinations are low these data would not be an important part of the assessment. External examinations are not necessary for graduates of the University of the West Indies (UWI) or the University of Guyana (UG) as the successful completion of the undergraduate course is followed by a period of internship which, when successfully completed, allows the doctor the privilege of Full Registration. There is no requirement for sitting further examinations. The vast majority of these graduates remain in the region and either enter postgraduate residency programmes or General Practice in the region.

The differences between the regional and the "off shore" schools mean that this flexibility is required. Finally, since CAAM-HP does not insist that a proportion of students at all schools must obtain external examinations or residency placements the Committee determined that these cannot be requirements.

Should there be questions concerning the methods of assessment or standards of the assessment programme then it may be necessary to seek a benchmark examination and then require the school to mandate their students to sit this benchmark examination before graduating.

The draft revised standards were presented to CAAM-HP's Annual General Meeting held in Jamaica, July 27-29, 2016. With respect to quantitative standards the meeting agreed with the Committee's recommendation to use only objective quantitative data such as examination pass rates, attrition, and placement in postgraduate training.

The meeting also discussed the issue of including measures for student performance outcomes in the draft revised standards. The NCFMEA had suggested that CAAM-HP should base its accreditation decisions, in part, on the effective use of data in evaluating the performance of students after graduation from the medical school. CAAM-HP should, therefore, establish student performance outcome standards such as acceptable numbers of graduates from the school passing a licensing examination and an acceptable percentage of all students graduated during the preceding year that obtained placement in an accredited US postgraduate medical training programme to determine whether to grant accreditation.

While acknowledging that such data would be useful, the meeting expressed concern about including performance outcome data in the standards and noted that this was not a requirement of the LCME. The meeting agreed that this matter should be considered carefully at the 2017 Annual General Meeting.

While there was general agreement in principle with the draft revised accreditation standards members were given two weeks to comment further following which any suggestions/amendments would be forwarded to the Committee for consideration.

The majority of the members responded indicating agreement with the proposed new standards, strongly supported the removal of the Internship and Continued Professional Education standards as they are not a required part of the undergraduate medical education programme. Members were also pleased that they would not have to adopt additional quantitative standards as these would have been not only difficult to provide but also somewhat useless without internationally accepted benchmarks.

CAAM-HP hosted what has been described as very successful and well received Capacity Building Workshop in Barbados, March 19-22, 2017. The over 100 participants in attendance represented 24 medical schools in the region. The main purpose of the Workshop was to introduce the draft revised accreditation standards for medicine, their interpretation, application and assessment. This was followed by Group deliberations using case studies which helped participants to identify the relevant accreditation standards. The programme and presentations can be accessed on the CAAM-HP website at: <http://www.caam-hp.org/workshop.html>.

The two areas of significant concern during the extended discussion of the new standards were: the examination results data particularly from the schools whose graduates do not sit external examinations and the dropping of the Internship standards.

However, a number of schools wanted to be able to supply some data on the participation of their graduates in Internship and residency programmes. Consequently, changes were made to Medical Education Database-Section III-Educational Programme Part A and Standard ED-46.

Where revisions have taken place, these are highlighted in bold and underlined for ease of identification (Appendices 7-12). These were approved at the CAAM-HP Annual General Meeting in July 2017 and came into effect on August 1, 2017. An advisory to this effect was sent to all schools.

### **Analyst Remarks to Narrative**

The country states in its narrative that changes were made to Medical Education Database-Section III-Educational Programme Part A and Standard ED-46 (See Appendices 7-12). These changes were approved by CAAM-HP at their Annual General Meeting in July of 2017 and went into effect on August 1, 2017.

The country indicates in its narrative that CAAM-HP commissioned a subcommittee to review its accreditation standards for medicine from the period of January 2016 and March 2017 against the newly revised LCME standards. Upon identifying areas of discrepancy, new standards were added into the pre-existing CAAM-HP standards. Some of these changes included changing verbiage from "should" to "must," combining overlapping standards, and renumbering standards in consideration of any additions or amalgamations.

During this review of the standards, the committee unanimously agreed that the Internship and Continued Professional Education (CPE) sections did not fit well with the process of accrediting medical schools. The Committee took into consideration the fact that internship is not part of the undergraduate medical education program nor is it the responsibility of the schools and hence should not be a part of the assessment process. In its narrative the country indicated that since CAAM-HP does not require a proportion of students to obtain external examinations or residency placements, these factors could not be made compulsory standards. (However, the country stated that if it is the objective of the institution to gear its students towards successful USMLE and residency placements, the data from these standards should be collected and analyzed for the individual schools as part of their accreditation review.)

During CAAM-HP's Annual General Meeting held in July of 2016, the drafted standards were presented and the committee's recommendation to use only objective quantitative data (examination pass rates, attrition, and placement in postgraduate training) were agreed upon.

However, the CAAM-HP members expressed concerns regarding the inclusion of performance outcome data in the accreditation standards noting that this was not a required factor for LCME and they deferred this matter for consideration at the 2017 Annual General Meeting. The country notes that after the meeting there was agreement with the proposed new standards in removing the internship and continued professional education standards because they are not a required component of the undergraduate medical education program. However, the country did not provide any update regarding any further discussion by CAAM-HP regarding the inclusion of performance outcome data in the accreditation standards.

Notable changes in "Appendix 7 STANDARDS FOR THE ACCREDITATION OF MEDICAL SCHOOLS" by CAAM-HP:

#### **MEDICAL STUDENTS (ADMISSIONS):**

- Publications must include annual costs for attendance including tuition and fees.
- Premedical course requirements should be restricted to those deemed essential preparation for successful completion of its medical curriculum.
- Publications must include costs for attendance, including tuition and fees.

#### **Financial Aid Counseling and Resources:**

- A medical school must have a clear, reasonable and fair policy for the refund of a medical student's tuition fees

#### **FINANCIAL AID AND RESOURCES:**

- A medical school must have a clear, reasonable and fair policy for the refund of a medical student's tuition fees
- In the admissions process and throughout medical school, there must be no discrimination on the basis of gender, sexual orientation, age, race or religion ("must" replaced "should").

#### **EDUCATIONAL PROGRAM:**

- A medical school must engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result [sic] in the achievement of measurable outcomes that are used to improve programmatic quality and ensure effective monitoring of the medical education programs compliance with accreditation standards.
- A medical school must ensure that medical students in clinical situations involving patient care are appropriately supervised at all

times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his/her level of training and that the activities supervised are within the scope of practice of the supervising health professional.

- The medical school must design and the faculty approve a curriculum that provides a general professional education and ensure that it includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning.

#### EDUCATIONAL OBJECTIVES:

- Periodically, a medical faculty should, in consultation with relevant stakeholders, professional, governmental and private sector entities and NGOs, review the state of medicine and its practice in the constituency it serves. Such reviews should be used to ensure that the program is relevant to the needs of the community and to identify perceived deficiencies in the curriculum and the curriculum committee given clear directives as a result of such re-assessment of successes and unmet challenges.
- The faculty of a medical school must define its medical education program objectives in outcome-based terms that allow the assessment of the medical students' progress in developing the competencies that the profession and the public expect of a doctor.
- The medical school must engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve Revised 2017 21 programmatic quality and ensure effective monitoring of the medical education program's compliance with accreditation standards.
- The objectives for clinical education must include criteria for the types of patients and the appropriate clinical settings needed for the objectives to be met.
- A medical school must ensure that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the students is appropriate to his/her level of training and that the activities supervised are within the scope of practice of the supervising health professional.

#### STRUCTURE:

- The medical school must design and the faculty approve [sic] a curriculum that provides a general professional education, and ensure that it includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs, independent identification, analysis and synthesis of relevant information and appraisal of the credibility of information sources.

#### CONTENT:

- A medical school must ensure that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty and staff at all locations and is one in which all individuals are treated with respect.
- The program must introduce medical students to the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients and applied to patient care.
- The medical school should ensure that the medical education program provides sufficient opportunities, encourages and supports medical students' participation in service-learning and community service activities.
- Service-learning is defined as a structured learning experience that combines community service with preparation and reflection.
- The curriculum must prepare students for their role in addressing the medical consequences of common societal problems.

#### GEOGRAPHICALLY SEPARATED PROGRAMS:

- Questions for standards ED-38 to ED-44 should be completed only by schools that operate geographically separate campuses as defined in the instructions for completing the database.

#### GENERAL FACILITIES:

- A medical school must have, or be assured the use of buildings and equipment appropriate to achieve its educational and other goals. These include: an adequate number of small group discussion rooms; clinical skills and simulation facilities.
- The medical school must design and the faculty approve a curriculum that provides a general professional education and ensure that it includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning.

#### GOVERNANCE AND ADMINISTRATION:

- A medical school or the educational institution of which it is a part must be registered by the government of the jurisdiction in which it operates.
- An institution which offers a medical education program must engage in a planning process that sets the direction for its program and results in measurable outcomes.

## FACULTY:

•All faculty members, including part-time faculty and volunteer physicians involved in teaching must have the capability and continued commitment to be effective teachers.

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## **Processes and procedures**

### **Country Narrative**

CAAM-HP has updated the following documents aimed at simplifying those processes and procedures and make the documents more user friendly. These documents are:

- Procedures of the CAAM-HP
- Summary of Accreditation Procedures (formerly Accreditation Procedures of the CAAM-HP)
- Accreditation Guidelines for New and Developing Schools
- Students' Role in the CAAM-HP
- Guidelines for Accreditation Survey Visits
- Guide for Writing a Report on a Visit of a CAAM-HP Survey Team
- Guide to the Institutional Self-Study (ISS) for Programmes of Education in Medicine
- Instructions for Completing the CAAM-HP Medical Education Database and ISS Summary
- Annual Medical School Questionnaire

However, changes were made to the following which are appendices to the document, Procedures of the CAAM-HP, Appendix 13:

1. Appeals Process
2. States of Accreditation

The documents can be accessed from our website at <http://www.caam-hp.org/documents.html>.

### **Analyst Remarks to Narrative**

The country provided the updated CAAM-HP procedures and referenced that the "appeals process" and "states of accreditation" sections have been updated (appendix 13). However, it is not clear what exactly has changed as the country did not indicate, like it has in appendices 7-12, in bold/underlined text all relevant changes. Country is asked to provide a summary of changes referenced in appendix 13. Furthermore, in its narrative, the country listed eight other documents that reflect updates and stipulates that these documents can be retrieved from the CAAM website, however, the site is not accessible. In addition, this information must be uploaded as documentation to become a part of the official record of documentation. The country is asked to upload the eight documents here for review of all changes to processes and procedures as they pertain to accreditation.

### **Country Response**

The changes made to the Appeals Policy and States of Accreditation are outlined as follows:

#### Appeals Policy

The revised Policy and Procedures for Appeal were presented to the meeting (CAAM-HP 2017 AGM) for approval. Attention was given to the following key elements:

- the appeal would be decided by an independent 3-member panel;
- the decision of the panel would be binding on CAAM-HP and would be implemented immediately;
- the inclusion of specific grounds for appeal;
- the administrative dismissal of defective appeals;
- the facilitation of electronic hearings;
- the costs of the appeal would be borne by the school;
- the school would be required to notify the relevant government authorities in its jurisdiction of any change in its accreditation status.

The meeting emphasised that the school must notify all students, including potential students of an adverse accreditation decision and update its accreditation status on all its public documents and website.

The meeting considered whether the composition of the panel should be specified, but agreed that this could be limiting and noted that the school already had the right to object to panel members.

In the discussion with respect to the specific grounds for appeal, the meeting questioned the relevance of including the citing of



factually incorrect information in making a determination, given that the school had an opportunity to review the report and correct errors of fact. The meeting agreed to remove citing of factually incorrect information as one of the grounds for appeal.

The Authority approved the revised Policy and Procedures for Appeal subject to the change noted above.

#### States of Accreditation

The revised States of Accreditation were presented to the CAAM-HP 2017 AGM for approval. The review was designed to: clarify terminology; address inconsistencies; reduce the likelihood of legal challenge; and make the document more user-friendly. The following major changes were highlighted:

- extending Probation for a maximum of three (3) years;
- granting Provisional Accreditation for three (3) years;
- increasing the period before re-application to a minimum of three (3) years;
- changing terminology from “Candidacy Withdrawn” to “Candidacy Terminated”;
- including “failure to submit annual progress reports” as one of the reasons for Candidacy Terminated;
- making all adverse accreditation decisions subject to appeal.

The Authority approved the revised States of Accreditation.

The Revised States of Accreditation and the Revised Appeals Policy can be found in the Procedures of the CAAM-HP (Appendix 13 for this submission) at Appendix A and Appendix H, respectively.

The inaccessibility of CAAM-HP website was a result of the upgrading it has been undergoing. The CAAM-HP documents which were updated are attached as follows:

- Procedures of the CAAM-HP, Appendix 13
- Summary of Accreditation Procedures (formerly Accreditation Procedures of the CAAM-HP), Appendix 16
- Accreditation Guidelines for New and Developing Schools, Appendix 17
- Students’ Role in the CAAM-HP, Appendix 18
- Guidelines for Accreditation Survey Visits, Appendix 19
- Guide for Writing a Report on a Visit of a CAAM-HP Survey Team, Appendix 20
- Guide to the Institutional Self-Study (ISS) for Programmes of Education in Medicine, Appendix 21
- Instructions for Completing the CAAM-HP Medical Education Database and ISS Summary, Appendix 22
- Annual Medical School Questionnaire, Appendix 23

These can also be found on the website at <https://www.caam-hp.org/documents>.

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

In response to the draft staff analysis, the country submitted requested documents to demonstrate changes to the CAAM-HP Appeals Policy and States of Accreditation, including exhibits 10, 11, 4, 5, 6, 7, 8, and 9. The country provided in its narrative a description of changes to the Appeals policy.

The country also noted that the policy change now emphasizes that the school must notify all students and potential students of an adverse accrediting decision and update its accreditation status on all public documents and website.

The country provided narrative description of changes to the States of Accreditation, describing these changes as intended to clarify terminology, address inconsistencies, reduce the likelihood of legal challenge, and make the document more user friendly.

**Staff Conclusion:** Comprehensive response provided

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#### **Schedule of upcoming accreditation activities**

##### **Country Narrative**

CAAM-HP will hold its Annual General Meeting in Trinidad and Tobago in July 2018 at which it will consider SGUSOM’s 2018 progress report. In addition, CAAM-HP expects in the latter part of 2018 to begin surveying core clinical sites that were not visited during the last full site visit or during the period of accreditation. Also, SGUSOM is due for a full survey visit by CAAM-HP in Spring 2019. As customary, this full survey visit will involve a visit to the basic science campus in Grenada and clinical affiliates in the

USA.

### **Analyst Remarks to Narrative**

In its narrative, the country indicates that the next CAAM-HP meeting will be held in Trinidad and Tobago July 2018. During this meeting the 2018 progress report from SGUSOM will be considered.

The country also states in its narrative that CAAM-HP plans to begin surveying SGUSOM's remaining core clinical sites that it was unable to conduct site visits to during the prior accreditation review; however, no dates have been provided by the country. Department staff is concerned that CAAM-HP has not completed its review of the core clinical sites in relation to its 2015 accreditation review of SGUSOM.

Lastly, the country states that a full survey visit of SGUSOM is due Spring of 2019 and will consist of a visit to SGUSOM's basic science campus as well as its clinical affiliates in the US. Department staff is concerned that it is time for the comprehensive accreditation review of SGUSOM, but that CAAM-HP has not completed the expected site visits to the core clinical sites from the prior review.

### **Country Response**

CAAM-HP is now further along in its efforts to make a start with the visit to the clinical sites. CAAM-HP has been in touch with clinicians in its database to determine their availability during the period late September to early November 2018 for visits to the sites in the state of New Jersey. In addition, an adjunct staff member has been assigned to cover these visits.

CAAM-HP wishes to reiterate that it will do its utmost to carry out these visits but it must be borne in mind that doing so will require at least 8 visits per year while ignoring other schools which in their normal cycle would be due for visits. CAAM-HP is a regional body expected to serve schools in all member countries of the Caribbean Community (CARICOM).

### **Analyst Remarks to Response**

In response to the draft staff analysis, the accrediting agency, CAAM-HP, states that efforts are underway to conduct site visits to clinical sites located in New Jersey for St. George's University School of Medicine (SGUSOM). The agency asserts that it will try to conduct the required site visits but that doing so would cause disruption from the expected reviews and other accrediting activities required for other schools. Department staff is concerned that the agency may not have the administrative and fiscal capacity to carry out its accreditation activities, as the agency states that conducting core clinical site visits for SGUSOM would might result in the neglect of other agency responsibilities.

**Staff Conclusion:** Additional Information requested

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