

## U.S. Department of Education Staff

Redetermination

Prepared September 2019

### 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 (SGUSoM) 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. The Committee requested a new comprehensive application for continued comparability in 2016, at which time the country used CAAM-HP as its accreditor. This application was reviewed and accepted at the Spring 2016 NCFMEA meeting and comparability was granted until 2020. However, in 2018 Grenada informed the Department that they intended to stop using CAAM-HP as their medical school accreditor and that in future the country will conduct medical school accreditation activities through the Ministries of Education and Health of Grenada. Grenada requested to submit a new comprehensive comparability petition in 2019 using its new medical school accreditation system. That petition 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 discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards relative to this guideline.

--The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

--The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards in this area.

--The NCFMEA may wish to request additional information regarding how the GMDC currently evaluates a medical school in the area of how it prepares students to enter and complete graduate medical education and qualify for licensure.

--The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards in this area.

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--The NCFMEA may wish to request more information about how the GMDC plans revise its guidelines to include faculty involvement in disciplinary processes.

--The NCFMEA may wish to discuss the adequacy of the site visit report in describing the medical school's compliance or non-compliance with the GMDC's standards.

--The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

--The NCFMEA may wish to request additional information as to whether the GMDC has plans, if any, to adopt a standard specifically related to this guideline.

--The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

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--The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

--The NCFMEA may wish to request additional information as to whether the GMDC has plans, if any, to adopt a standard specifically related to and including all of the elements of this guideline.

--The NCFMEA may wish to request additional information regarding what the GMDC's requirements are for the laboratory portion of the basic sciences curriculum.

--The NCFMEA may wish to ask the country about how a medical school is evaluated relative to this guideline. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

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--The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards. Additionally, the NCFMEA may wish to request additional information about what data sources the GMDC uses and how for students who do not go into clinical medicine.

--The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

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- The NCFMEA may wish to enquire about whether the GMDC plans to adopt a standard that will encourage medical schools to conduct biomedical research. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.
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- The NCFMEA may wish to request clarification about how the GMDC determines a "critical mass" of site visits, as described in its narrative. The NCFMEA may wish to inquire about how or whether the GMDC plans to change its procedures document to clearly indicate what is determined to be sufficient for clinical site visits in order for an accreditation decision to be made.
- The NCFMEA may wish to discuss the GMDC's accreditation of a medical school, SGUSOM, prior to completion of site visits to all core clinical sites.
- The NCFMEA may wish to inquire about the GMDC's plans to visit all clinical sites at medical schools that it accredits.
- The NCFMEA may wish to request information about when and how the GMDC will review its templates. Additionally, the

NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

--The NCFMEA may wish to request information about when and how the GMDC will review its templates. The NCFMEA may wish to ask about what performance information about a medical school's graduates the GMDC uses in making its accreditation decisions.

--The NCFMEA may wish to request information about when and how the GMDC will review its templates.

--The NCFMEA may wish to inquire how the GMDC evaluates the performance outcome standards of the medical schools it accredits.

## Staff Analysis

### **Part 1: Eligibility**

#### **Basic Eligibility Requirements, Q1**

##### **Country Narrative**

Yes, as of its most recent census date, St. George's University School of Medicine (SGU) enrolls approximately 4,800 students who are either U.S. Citizens or eligible U.S. Permanent Residents.

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

The country stated that St. George's University School of Medicine (SGU or SGUSOM) currently enrolls approximately 4,800 students who are either U.S. Citizens or eligible U.S. permanent residents. The Department analyst verified the enrollment of U.S. students at SGU and SGU's participation in the Direct Loan program through the Federal Student Aid website.

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#### **Basic Eligibility Requirements, Q2**

##### **Country Narrative**

SGU has maintained eligibility to participate in the Title IV programs continuously since 1983.

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

The country stated that St. George's School of Medicine has maintained eligibility to participate in Title IV programs since 1983. The Department analyst verified the enrollment of U.S. students and SGU's participation in the Direct Loan program through the Federal Student Aid website.

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#### **Basic Eligibility Requirements, Q3**

##### **Country Narrative**

Yes, on behalf of the Government of Grenada, the Grenada Medical and Dental Council (GMDC) agrees to submit timely data requests and monitoring reports as specified by the NCFMEA.

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

The country stated its agreement to submit timely data requests and monitoring reports as specified by the NCFMEA.

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#### **Basic Eligibility Requirements, Q4**

##### **Country Narrative**

Yes, GMDC agrees to submit an application for comparability by the deadline specified by the NCFMEA and at least once every six years.

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

The country stated its agreement to submit an application for comparability by the deadline specified by the NCFMEA at least once every six years.

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#### **Basic Eligibility Requirements, Q5**

## **Country Narrative**

Yes, GMDC agrees to allow observation of its quality assurance activities if deemed appropriate by the NCFMEA or the U.S. Department of Education. At GMDC's invitation, NCFMEA staff and committee members observed clinical site visits conducted by GMDC at SGU clinics in New York in April 2019.

### **Analyst Remarks to Narrative**

The country stated its agreement to allow observations of quality assurance activities if deemed appropriate by the NCFMEA or the Department. The country noted that NCFMEA members and Department staff observed clinical site visits conducted by the country in New York in April, 2019.

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## **Basic Eligibility Requirements, Q6**

### **Country Narrative**

Yes, GMDC agrees to update Department staff with current contact information for country representatives and other relevant parties.

### **Analyst Remarks to Narrative**

The country stated its agreement to update Department staff with current contact information for country representatives and other relevant parties.

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

### **Approval of Medical Schools, Question 1**

#### **Country Narrative**

The Government of Grenada retains the authority and the responsibility to license all medical schools to operate in the country. We have attached Grenada Act no 17 of 1976 (Exhibit 1), Grenada People's Law 47 of 1982 (Exhibit 2), Grenada Act no 18 of 1996 (Exhibit 3) as amended by Grenada Act 12 of 2011 (Exhibit 4), and Grenada Statutory Rules and Orders no 34 of 2014 (August 2014) (Exhibit 5). These five documents represent the initial and amended authority from the Government to operate St. George's University School of Medicine from 1976 to the present time.

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

The country stated that the government of Grenada has the authority to approve or deny the operation of medical schools in the country, and provided excerpts from the country's statute to document this authority, including the original act of Parliament and subsequent reauthorizations that authorized the creation of St. George's University. The country provided Resolution #1583 (October 30th, 2017) in which the Cabinet resolved that the government would take the steps necessary to provide for review and accreditation of medical schools in the country. In additional narrative and exhibits, the country noted that the Grenada Medical and Dental Council (GMDC), an independent body comprised of members selected by the Ministry of Health, has taken on the responsibility of accrediting medical schools in the country. Additionally, the country provided its Act No.1 of 2019, which amends the Health Practitioner's Act, and which includes the requirement that all medical schools be accredited by the Grenada Medical and Dental Council in order to offer a medical program in the country. This act is not yet in effect; the act includes the provision that it will come into force on the date it is published in the Gazette, and the country notes its intention to refrain from publishing it in the Gazette until a favorable NCFMEA comparability determination has been given to the Grenada Medical and Dental Council in order to avoid a gap in comparability determination by the NCFMEA.

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### **Approval of Medical Schools, Question 2**

#### **Country Narrative**

The Grenadian Ministry of Education is responsible for monitoring medical schools operating in Grenada.

In 2016, the NCFMEA approved Grenada's application for comparability based on the Ministry's designation of the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) as the entity responsible for accrediting medical education programs in Grenada. CAAM-HP continues to accredit SGU and conduct regular oversight functions in that capacity to this day. SGU currently maintains accreditation from CAAM-HP, including the most recent renewal of accreditation in 2015.

Grenada now files this application in order to transition from its current system designating CAAM-HP to accredit medical schools

and instead to designate GMDC as the entity responsible for accrediting medical schools in Grenada. This application is requesting that NCFMEA grant continued comparability to Grenada based on NCFMEA's review of the standards and procedures of GMDC as the medical accrediting body for Grenada.

With respect to timing, Grenada will retain its current NCFMEA-approved system of accrediting medical schools based on the CAAM-HP standards and procedures until the NCFMEA has completed its review and issued a favorable decision on this application to designate GMDC to perform the medical accrediting function in Grenada. Grenada informed the NCFMEA of its intent to transition to GMDC by letter dated June 29, 2018. (Exhibit 6). In addition, the NCFMEA discussed the proposed transition at its Fall 2018 meeting, and representatives of the Government of Grenada answered questions from Committee members regarding their plans and rationale for the transition. As Grenada noted at the time, this decision was intended to restore the Government's role as an accrediting body, a role the Government performed up until 2016. Grenada's decision to make this transition was carefully considered and primarily based on substantial concerns that CAAM-HP lacked the resources necessary to complete site visits at all of SGU's clinical sites within its period of accreditation, as required under the NCFMEA guidelines. These concerns were discussed with CAAM-HP in correspondence in 2017-2018, but CAAM-HP was unable to assure the Government that it had the resources or plan to conduct the necessary site visits. (Exhibit 7). As a result, the Ministry of Education and the Ministry of Health informed CAAM-HP that it would take steps to form its own independent medical accrediting authority in Grenada. (Exhibit 8).

After careful consideration, the Grenada Parliament Cabinet formally adopted Resolution #1583 giving the GMDC "authorization to take the necessary steps to develop a new accreditation system to accredit medical schools in Grenada and to begin the work to perform this function." (Exhibit 9).

#### Effective Date of Transition to GMDC

The following additional background is intended to further explain how Grenada has structured the timeline for its transition from the CAAM-HP system to the system relying on GMDC standards and procedures.

In March 2019, the Grenadian Parliament amended the legislation that established the GMDC, the Health Practitioners Act, to grant the GMDC authority to establish standards and procedures necessary to accredit medical schools operating in Grenada. A copy of that legislation, Act No.1 of 2019, titled the Health Practitioners (Amendment) Act (the 2019 Act), is included as Exhibit 10. The 2019 Act authorizes the GMDC to undertake all evaluation activities necessary to evaluate, accredit and monitor medical schools in Grenada, and prohibits any person or institution from advertising, conducting courses, or delivering services of a medical doctor degree program unless accredited by GMDC.

In order to facilitate an orderly transition and maintain comparability with the NCFMEA without any interruption, pursuant to Section 2 of the 2019 Act, the Government's formal designation of GMDC does not become effective until the Minister of Health issues the appropriate order as published in the Gazette, Grenada's official legislative register. The delayed effective date is intentional and will enable Grenada to complete the transition after the NCFMEA issues its decision regarding the comparability of the proposed GMDC system. Thus, the legislation and transition has been structured to allow Grenada to make this important change without any lapse in the NCFMEA determination that Grenada's system to monitor medical education programs is comparable to the U.S. system. This is consistent with the procedure that Grenada followed in its prior transition to CAAM-HP in 2016.

As noted above, until NCFMEA issues a favorable comparability decision, Grenada and CAAM-HP will continue all of the monitoring activities required under its current CAAM-HP approved system. In addition, SGU has the option, at its own choosing, to maintain its accreditation with CAAM-HP, as it has done since 2009, and SGU has informed CAAM-HP it intends to do so going forward.

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

The country stated that the Grenadian Ministry of Education is responsible for monitoring medical schools in Grenada. The country previously served as the accreditor for medical schools in the country, but transitioned this responsibility to CAAM-HP during a prior review cycle. The country provided correspondence with CAAM-HP in which they expressed their concern that CAAM-HP was not meeting the requirement to conduct all clinical site visits within the review cycle, and later correspondence and documentation showing the country's decision to transition the responsibility to monitor the medical schools back to the country. The country passed a resolution, which will be in effect once published in the Gazette, to make the country responsible for monitoring medical schools in the country, and noted that publishing in this way allows the country the flexibility to make this resolution effective once they have received a comparability determination from the NCFMEA, avoiding a gap in accreditation by an entity designated as comparable by the NCFMEA.

## **Country Narrative**

Authority to close schools is ultimately held by the Government of Grenada, and specifically the Ministry of Education. A decision to close the school by the Ministry would be Gazzetted, (i.e., published in Grenada's version of the federal register), with information about the date the school will close and information regarding its teach out obligations to its students. GMDC Standard 1.1 further states that medical schools must be "legally authorized by the Government of Grenada to provide a programme of medical education in Grenada." The GMDC Standards for the Accreditation of Medical Schools in Grenada (2019) (Standards) is included as Exhibit 11.

## **Analyst Remarks to Narrative**

The country stated that Granada's Ministry of Education has the authority to close a medical school, and that no medical school may operate without legal authorization from the government of Grenada. The agency provided documentation of Resolution 1583, which resolves that the government should engage in accreditation of schools. The country also provided Act no. 1 of 2019, which, when published in the Gazette, will only authorize medical schools to operate in the country if they are accredited by the Grenada Medical and Dental Council. Revocation of this accreditation would also result in revocation of authority to operate in the country.

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## **Accreditation of Medical Schools**

### **Country Narrative**

As noted above, upon issuance of a favorable comparability decision by the NCFMEA, the Minister of Health will issue an order and GMDC will be responsible for accrediting medical programmes in Grenada, consistent with the standards, procedures, and processes outlined below.

Like other accrediting bodies, GMDC is an independent body comprised primarily of medical professionals that assess medical schools and medical education programs based on set standards and pursuant to established procedures. A copy of the Standards is included as Exhibit 11 and a copy of the GMDC Accreditation Procedures: Medical Schools (Procedure) is included as Exhibit 12. A copy of the GMDC Self Study Questionnaire is included as Exhibit 13.

As noted above, the 2019 Act amends GMDC's existing powers to include authority to "develop policies, standards and procedures to evaluate, accredit and monitor qualified medical doctor degree programmes." (Exhibit 9, pg. 5).

Pursuant to the GMDC Procedures, official decisions of the Council are reported to the Grenadian National Accreditation Board (GNAB), a division of the Ministry of Education. GNAB does not accredit or otherwise regulate medical schools, but it is responsible for overseeing accreditation activities in Grenada and serves as a liaison between GMDC and the Ministries and the Cabinet of the Government of Grenada.

### **Analyst Remarks to Narrative**

The country reported that the Grenada Medical and Dental Council, comprised of 8 members appointed by the Minister of Health, will have the responsibility for accrediting medical schools in Grenada using the standards and procedures provided in this petition. This body reports to the Grenadian National Accreditation Board, which is a division of the Ministry of Education.

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## **Accreditation of Medical Schools, Question 2**

### **Country Narrative**

As noted above, the 2019 Act authorizes GMDC to evaluate and accredit medical schools in Grenada and prohibits any person or institution from advertising, conducting courses, or delivering services of a medical doctor degree programme unless accredited by GMDC. (Exhibit 9). Official decisions of the Council are reported to GNAB in order to ensure the Ministries and Cabinet remain apprised of the accreditation status and ongoing monitoring of medical programmes operating in Grenada.

### **Analyst Remarks to Narrative**

The country's recent action authorizes the GMDC to evaluate and accredit medical schools in Grenada, and forbids operation of any medical program not accredited by that body. It isn't clear if the GMDC also has authority in relation to establishment of medical schools or which entities in Grenada have this authority. Saint George's University School of Medicine, which is the only medical school for which this petition provided information, was established through an act of parliament.

### **Country Response**

GMDC does not have authority in relation to the establishment of medical schools. The ultimate authority to establish medical schools in Grenada lies with the Grenada Cabinet. The Cabinet's decision to establish and recognize a medical school is

documented through a government charter, an official act of Grenadian Parliament, or a formal Cabinet conclusion. The Cabinet's decision is guided by the recommendations of the Grenada National Accreditation Board. Upon receiving a favorable comparability determination from the NCFMEA, the amendments to the Healthcare Practitioner's Action will go into effect, and GMDC accreditation will be required for any medical school operating in the country. Currently, St. George's University operates the only medical programme in Grenada, but if new medical schools sought to start programmes, the schools would be required to petition the Cabinet for authority to operate and that grant of authority would give the school a certain period of time to apply for and receive accreditation from GMDC. If it failed to do so, the Cabinet would take action to close the school.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country stated that there is currently only one medical school in Grenada, and that the government of Grenada is the only entity with the authority to authorize a new medical school. A new medical school could be established through a government charter, an official act of Grenadian parliament, or a formal conclusion by the cabinet.

**Staff Conclusion:** Comprehensive response provided

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## **Part 3: Accreditation/Approval Standards**

### **Mission and Objectives, Question 1**

#### **Country Narrative**

Yes. GMDC Standard 1.2 requires that the medical school "define its objectives and outcomes and make them known to faculty and students. The educational mission of the medical school must serve the public interest, and its educational objectives must support its mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school."

GMDC requires that medical schools address these topics as part of its self-study.

- a. Describe how the school develops and defines its objectives and makes them known to faculty and students.
- b. Describe how the institution's objectives are reassured by outcomes.
- c. Describe the educational mission of the medical school and how it serves the public interest.
- d. Describe how the medical school's educational programme serves the mission and objectives of the school.

See GMDC Self Study Questionnaire, pg. 4.

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

The GMDC's standard 1.2 requires that the medical school's educational mission serve the general public interest, and that its educational objectives must support its missions and stated learner outcomes. Additionally, this standard requires that the school's educational program must be appropriate in light of the mission and objectives of the school. The GMDC's standards meet the requirements of the NCFMEA guideline.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 1.2. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

#### **Country Response**

We appreciate the staff reviewer's agreement that the GMDC Standards meet the requirements of this Guideline. The determination of compliance with Standard 1.2 entailed the review of information provided in the SGUSOM self-study (see pp. 13-15) as well as additional information collected, and on-site observations made by qualified evaluators during the visits. The majority of SGUSOM graduates go into primary care careers that are historically shortage professions, and the School is committed to the education of future physicians who practice in a variety of settings globally. Interviews with administrators and faculty at SGUSOM's administrative offices, basic science campus in Grenada, and various clinical sites enabled the team to validate the information presented and to explore their understanding of the institution's mission and the extent to which that

mission is being fulfilled. Based on the information provided, and in the team members' professional judgment, the team determined that SGUSOM is compliant with this Standard. We are also providing an overview of the site visit process below, which was observed by NCFMEA members and staff during the New York clinical site visits in completed in April 2019. The site visit process is extensive, with numerous scheduled meetings for the team to deliberate and discuss their assessment of a school's compliance with each GMDC Standard.

- In advance of the visit, the Site Visit Coordinator assembles an expert team comprised of at least three reviewers to conduct the review. Reviewers are chosen by the GMDC to serve as site reviewers based on their expertise in the field, and we previously provided CVs for the GMDC site visitors used to date. Each reviewer is assigned an area of responsibility that aligns with the GMDC Standards. For each site visit, at least one GMDC member has also attended as an observer.
- Orientation begins in advance of the visit, with ongoing discussions among the Coordinator and reviewers about their responsibilities in the weeks leading up to the visit. Reviewers are also provided a copy of the institution's self-study and instructed to carefully review the submission and attachments to prepare for the visit, as well as the GMDC Standards and Procedures. The self-study includes data on the outcomes of the school's students, such as the performance on standardized tests (e.g. USMLE) and the success in pursuit of post-graduate training opportunities. GMDC can review this data to assure that the school is accomplishing its mission.
- For clinical site visits, the team sends an assessment form to each site for completion in advance of the visit. A sample assessment form is included at Exhibit 1. The affiliated hospital site visit form includes statistics about the hospital (beds, admissions, outpatient visits, etc.), ACGME accredited residency programs and school affiliations, and fundamentals of the rotation training program. The hospital provides a schedule of lectures and didactics for the core rotation, as well as information about its history of training medical students and the presence of educational facilities, such as simulation centers or other assets. In addition, the team reviews and confirms information about the affiliation agreement in place.
- The day before the visit, the team gathers in a formal orientation meeting to review the procedures for the next day, each reviewers' responsibilities, and address any questions. The team also meets with senior administrators from the institution, including faculty from the medical school at the hospital, such as site leaders and clinical directors, to discuss the site visit process and ensure that they will have access to the necessary individuals.
- During the visit, the team is on site conducting interviews with institution personnel, including administrators, medical school faculty, and students. A sample itinerary for the Basic Sciences Site Visit Report and the Clinical Site Visit Report in the New York is included as Exhibit 2. The team also interviews medical school faculty who are clinical site directors and preceptors during clinical site visits. The entire team generally meets with all interviewees as a group; interviews are not divided up or assigned to individual team members.
- The team may also request additional information from the institution while they are on site.
- At the end of each day of the visit, the team meets to discuss and reach consensus on whether the institution is in compliance with each of the GMDC Standards. Each Standard is reviewed and thoroughly discussed. Reviewers assigned to each section explain their position, how they reached their conclusion based on data and observations, and the team discusses and debates the institution's level of compliance.
- When the team has reached consensus on the institution's level of compliance, the Coordinator records the outcome on the institutional assessment form based on the team's comments and discussion.
- Draft reports are provided to the GMDC for review and review any questions members of the Council may have. The draft report is then sent to the school for review and to correct any factual errors. The final reports are provided to the members of the GMDC and reviewed before being accepted at GMDC meetings. In addition to the team of qualified site visitors, site visits are observed by members of the GMDC and the site visit Coordinator serves as secretary to facilitate discussion of the site visits during GMDC meetings and ensure the GMDC members remain apprised of the team's assessment and discussions. Members of the Council who accompany the site visit team will typically serve as readers of the site visit report when the report is reviewed during GMDC meetings, in order to provide a first-hand account of the team's observations and deliberations and provide additional detail, answer questions, and facilitate discussion of the school's compliance with the Standards and possible recommendations. In addition, annually, the Coordinator prepares a Comprehensive Report to summarize findings and issues across clinical sites and campuses based on the reviews and recommendations in the site visit reports prepared over the last 12 months. The Comprehensive Reports give the GMDC the chance to identify trends across multiple sites and identify those areas where GMDC will require regular reporting to ensure that the school is making adequate progress to address certain issues and improve the quality of its program as necessary. The GMDC members discuss and review the Annual Report and carefully consider each recommendation before finalizing and accepting the Report. Schools are expected to demonstrate progress towards those recommendations as part of their Annual Progress Report. A copy of the Comprehensive Report is included as Exhibit 3. A copy of the Annual Progress Report questionnaire is included as Exhibit 4. These procedures were followed in the GMDC's assessment and decision to grant accreditation with conditions to SGUSOM for a period of 3 years, as described more fully in response to Mission and Objectives Question 4. Exhibit 5.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC described its process for site visits, including the access site visitors have to the school's self-study and other documentation and interviews with school personnel. The GMDC noted that council members have observed site visits, adding an additional perspective for the GMDC's decision making activities. The GMDC also provided additional documentation relevant to their accreditation process as a whole, such as their blank annual self-study form and their clinical site visit schedule. The GMDC noted in its narrative that the country's sole medical school, SGUSOM, has a majority of graduates entering shortage areas in the profession, and that graduates serve as doctors in international locations. However, the narrative didn't describe how this relates to SGUSOM's mission or educational objectives.

The GMDC's Accreditation Procedures (exhibit 12) pages 10-11 state that the site visit report will provide detailed information about a program's compliance with each accreditation standard, including relevant excerpts from the self-study and the database to support the team's findings. However, the sample site visit report provided included little narrative support for the evaluation that was made relative to this guideline.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Mission and Objectives, Question 2**

### **Country Narrative**

Yes. GMDC Standard 3.1 requires medical schools to demonstrate that their educational objectives serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program. The Standard further specifies that school objectives "must be stated in outcome-based terms that allow assessment of student progress through the curriculum."

GMDC requires that medical schools address these topics as part of its self-study, particularly in relation to the questions excerpted below. This includes requiring that schools map their general competency requirements to educational programme objectives and specific outcome measures, and how the school uses those outcome measures to evaluate student competencies. In addition, the self-study asks schools to provide information on which individuals and groups at the institution are responsible for using the educational program objectives in curriculum planning, and the process for doing so.

- a. Complete the following table showing the general competencies expected of graduates, the educational programme (institutional learning) objectives related to each competency, and any outcome measure(s) specifically used to assess achievement or each listed objective.
- b. Describe the medical schools use of these outcome measures in reaching a summative judgment regarding student's attainment of each competency.
- c. Indicate the year in which current educational programme (institutional learning) objectives were originally adopted and the year in which they were most recently reviewed or revised.
- d. Briefly describe how and by what individuals/groups the educational programme objectives are used in curriculum planning and in the initial selection and ongoing review of the content included in the curriculum.
- e. Briefly describe how the educational programme objectives are used in the evaluation of the effectiveness of the educational programme as a whole.

See GMDC Self Study Questionnaire pgs. 9-10.

### **Analyst Remarks to Narrative**

The country stated in their narrative that GMDC Standard 3.1 requires medical schools to demonstrate that their educational objectives serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program. This standard requires that the educational objectives must be stated in outcome-based terms that allow assessment of student progress throughout the curriculum. The GMDC's standards meet the requirements of this NCFMEA guideline.

To document review of a medical school relevant to this guideline, the country provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report included a check-box marking the country as "marginally compliant" under standard 3.1, with a comment noting that increased efforts should be made to assure that student assessments are outcome-based. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports. Compliance with this Standard is measured based on information provided by the school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. Based on the information provided in the self-study (pp.42-45) and interviews with faculty and staff, the consensus of the team was that SGUSOM was marginally compliant with this Standard, based on the understanding that faculty define the objectives, including both overarching goals and specific objectives for individual courses and clerkships, and that curricular content corresponded to these learning objectives. This recommendation was based on a review of student examination performance and the performance of students during clinical rotations, including medical knowledge, clinical skills, and professional behavior. Extensive team discussions led to the decision that the medical school would benefit from encouragement to continue improvements with respect to the development of clinical skills to correspond with faculty derived learning objectives during the first two years of the programme.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. However, both the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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### **Mission and Objectives, Question 3**

#### **Country Narrative**

GMDC Standard 3.2 requires that faculty set relevant outcomes-based educational objectives. Under the Standard, medical schools must have in place "a system with central oversight" to ensure the faculty retain control over all aspects of the medical education program, including defining the adequate types and numbers of patients and clinical conditions, appropriate clinical settings for educational experiences, and "the relevant outcomes-based educational objectives." Further, GMDC Standard 3.4 specifies that schools must also publish and make educational objectives available to all faculty residents, and others, with direct responsibility for medical education and assessment.

Standard 4.9 also requires that medical schools demonstrate that its faculty comprise and maintain "integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum." The standard goes on to state that, "the medical school faculty shall design, monitor, and periodically review and revise the educational objectives and content of the medical school's curriculum."

To assess whether schools satisfy these standards, schools must provide evidence regarding compliance with these standards as part of their self-study.

With respect to standard 3.2, schools seeking GMDC accreditation must answer the following questions:

a. Describe the mechanisms used for the initial selection and subsequent revision of the kinds of patients or clinical conditions, and the clinical settings, needed to meet the medical school's objectives for clinical education. Note if the kinds of patients or clinical conditions were selected by each clinical discipline or by a group (e.g., a clinical clerkship committee) with representation from multiple disciplines. Briefly summarize the role of the curriculum committee or other central oversight body (e.g., a clerkship rotation directors committee) in reviewing the criteria across courses and clerkships (or in Canada, clerkship rotations).

b. Provide a table summarizing the criteria for patient types or clinical conditions, level of student responsibility, and clinical setting for each required clerkship rotation.

c. Describe the system(s) used by students to log the clinical experiences required of them.

d. Summarize the system(s) used by faculty to monitor students' completion of required clinical experiences. When and by whom are clerkship-specific clinical experiences reviewed and monitored? When and by whom are overall clinical experience data for all students collected and monitored?

e. For each required clerkship rotation, list the options for remedying gaps in student clinical experiences. List those clinical experience requirements fulfilled by alternate experiences (e.g., simulation, assigned readings, CLIPP cases) by more than 25% of students in a given clinical clerkship during the prior academic year.

Describe the means by which the general objectives of the educational programme (institutional learning objectives) are made known to each of the following:

a. Medical students.

b. Instructional staff, including course and clerkship rotation directors, full-time and volunteer (community) faculty, graduate students, and resident physicians with responsibility for teaching, assessing, and supervising medical students.

c. The academic leadership of the medical school and its affiliated institutions.

See GMDC Self Study Questionnaire pg. 12.

As part of the self-study, schools are asked to demonstrate how its faculty “comprise and maintain integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum,” and how the faculty monitor, and periodically review and revise the educational objectives and content of the medical school’s curriculum.

See GMDC Self Study Questionnaire pg. 18.

### **Analyst Remarks to Narrative**

The GMDC’s standard 3.2 lists several areas where faculty must set expectations for student outcomes, and states that the medical school must have a system with central oversight to ensure that faculty are defining these key activities, such as the number and types of clinical experiences students have. Standard 3.4 requires the publication of the educational objectives to all faculty residents. These standards require faculty participation in development of the educational program and publication of information about it to all resident faculty.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George’s University School of Medicine. The country’s site visit report includes a check-box marking the country as “compliant” in this area. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school’s compliance or noncompliance with the GMDC’s standards in this area.

### **Country Response**

We direct the NCFMEA to the GMDC’s response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports. Compliance with this Standard was measured using information provided by the school in the SGUSOM self-study (see pp. 45-52 and 90-100), as well as information collected and observations made by qualified site visitors during the site visits, including the faculty administration through its Council of Deans and Clinical Chairs infrastructure, which discusses and agrees upon educational objectives in consultation with faculty at large. The school was able to demonstrate to the teams how its faculty “comprise and maintain integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum,” and how the faculty monitor, and periodically review and revise the educational objectives and content of the medical school’s curriculum based on student outcomes and performance on course-based exams that emphasize learning objectives, standardized examinations, residency placement rates, and other standard metrics.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. However, both the site visit report and the GMDC’s narrative provided limited support for the evaluation made in the site visit report. The country’s site visit report includes a checkbox marking the country as “compliant” in this area. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school’s compliance or noncompliance with the GMDC’s standards in this area.

**Staff Conclusion:** Additional Information requested

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## **Mission and Objectives, Question 4**

### **Country Narrative**

GMDC Standards are centered on ensuring that medical educational programme objectives are stated in outcomes-based terms,

and schools are required to provide evidence showing that they assess student progress in developing competencies expected of a physician. Per its mission statement, the attainment of accreditation from GMDC demonstrates that a medical school has met GMDC's requirements and that its graduates possess the skills and competencies necessary to provide quality medical care, engage in lifelong learning, and demonstrate the highest-level of professionalism and ethics in the practice of medicine. See Exhibit 14.

Standard 3.1 states that educational objectives must be "stated in outcomes-based terms that allow assessment of student progress through the curriculum." "Outcomes-based terms" is defined to mean "descriptions of observable and measurable desired and expected outcomes of learning experiences in a medical curriculum, like knowledge skills, attitudes, and behavior." Student achievement of educational objectives must be documented by specific and measurable outcomes and standards of achievement (examination results, performance of graduates in residency training, performance in licensure examinations, etc.).

To further programme improvement, Standard 6.1 requires that schools evaluate the effectiveness of the medical programme by collecting and using "a variety of measures and outcome data." Medical schools must consider student evaluations of their courses and professors and an appropriate variety of outcome measures in assessing programme quality.

Some of those measures are prescribed in the GMDC Standards. Pursuant to Standard 6.3, schools must consider student evaluation of courses, clerkships, and faculty in evaluating the effectiveness of the educational programme, and collect data to evaluate student performance within the framework of international completion rates, acceptance into residency/postgraduate programmes, postgraduate performance, and practice characteristics of the medical school's graduates.

GMDC requires that medical schools address these topics in its Database responses. See GMDC Database Questionnaire pgs. 9-13.

### **Analyst Remarks to Narrative**

The GMDC's Standard 3.1 requires that objectives must be stated in outcomes based-terms that allow assessment of student progress through the curriculum. The GMDC's narrative stated that medical schools address these topics in a database response. The GMDC's procedures (exhibit 12) require that prior to a site visit and as part of its annual review, a medical school complete a database questionnaire. It isn't clear whether this database is also provided by the school annually. Neither a blank nor completed database form was found within the petition for review.

The GMDC provided an outcomes document from SGU which describes total enrollment for each year of the medical program, the number of graduates, the number of those who passed the USMLE, and the number of residency matches. It isn't clear if this document meets the GMDC's database requirements, since the template database document was not provided for review, and it isn't clear that the site visit team had access to this data prior to the site visit or prior to the completion of the site visit report, as per the GMDC's procedural requirements (exhibit 12), since the document was provided by the medical school after the site visit and site visit report had been completed.

The GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report includes a check-box marking the country as "compliant" in this area. However, there was little narrative support provided for the evaluation that was made in the site visit report. The outcomes data provided for U.S. students addresses graduation, USMLE passing rates, and residency matching rates for U.S. students who applied for residency, but doesn't address how a student's progress through the curriculum prior to these end points is evaluated using outcomes based terms.

The NCFMEA may wish to request a template and completed database questionnaire from the GMDC, and to inquire about how often this database information is requested from a medical school. The NCFMEA may wish to request additional information regarding how the GMDC determines that a medical school is determining that students are assessed throughout the curriculum using outcomes based terms. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards in this area.

### **Country Response**

We are providing the requested template and additional information about the outcomes database required of medical schools. The database questionnaire refers to the data entries submitted as part of the self-study questionnaire at Exhibit 6, as well as data collected on an annual basis from accredited medical schools as part of their preparation and submission of the Annual Progress Report. A template for the Annual Progress Report is included as Exhibit 4. GMDC intends to retain the outcomes data submitted in each Annual Progress Report to create a database of data and outcomes for each school, including SGUSOM, that the GMDC and site visit teams can track over time and confirm attainment of educational objectives in courses and clerkships (such as, for example, data on successful completion of shelf exams within the completion of each clinical clerkship). We regret any confusion caused by the current reference to the database questionnaire in the procedures. Because SGUSOM only recently secured its first

grant of accreditation from GMDC, SGUSOM has not yet submitted an Annual Progress Report or the data that will comprise the database. The completed self-study questionnaire prepared and submitted by SGUSOM as part of its application for accreditation with GMDC is attached at Exhibit 6 and was submitted with GMDC's initial application. Various parts of the self-study request student outcomes data and a description of how that data is used by the school. For example, Part 6 of the self-study requires schools to identify the indicators and measures that they use to evaluate program effectiveness (including USMLE scores, graduation rates, post-graduate training attainment, and licensure rates) and how those measures are shared with school administrators. Medical schools complete the self-study questionnaire as part of the self-study process at the end of each period of accreditation on a date determined by GMDC. In order to monitor the performance of the schools between submission of the self-study, accredited schools are also expected to prepare and submit the Annual Progress Reports, which include the data and student outcomes that will comprise the GMDC database. Because SGUSOM recently secured its first grant of accreditation from GMDC, SGUSOM has not yet submitted an Annual Progress Report or the data that will comprise the database. GMDC asked SGUSOM to provide updated data on many of the statistics and information collected in the self-study and outcomes data that will be requested on an ongoing basis in the Annual Progress Report to update information in the self-study and to consider those outcomes prior to its accreditation decision. However, because SGUSOM was not accredited at the time of the request, GMDC did specify the form in which SGUSOM should provide the requested student outcome data. GMDC did not require that the data be presented in graphs or in the manner SGUSOM provided, but found the information helpful as an assessment tool. GMDC used that data to evaluate how well SGUSOM is preparing its students based on established and recognized measures of success particularly relevant to SGUSOM's mission and its student body such as residency placement rates, USMLE pass rates, attrition rates, and other factors. On July 18, 2019, GMDC voted to grant accreditation with conditions to SGUSOM for a period of 3 years. Exhibit 5. The letter specifies that the next self-study is expected to be received in March 2022. The letter also specifies that, in the interim, GMDC's grant of accreditation is conditioned on satisfactory completion of the Annual Progress Reports (which include outcomes data reports on key metrics such as learning objective-based course and clerkship exams, standardized exams, graduation rates, and post-graduate training attainment) and demonstrated compliance with the GMDC Standards at its remaining site visits. The self-study, as well as the data and outcomes included as part of the self-study, are compiled and provided to all site review teams. Going forward, the Annual Progress Reports and the database of outcomes collected over multiple years will also be provided to the site visit teams. GMDC and its site visit teams are expected to review the self-study information thoroughly and are required to use the data provided through the questionnaire to evaluate how schools are assessing students throughout the curriculum using outcomes-based terms under Standard 3.1, which requires that objectives be stated in outcomes-based terms that allow assessment of student progress throughout the curriculum. In connection with the site visit at SGUSOM, GMDC confirmed SGUSOM's compliance with Standard 3.1 and 6.1 based on information in the self-study and interviews with faculty and administrators on site.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC provided its template annual database form and noted that the school will begin submission of this form in 2020. The GMDC noted its intention to collect information such as student results on shelf exams and graduation and residency placement rates in order to assess a medical program relative to this guideline. The GMDC stated that during future accreditation periods, evaluators will have access to prior year annual database reports and other collected outcomes information that was not available for the initial review.

**Staff Conclusion:** Comprehensive response provided

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### **Mission and Objectives, Question 5**

#### **Country Narrative**

GMDC Standard 3.5 requires that medical schools must include instructional opportunities for students to facilitate active learning and independent study to promote lifelong learning.

As part of the self study process, schools are required to provide evidence of their compliance with this standard by providing the following database responses and responses to self study questions:

k. Describe where and how in the curriculum there is assessment of students' progress in developing the skills needed for lifelong learning, including the ability to learn through self-directed, independent study. In the Appendix, provide examples of any instruments used for such assessment.

l. Is demonstration of these skills considered as a criterion for grading in any course or clerkship rotation?

See GMDC Self Study Questionnaire pgs. 12-13.

In addition, under Standard 4.6, the medical school curriculum must include didactic and clinical instruction necessary for students

to become competent practitioners of contemporary medicine. Schools are required to provide evidence that their curriculum includes sufficient didactic and clinical instruction for students to become practitioners in the self study.

a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:

- i. Skills of critical judgment based on evidence
- ii. Skills of medical problem-solving
- iii. Knowledge and understanding of societal needs and demands on health care

d. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

e. Check the topics listed below that are included in the curriculum as part of a required course and/or an elective course. Provide the total number of sessions in which each topic is included in one or more required courses and clerkship rotations in the preclinical and clinical phase of the curriculum. To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.

d. List the preclinical courses that include laboratory sessions.

e. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.

f. Describe the means by which the medical school ensures that each aspect of clinical medicine is included in required preclinical and clinical instruction. This should include the coverage of all organ systems and include the important aspects of preventative, acute, chronic, continuing, rehabilitative, and end-of-life care.

See GMDC Self Study Questionnaire pgs. 15-17.

Finally, schools have discretion to determine the outcomes measures they will use to evaluate their curriculum, but Standard 6.2 requires that schools evaluate the performance of students and graduates using outcomes on applicable licensing exams and standardized tests. Schools must report their student licensure rates as part of the self study.

See GMDC Self Study Questionnaire pgs. 23-27.

### **Analyst Remarks to Narrative**

The GMDC identified standards 3.5 and 4.6 as relevant to this guideline. These standards require a medical school to promote active learning and independent study, as well as to provide didactic and clinical instruction to students. These standards do not specifically mention preparing graduates to enter or complete graduate medical education or qualify for licensure. Therefore, it isn't clear under what standard the GMDC assess a school of medicine for how it prepares students to enter and complete graduate medical education and qualify for licensure.

The GMDC provided a report on outcome data for U.S. students provided by SGU (Exhibit 21), which noted that in 2018-2019, 987 U.S. students graduated. Of these, 778 (78.8% of U.S. graduates) passed all USMLE exams, and 686 received a U.S. residency (69.5% of U.S. graduates). Data was not reported for non U.S. students, nor was information provided on whether the additional 301 U.S. graduates who did not match for a residency in the U.S. entered graduate medical education elsewhere or what their next career steps would be. Information was not provided on licensure rates of graduates of the medical program. It isn't clear where or how the GMDC used this data regarding students entering and completing graduate medical education in their evaluation of the medical school or what their standards are in this area.

The country did not provide documentation of the GMDC's review of a medical school relevant to this guideline. The NCFMEA may wish to request additional information as to whether the GMDC has adopted a standard specifically related to this guideline. The NCFMEA may wish to request additional information regarding how or if the GMDC currently considers whether a medical school prepares students to enter and complete graduate medical education and qualify for licensure.

### **Country Response**

Standard 3.5 requires that medical schools use instructional opportunities for students to facilitate active learning and independent study to promote lifelong learning, which aims to facilitate graduates' ability to complete their education, qualify for licensure, and provide competent medical care. GMDC evaluates compliance with this standard by reviewing the medical school's assessment

of student progress in developing skills, and the ability to learn through self-directed, independent study. Standard 4.6 also requires that the curriculum include instruction necessary for students to become “competent practitioners of contemporary medicine” through evidence of skills of critical judgment based on evidence, skills of medical problem-solving, and knowledge and understanding of societal needs and demands on health care. Medical schools are also asked to describe when students are assessed on these skills and knowledge in required courses and clerkship rotations as part of the self-study process. GMDC Standard 6.2 also requires medical schools to evaluate performance of students and graduates within the framework of established national and international norms and standards, including student outcomes on applicable licensing exams and standardized tests such as the USMLE Step exams. For example, Step 1 ensures mastery of the basic sciences necessary for the competent practice of medicine as well as the scientific principles to maintain competence through continuing education and lifelong learning. The site visitors used the information and assessment outcomes to determine whether there was a sufficient link between the documented student performance outcomes and the educational objectives reflected in the curriculum.

Through submission of Annual Progress Reports, GMDC will have access to data provided by schools on attainment of post-graduate education preparation (on standardized tests such as USMLE exams) as well as the actual attainment of post-graduate training programs. SGUSOM has provided this data to GMDC and will continue to do so on an annual basis through submission of the Annual Progress Reports. It is important to note that the data described in the analyst remarks does not consider the re-application of students who do not attain post graduate training in their first attempt and are successful subsequently. Data collected by GMDC will be tracked over several years, so that it captures students who may not attain post-graduate training programs in their first attempt and may spend time enhancing their training and background (e.g., doing additional clerkships or research activities) and then apply for post-graduate training again, with successful attainment. GMDC will annually collect data for post-graduate training attainment both at the time of graduation and for students on subsequent attempts.

Like the LCME, GMDC does not require that schools meet certain pass rates on exams or residency placement rates.

SGUSOM provided information in its self-study demonstrating strong student outcomes on the USMLE Step exams. First-time pass rates for Step 1 for 2015 and 2016 was 96%, and 95% in 2017. SGUSOM’s USMLE first-time pass rates match the 2016 and 2017 pass rates from students at LCME-accredited U.S. and Canadian medical schools, (also 96%) according to the USLME website. [https://www.usmle.org/performance-data/default.aspx#2017\\_step-1](https://www.usmle.org/performance-data/default.aspx#2017_step-1). The percentage of SGUSOM graduates who applied for and received a residency within one year of graduating was 92% in 2019-2019, 93% in 2017-2018 and 2016-2017, and 89% in 2015-2016. GMDC viewed those figures, and particularly their upward trend as sufficient to demonstrate that SGUSOM is adequately preparing graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

In addition, and as discussed above, prior to receiving an accreditation decision SGUSOM will be required to provide data as part of its Annual Progress Report and GMDC will consider whether additional information regarding licensure rates and outcomes for non-U.S. students should also be provided. This will include post-graduate training attainment at time of graduation and in the subsequent three years, as well as residency attainment in the United States and other countries, where relevant. GMDC will also request schools to provide post-graduate licensure data where attainable.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to standards 6.2 and 3.5 as relevant to this guideline. Standard 6.2 relates to preparing graduates to enter and complete graduate medical education and to qualify for licensure. This standard requires a medical school to assess its program effectiveness using international and national norms of achievement, and to consider licensure rates for graduates. The GMDC provided sets of USMLE Step 1 scores for SGUSOM for several years and rates of residency placements for graduates who applied for residency for several years. The GMDC stated that this information was used in the recent accreditation review of SGUSOM. The GMDC also noted that it plans to collect information relevant to this guideline on a yearly basis from SGUSOM.

The GMDC did not address how data is collected or used regarding the set of U.S. students who did not apply to residency match, which includes at a minimum any students who did not pass all steps of the USMLE. According to the most recent data set provided to the GMDC by SGUSOM, in 2018-2019, 987 U.S. students graduated. Of these, 778 (78.8% of U.S. graduates) passed all USMLE exams, and 686 received a U.S. residency (69.5% of U.S. graduates). The data set described by the GMDC in its narrative does not include information about graduating U.S. students who did not apply for a residency or who did not pass all parts of the USMLE. In another section of its narrative, the GMDC noted that some students who did not pass all USMLE tests or match into residency in their graduating year may enter residency and obtain licensure in future years after additional study. However, it was not identified how or whether the GMDC collects or uses data about those U.S. students who do not pass all USMLE tests or apply for residency in their graduation year.

The NCFMEA may wish to request additional information regarding how the GMDC currently evaluates a medical school in the

area of how it prepares students to enter and complete graduate medical education and qualify for licensure.

**Staff Conclusion:** Additional Information requested

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### **Governance, Question 1**

#### **Country Narrative**

Yes. Under GMDC Standard 1.1, the medical school must be legally authorized by the Government of Grenada to provide a programme of medical education in Grenada and demonstrate that it is so authorized as part of completing its self-study.

In Grenada, legal authorization to operate requires a charter issued directly by the Government through an official act of Parliament.

In completing the self-study, schools are required to provide the information below regarding its charter to operate and, if GMDC has any concerns regarding the terms or legitimacy of the charter, they can request a copy from the institution or the Government of Grenada.

a. Year of formation/issuance of Charter:

b. State (province) of organisation or incorporation (include a copy of charter and legislation authorizing, enabling, and recognizing the institution):

c. Authorizing Civil Authority (i.e. ministry of health, ministry of education etc.):

See GMDC Self Study Questionnaire pg. 3.

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

The GMDC standard 1.1 requires that a medical school must be legally authorized by the government of Grenada. The GMDC notes that this legal authorization occurs through acquisition of a charter to operate a medical school issued by the government through an official act of Parliament.

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### **Governance, Question 2**

#### **Country Narrative**

GMDC requires that schools satisfy Standard 2.4, which states that the “there must be an appropriate accountability of the medical school to an authority external to, and independent of, the medical school’s administration.”

As part of the self-study, schools are required to describe how the school’s governing structure provides for independent external accountability, including functions and the appointment process for the external authority. Schools also must provide meeting minutes of the most recent meeting of the external authority to formally document its composition and independent authority, as well as its processes.

The relevant questions from the self-study are below:

a. Describe the organisational structure which provides for the accountability of the medical school to an independent external authority

b. Describe the functions of the external authority to which the medical school is responsible.

c. Describe the process for the appointments of the external authority.

d. Provide copies of the minutes for the most recent meeting of such external authority.

See GMDC Self Study Questionnaire pg. 5.

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

The GMDC noted in its narrative that Standard 2.4 requires that there must be an appropriate accountability of the medical school to an authority external to, and independent of the medical school's administration. The narrative also noted that the self study requires a medical school to report on the external authority.

The GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 2.4. However, there was little narrative support provided for the evaluation that was made in the site visit report. The site visit report did not reflect the review or evaluation of the responsibilities and functions of the an external authority or document the submission of information about the external authority required by the GMDC, according to the narrative and the GMDC's procedures.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report in describing a medical school's compliance or noncompliance with the GMDC's standards in this area.

## **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports.

The evaluation of compliance for Standard 1.1 was based on the site visitor team's review of those portions of the self-study related to Standard 1.1 (pp.15–26), as well as discussions with administrators and staff regarding the school's organization structure at the basic sciences campus. SGUSOM has an independent board of directors made up of medical education and medical care experts. The SGUSOM Board consists of five individuals, the majority of which are independent of the management or ownership of the University. The Board has oversight authority over the goals, policies and mission of the School of Medicine and will monitor performance and outcome data to determine progress toward goal achievement. SGUSOM stated the Board is expected to meet three times each year and that the management of the school of medicine is held accountable for operational performance and the achievement of the school's stated goals and objectives, and reports to the Board on all academic matters. These statements were confirmed by the site review team during interviews with administrators.

In addition, we would add the going forward, SGUSOM will be subject to regular oversight by GMDC, which, as we detailed in our initial submission, is comprised of experienced medical professionals who have completed accreditation trainings and attended numerous site visits over the prior two years.

## **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to a self-study from the country's sole medical school, SGUSOM. The self-study and the GMDC's narrative described the recent creation by SGUSOM of a board which has oversight authority over the goals, policies, and mission of the school of medicine. The board is comprised of individuals selected by the University Board of Directors. The GMDC also identified itself as an external authority having an oversight role in relation to medical schools in the country.

**Staff Conclusion:** Comprehensive response provided

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## **Administrative Personnel and Authority, Question 1**

### **Country Narrative**

GMDC Standards require that each of the following conditions be met:

- The medical school must be organised to assure effective delivery of its educational programme. (Standard 2.1).
- A medical school must promulgate institutional bylaws and other relevant policy documents that explain how the school is organised and that describe the responsibilities and privileges of its administrative officers, faculty, medical students, and committees. (Standard 2.2).
- The administration of the medical school must be effective and appropriate in relation to the school's mission and objectives. (Standard 2.5).
- There must be sufficient administrative personnel and support staff to ensure the effective administration of the school. (Standard 2.6).

With respect to demonstrating compliance with Standard 2.1, schools must outline the organizational administrative structure of the institution as part of the self-study. Specifically, the schools must provide appropriate responses to each of the following:

- a. Provide an organisational chart of the medical school and its parent entity, e.g., university. This should be a clear demonstration of all university and medical school lines of authority and the committee structure.
- b. Provide a brief description of the reporting process within the university and the medical school.

With respect to demonstrating compliance with Standard 2.2, schools must outline the responsibilities of its administrative officers, faculty, and committees as part of completing the self-study.

- a. Provide a brief description of the responsibilities of senior administrative officers and Department Chairs.

- b. Provide a brief description of the responsibilities of all standing committees.
- c. Provide a copy of all institutional bylaws and committee bylaws.
- d. Briefly describe the process for changing bylaws and how such changes are approved.
- e. Provide copies of all committee minutes, including the Board of Directors, for the last three years.
- f. Describe how bylaws are made available to the faculty.

With respect to Standard 2.5, schools must show that they measure the effective administration of the school.

- a. Describe the process by which the administration of the medical school assures that the school's mission and objectives are being met.
- b. Describe the outcome measures which are used to assure that the goals and objectives of the medical school are being met.

With respect to Standard 2.6, schools must show that they measure the effective administration of the school.

- a. Describe the administrative structure and relevant personnel of the medical school.
- b. Describe the process by which the effective administration of the medical school is measured.

See GMDC Self Study Questionnaire pgs. 2-5.

### **Analyst Remarks to Narrative**

The GMDC noted in its narrative that standards 2.1, 2.2, 2.5, and 2.6 include requirements related to this guideline. These standards require that a medical school must be organized to assure effective delivery of its educational program, and that it must promulgate institutional bylaws and other relevant policy documents that explain how the school is organized and that describe the responsibilities and privileges of its administrative officers, faculty, medical students, and committees. Additionally, these standards require that the administration of the medical school must be effective and appropriate in relation to the school's mission and objectives and that there must be sufficient administrative personnel and support staff to ensure the effective administration of the school.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under two of the standards listed in the narrative, and marginally compliant under two more. However, there was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards in this area.

### **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports.

The evaluation of compliance for these Standards was based on the site visit team's review of those portions of the self-study relevant to the Standards (pp.15-25 and 26-28), as well as discussions and interviews of senior administrative staff at SGUSOM's administrative headquarters in Great River, New York. The marginally compliant recommendations for Standards 2.1 and 2.6 were made as a result of the team learning during the interview process, one senior administrative vacancy and recent structural changes that had taken place in relation to the administration of the university. At the time of the site visit, a selection process was underway for a new Vice Chancellor to whom the chief academic officer will report, and the relationship between the chief academic officer and new vice chancellor was still being established. This process was discussed extensively with school administrators during the visit. For this reason, the team recommended that the school as marginally compliant. Subsequent to the site visit, GMDC was informed that Dr. Richard Liebowitz had been recruited by SGUSOM to fill the Vice Chancellor vacancy. Dr. Liebowitz has exceptional credentials, with extensive experience in medical education at well-regarded US medical schools (Cornell University School of Medicine, Duke Medical School). GMDC will continue to monitor vacancies in key roles and consider staffing adequacy in its accreditation evaluation process.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. To document review of a medical school relevant to this guideline, the GMDC referred to a site visit report for St. George's University School of Medicine. The GMDC's narrative

stated that the presence of a staff vacancy and structural administrative changes resulted in the assessment of SGUSOM as marginally compliant in these areas. The country's site visit report includes a check-box marking the country as "compliant" in this area. However, the site visit report provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards in this area.

**Staff Conclusion:** Additional Information requested

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## **Administrative Personnel and Authority, Question 2**

### **Country Narrative**

GMDC Standard 2.9 requires that "the chief academic official of the medical school must have ready access to the officials charged with final responsibility for the medical education programme and to other institutional officials in order to fulfill his or her responsibilities and sufficient authority to administer the educational programme." In addition, GMDC Standard 2.8 states that there must be "a clear understanding of authority and responsibilities among the chief academic official of the medical school, faculty and administration."

GMDC requires that schools provide the following information in connection with the self-study document in order to show that the school has sufficient access to resources and the leadership authority necessary to effectively administer the school.

Provide a chart showing the relationships among the members of the medical school and university administrations and the administrations of other schools and colleges, institutes, centers, etc. Include, if appropriate, information about the reporting relationships for the director(s) of any teaching hospitals owned or operated by the medical school or university and of the medical faculty practice plan. If the medical school is part of a for-profit/investor-owned company, the chart should describe the reporting relationship that the chief academic official or other senior academic officers have with the board of directors or officers of the corporation.

See GMDC Self Study Questionnaire pgs. 6-7.

### **Analyst Remarks to Narrative**

The GMDC noted in its narrative that standard 2.9 requires that the CAO of the medical school must have ready access to the officials charged with final responsibility for the medical program and to other institutional officials as well as sufficient authority to administer the educational program.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "marginally compliant" under standard 2.9, though little narrative support for this evaluation was provided in the sit visit report.

The NCFMEA may which to discuss the adequacy of the information in the site visit report describing the schools compliance or noncompliance with the GNDC's standards.

### **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports.

The evaluation of compliance for this Standard was based primarily on the review of SGUSOM's self-study, and discussion with the medical school leadership, which included an attachment of the medical school's organization chart showing reporting structures within the school's administration. Site visitors confirmed that the chart was accurate during their site visit to the basic science campus and across the various clinical site visits. The site visit team also conducted interviews with the chief academic officer and senior administrative faculty and staff. At the time of the site visit, a selection process was underway for a new Vice Chancellor to whom the chief academic officer will report, and the relationship between the chief academic officer and new Vice Chancellor was still being established. This process was discussed extensively with school administrators during the visit. For this reason, the team recommended that the school as marginally compliant. Following the team's review, SGUSOM successfully recruited a highly qualified Vice Chancellor.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of site visit procedures, and stated that site visitors had access to organizational charts and the opportunity to verify them and interview the CAO in order to provide an assessment in this area. The GMDC's narrative identified the vacancy of the Vice Chancellor position as the cause of the "marginally compliant" rating in this area. However, it isn't clear how that vacancy is related to the assessment of what resources and authority the Chief Academic Officer has at the school. The site visit report and the GMDC's narrative provided limited narrative support for the evaluation that was made.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards in this area.

**Staff Conclusion:** Additional Information requested

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### **Administrative Personnel and Authority, Question 3**

#### **Country Narrative**

GMDC Standards 2.12, 10.2, 10.4, and 10.5 address the Council's expectations for ensuring that administration and faculty have access to the resources needed to instruct students effectively.

Standard 2.12 indicates that "appropriate resources at all locations including clinical affiliates" should be available, while Standard 10.4 has the same expectation but is focused specifically on clinical clerkships, and Standard 10.5 ensures that all affiliation agreements assures that "student[s] and faculty have access to appropriate resources for medical education." Similarly, Standard 10.2 takes a broader view with regard to making certain financial resources will be available in the present as well as the future to sustain a medical school's mission, goals and objectives.

2.12 At affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their instructional responsibilities. The medical school's faculty must have and use effective methods for coordinating geographically separate sites and assuring the use of consistent and common methods for evaluating student performance at all sites. The medical school's administration will assure that its students and faculty have access to appropriate resources at all locations including clinical affiliates.

10.2 The medical school's present and anticipated financial resources must be adequate to sustain the institution's educational programme as well as its mission, goals, and objectives.

10.4 The medical school must have adequate resources for instruction in the clinical sciences and to provide required core clinical clerkships in health care facilities with appropriate accredited postgraduate medical education programmes.

10.5 There must be written affiliation agreements between the medical school and clinical affiliates that define the responsibilities of each party in relation to the programme of medical education and assure student and faculty access to appropriate resources for medical education.

In order to affirm that that these expectations are in place and consistently applied, the self-study and any affiliation agreements are reviewed by programme evaluators to ensure that they "describe the mechanisms in place...at each site to ensure that the medical school's authority to conduct educational activities for its students." In addition, the budgeting process described in the self-study is examined, with schools required to provide descriptions of the "roles and responsibilities of any committees involved in budget planning" as well as their membership composition."

See GMDC Self Study Questionnaire pgs. 41 and 44.

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

The GMDC noted in its narrative that standard 2.12 addresses requirements in this area, as it requires that the medical school's department heads and senior clinical faculty members must have authority consistent with their instructional responsibility.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 2.12, though little narrative support for this evaluation was provided in the report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing the school's compliance or noncompliance with the GNDC's standards in this area.

### **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports.

The evaluation of compliance for Standard 2.12 was based primarily on the review of SGUSOM's self-study, which includes questions regarding how the chief academic officer and clinical deans and department heads assure the quality of the educational programme at all educational sites both basic science and clinical. SGUSOM provided Curriculum Committee minutes and described the process through which the deans meet with their respective faculty and associate deans, make site visits, and review outcome data to assure the quality of the educational program at all sites. Site visitors confirmed the accuracy of this information during their site visit to the basic science campus and across the various clinical site visits. Site visitors confirmed that SGUSOM has procedures in place to provide appropriate resources needed to effectively instruct students to department heads and clinical faculty members through interviews with administrators, including the directors of medical education and clerkship directors at affiliated institutions. The team understood that requests for resources flow to department heads, who review all such requests and recommend them for inclusion in the budgeting process. Following this review of SGUSOM procedures, the site visit team reached consensus that the school was compliant with Standard 2.12.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, and described relevant excerpts of the self-study provided by SGUSOM and other sources of information, such as the meeting minutes of the curriculum committee. However, there was little narrative support in the site visit report for the evaluations made.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards in this area.

**Staff Conclusion:** Additional Information requested

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### **Chief Academic Official, Question 1**

#### **Country Narrative**

GMDC Standard 2.7 states that the chief academic official of the medical school must be qualified based on several factors including "education, training, and experience to provide leadership in medical education, scholarly activity, and patient care."

In completing the self-study database, the school must provide the chief academic official's CV as well as a narrative summary of their academic and administrative experience.

- a. Provide a brief narrative summary of the chief academic official's academic and administrative experience.
- b. Attach a current CV for the chief academic official.

See GMDC Self Study Questionnaire pg. 6.

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

The GMDC noted in its narrative that standard 2.7 addresses requirements in this area, as it requires that the chief academic official must be qualified based on several factors, including education, training, and experience to provide leadership in medical education, scholarly activity, and patient care. The narrative referred to the GMDC's self-study, which requires a current summary of the CAO's academic and administrative experience, as well as a current CV.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 2.7, though little narrative support for this evaluation was provided in the report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We direct the NCFMEA to the GMDC's response in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports.

The site visit team based its determination on a review of the information provided in the self-study, interviews with the Dean, and a careful review of the Dean's curriculum vitae. With over 30 years of experience, including serving as the SGUSOM Dean since 2004, the team and the council concluded that Dr. Weitzman was well qualified based on his experience in education, research experience, and active practice and well positioned to provide the leadership necessary to serve as chief academic official for the school and the many responsibilities that role carries.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its self-study document. The GMDC's template self-study document requires a current CV and a summary of academic and administrative experience for the CAO of a medical school. The GMDC's standards require that the CAO be qualified based on several factors, including education, training, and experience to provide leadership in medical education, scholarly activity, and patient care.

**Staff Conclusion:** Comprehensive response provided

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## **Chief Academic Official, Question 2**

### **Country Narrative**

GMDC does not prescribe the manner in which a school or program must select their chief academic officer, but they must be appointed by the institution's governing body and the process must produce a chief academic official who meets GMDC's standards and is appropriately qualified for the position in question.

GMDC Standard 2.10 requires that the chief academic official of the medical school be "appointed by the institution's governing body after an appropriate search for a qualified individual." The Standard further clarifies that GMDC expects that the selection process be based on "a thorough review of each candidate's academic credentials, training, and experience."

In completing the self-study, schools must provide detailing information on how it defines the top academic position, the search selection process used for the current top academic officer and, how that individual is reviewed and appointed. The applicable questions from the self-study are excerpted below.

- a. Provide the position description for the chief academic official and, if applicable, the vice president for health affairs or equivalent.
- b. Provide a description of the search and selection process used for the current chief academic official of the medical school.
- c. Provide a description of the process used by the relevant governing body to appoint the chief academic medical official.

See GMDC Self Study Questionnaire pgs. 6-7.

In addition to self-study responses, the school's selection process is evaluated and the chief academic official is interviewed during GMDC site visits. If a site visit team were to identify deficiencies with respect to a medical school's compliance with GMDC's standards, the team would note concerns regarding the qualifications of the individual and further review the selection process.

SGU's Chief Academic Officer is the Dean of the School of Medicine and SGU's current Dean has been with the institution for over 30 years. In his capacity as Dean, he directs all programmes and activities within the School of Medicine, and serves as the Chair of the School of Medicine Council of Deans and the Executive Council of Deans and is a member of the University Council of Deans.

### **Analyst Remarks to Narrative**

The GMDC's narrative stated that standard 2.10 requires that the chief academic official of the medical school be appointed by the institution's governing body after an appropriate search for a qualified individual and that the selection process be based on a thorough review of each candidate's academic credentials, training, and experience. The narrative stated that the GMDC does not prescribe the manner of selection of the CAO, but that the position description and the selection process are reviewed during the self study and the site visit.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as

"compliant" under standard 2.10. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports.

The evaluation of the selection process was based on the information provided in the self-study that the Board conducted the search for a Dean in 2003-2004 and that Dean Weitzman was selected from among a pool of highly qualified applicants and the decision was based on the unanimous agreement of the deans of the university and the school's senior management. The school's independent board also oversees and makes recommendations on the performance of the Dean.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC noted that the current CAO was selected in 2003-2004, before the current accreditation period under review. The GMDC's standard 2.10 includes requirements relevant to this guideline, including requirements related to the search and selection process for this position, should it become vacant.

**Staff Conclusion:** Comprehensive response provided

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## **Faculty**

### **Country Narrative**

Standard 2.11 requires that faculty be involved in decisions related to admissions, the curriculum, as well as the hiring, retention, promotion, and discipline of faculty.

Specifically, a medical school's administrative "structure must ensure that the faculty is appropriately involved in issues related to admissions, hiring, retention, and promotion of faculty, and in all phases of the medical education programme, including clinical education." A medical school's self-study is expected to describe how faculty is involved in issues related to each area noted in the standard, this information is verified during the on-site visits.

See GMDC Self-Study Questionnaire pg. 7.

Under Standard 7.4, schools must ensure that the "final responsibility for selecting students" rests with a "formally constituted admissions committee," which GMDC defines as "an established committee solely responsible for admitting medical students to the medical education programme in accordance with appropriately approved selection criteria in which a majority of the committee members responsible for selecting students are faculty."

The entire admissions process is thoroughly examined and evaluated as part of the self-study process. Relevant questions from the self-study that examine this issue are provided below.

- a. Briefly describe the process of medical student selection, beginning with receipt of the initial application forms and proceeding through preliminary screening for receipt of supplementary application materials, selection for an interview, the interview process, acceptance, the formal offer of admission, and matriculation. For each step, describe the means and selection criteria by which decisions are made and identify the individuals or groups involved in making those decisions.
- b. Describe the manner in which the medical school's student selection criteria are published and disseminated to potential and actual applicants, their advisors, and others.
- c. Provide a table or list of the current members of the admissions committee, including each member's title and year of appointment to the committee. Identify the current admissions committee chair (name and title). Describe the process by which the chair is selected; the chair's term of service; and the maximum number of terms a chair can serve, if any limit has been set. For all admissions committee members, describe the length of the initial appointment, the opportunities for reappointment, and the maximum length of service, if any.
- d. Describe the process by which admissions committee members are trained and prepared for their duties.
- e. Describe the source of final authority for admission decisions. Describe the process by which final admission decisions are made and identify the individuals or groups involved in making those decisions. Describe the circumstances surrounding any admissions committee decisions or recommendations that have been overruled or rejected since the last full accreditation survey.
- f. If the medical school sponsors or participates in combined professional degree programmes (e.g., M.D.-Ph.D., M.D.-M.P.H.),

describe the role of the medical school admissions committee in the initial assessment of and final decision-making about candidates for these programmes.

g. Briefly describe the methods used during the admissions process to evaluate and document the personal or professional characteristics of medical school applicants.

h. If a standard form is used for applicant interviews, supply a copy of the form and describe the ways in which it is used.

i. Describe the composition of the pool of individuals who interview medical students, including the total number, student or faculty status, and admissions committee membership. Describe how interviewers who are not members of the admissions committee are selected and trained. Describe how information from applicants that is collected during the interview is considered during the selection process.

See GMDC Self Study Questionnaire pgs. 27-28.

### **Analyst Remarks to Narrative**

The GMDC's standard 2.11 addresses the administrative structure of the medical school, and states that this structure must ensure that the faculty is appropriately involved in issues related to admissions, hiring, retention and promotion of faculty. The country's standard, as written, does not currently address discipline of faculty, although the country stated in its narrative that this area is encompassed in this standard as well. The country also stated in its narrative that admissions must be done by a committee where a majority of committee members responsible for selecting students are faculty, as per standard 7.4.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standards 2.11 and 7.4. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards. The NCFMEA may wish to request additional information about how the country's standard addresses inclusion of the faculty in discipline of faculty.

### **Country Response**

We appreciate the staff reviewer's comments and GMDC will ensure that this Standard is revised to clarify the expectation that faculty are involved in the hiring, evaluation and disciplinary processes. Standard 2.11 broadly speaks to requiring that faculty are involved in issues related to hiring, retention, and promotion of faculty, and appropriate administrative mechanisms should exist to promote faculty involvement and decision-making across the board.

The evaluation of compliance for this Standard was based on the site visitor team's review of those portions of the self-study relevant to the standards (pp. 29 and 136) as well as discussions and interviews of faculty and staff, including members of the Admissions Committee, Council of Deans, Curriculum Committee, and Dean of Admissions. In addition, we would note that SGUSOM submitted a current copy of its Faculty Handbook as part of its self-study, which notes that the school has a Faculty Grievance Procedure and that Faculty members can appeal termination decisions to SGUSOM Dean. There is also a formal faculty disciplinary process at SGUSOM that involves evaluation by peers, as well as leaders of the school.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated its intention to revise their standards relevant to this guideline to ensure that faculty involvement in disciplinary processes is required by the GMDC's standards. The GMDC stated that SGUSOM's current faculty handbook describes processes that meet this guideline by involving peer evaluation of disciplinary processes.

The NCFMEA may wish to request more information about how the GMDC plans revise its guidelines to include faculty involvement in disciplinary processes.

**Staff Conclusion:** Additional Information requested

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## **Remote Sites, Question 1**

### **Country Narrative**

GMDC's processes and standards call for review of the entire educational programme, including both basic sciences and clinical science settings, and GMDC is committed to completing the required review of all of SGU's clinical sites within an accreditation cycle. Part III of the GMDC Accreditation Procedures formally documents the on-site review process and its commitment to reviewing all clinical sites in the school's accreditation period.

The accreditation process includes a thorough and comprehensive on-site review of the medical school, including other facilities such as training sites, to determine if the school is in fact operating in compliance with the Standards. The review includes, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students, relevant policies and procedures and the academic support resources available to students. In addition to site visits to the main campus and administrative offices, GMDC will conduct an on-site evaluation of any other campus and other clinical sites where students can complete a portion of their required (i.e., "core") clinical rotations at least once during the accreditation period.

The GMDC conducts the following types of accreditation site visits:

1. Full accreditation reviews are typically conducted every five (5) years. Completion of a self-study and the education database by the medical school is required in sufficient time to allow the site visit team to review and prepare for the first site visit of a full accreditation review.
2. Limited (focused) accreditation reviews may be conducted during the period of accreditation to focus on specific areas of concern or identified non-compliance. An institutional self-study is not required prior to a limited review, unless specified by the GMDC. A limited database, with information specified by the GMDC, is prepared by the medical school and sent to the GMDC for forwarding to the site visit team in sufficient time to allow the team to review and prepare for the issues to be addressed in the visit.
3. Fact-finding visits may be conducted by GMDC if needed, in the GMDC's discretion, to gather information on specified issues.

In SGU's case, the medical education programme is conducted in Grenada and at clinical sites in affiliated hospitals in the United States, Canada and the United Kingdom. St George's University School of Medicine also maintains a partnership with the University of Northumbria in the United Kingdom, the Keith B. Taylor Global Scholars Programme. No students, including eligible U.S. students, who complete their basic sciences program in the United Kingdom receive Title IV student aid.

As of the date of this submission, GMDC has conducted site visits at SGU's basic sciences campus in Grenada and the United Kingdom, SGU's administrative offices in New York, and at affiliated hospitals where students complete their clinical rotations in several U.S. states including New York, California, and Florida, among others. In total, GMDC has conducted over 20 clinical site visits in roughly 18 months (in addition to administrative and basic sciences visits in Grenada, the United States, and the United Kingdom). Exhibit 15. NCFMEA staff and committee members observed several GMDC clinical site visits over the course of five days in the New York metropolitan area in April 2019.

### **Analyst Remarks to Narrative**

The narrative noted that SGU has a basic sciences campus in the United Kingdom, and that the GMDC has visited this campus.

The NCFMEA may wish to request the GMDC to provide its site visit report for its site visit to the United Kingdom's campus of SGU. The NCFMEA may wish to inquire about the GMDC's policy for allowing a medical school to conduct some parts of its preclinical education outside of the country where the medical is located, given that SGU does conduct preclinical education outside of Grenada.

### **Country Response**

As the GMDC application to NCFMEA indicated, the evaluation process and the accreditation standards require the review of a school's entire medical educational programme, including visits to basic sciences and clinical science sites. Further, GMDC requires the review of all of SGUSOM's sites within the accreditation cycle. All campuses of the school are required to meet the same expectations for accreditation with comparable programs, curricula, and faculty activities.

The GMDC Accreditation Procedures, which serve as the primary document for the GMDC accreditation and evaluation processes, outlines the requirements and expectations for the conduct of visits to sites outside of Grenada, including sites that provide pre-clinical instruction. See pages 10-12 and 20 of Exhibit 7.

GMDC understands that the restriction in the Guideline stems from the U.S. Department of Education's Title IV regulations, which prohibit U.S. students from completing any part of their preclinical educational program outside the comparable country in which the medical school is located. See 34 C.F.R. 600.55(h)(2). As we stated in our application, no U.S. students who receive Title IV funds complete any portion of their basic sciences program in the United Kingdom. GMDC would ensure that other Title IV-eligible schools do not offer Title IV funds to students in a basic sciences program outside the comparable country in which the medical school is located. GMDC also understands that SGUSOM has offered a basic sciences program in the United Kingdom for well over a decade, during which time SGUSOM obtained and maintained accreditation with CAAM-HP and other accreditors determined to be comparable to the LCME by NCFMEA.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC noted that while the country's sole medical school, SGUSOM, does have a basic science campus outside of the comparable country, that basic science campus does not allow students receiving any Title IV funds to the campus. The GMDC visits that basic science campus and accredits it using the same standards and procedures used for other parts of the medical school.

**Staff Conclusion:** Comprehensive response provided

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## **Remote Sites, Question 2**

### **Country Narrative**

As noted above, SGU has basic sciences campuses in Grenada and the United Kingdom, and affiliated hospitals where students complete their clinical rotations in several U.S. states—New York, California, and Florida, among others.

GMDC's standards and procedures require that schools demonstrate each of the following:

- 1) that they have the administrative processes and structures in place to ensure that geographically-separated sites are comparable to the main campus and to ensure consistent evaluation of students across sites;
- 2) that geographically-separated locations are in fact of comparable quality to the main campus; and
- 3) that students are in fact evaluated consistently at all sites.

#### 1) Administrative Processes

Standard 2.12 specifies that department heads and senior clinical faculty members at affiliated institutions must have authority consistent with their instructional responsibilities and use effective methods for coordinating geographically separate sites and assuring the use of consistent and common methods for evaluating student performance at all sites. Specifically, school must demonstrate that the administration provides its students and faculty with access to appropriate resources at all locations including clinical affiliates. As part of the self-study, schools must:

- a. Describe how the chief academic officer assures the quality of the educational programme at all educational sites (basic science and clinical).
- b. Describe the process for assuring the adequacy of faculty at all institutional sites.
- c. Provide minutes for the past three years of the school's Curriculum Committee.

See GMDC Self Study Questionnaire pg. 8.

Under Standard 2.13, faculty at all instructional sites must be "functionally integrated by appropriate administrative mechanisms." The medical education programme must demonstrate how the faculty at each instructional site participate in and are accountable for medical student education to ensure that such education is consistent with the objectives and performance expectations established by the course or clerkship leadership.

In addition, under Standard 2.11, the medical school must have in place a system with central oversight to ensure that the faculty defines the adequate types and numbers of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, the expected level of medical student responsibility, and the relevant outcomes-based educational objectives. Requiring that school faculty set the key parameters for the clinical experience ensures that students have comparable experiences at even widely dispersed sites.

Evidence of functional integration includes regular meetings or electronic communications, periodic site visits by senior staff and the sharing of student and faculty evaluation data. In addition, schools are required to address these issues, and provide such evidence as part of their self-study.

- i. Describe the means by which faculty members in each discipline are functionally integrated across instructional sites/campuses to ensure the comparability of education experiences and of student assessment (e.g. direct reporting lines to the medical school departments, visits by course and/or clerkship rotation directors and administrators, joint faculty meetings, joint planning exercises).
- ii. Describe the means by which faculty at geographically separated instructional sites/campuses are integrated into medical school governance including membership on relevant committees).

#### 2) Comparability of Geographically Separated Sites

Standard 2.14 expressly requires that the school's educational experiences at all geographically separated sites must be comparable in quality to those at the main campus. Educational programmes must provide evidence that the experiences are in fact comparable in completing the self-study. Schools must list all of their geographically separated sites, identify the principal academic official at each site, explain the mechanisms and processes in place to facilitate reporting to the school's chief academic official, to evaluate comparability across sites, and to ensure sites follow the institutions curriculum. Relevant self-study questions addressing these issues are below.

- a. Describe the mechanism by which the educational experiences at all geographically separated sites are comparable.
- b. Describe the process by which it is determined that all instructional sites follow the institution's core curriculum.
- c. In the table below, list each geographically separate instructional site/campus, its location and the name and title of the principal academic officer at the site.
- d. Describe the role of the medical school's chief academic officer in overseeing the conduct and quality of the education programme at all sites. Include a description of the reporting relationships between the principal academic official at the geographically separate site/campus, the chief academic official of the medical school.

See GMDC Self Study Questionnaire pgs. 8-9.

### 3) Consistent Evaluation of Students

GMDC requires that schools demonstrate consistent evaluation of students across geographically dispersed sites, regardless of location. As an initial matter, GMDC Standard 5.3 requires that schools set standards of achievement within each discipline that are consistent across all sites in which the discipline is taught. The medical school must also have a single standard for the promotion and graduation of medical students across all instructional sites under Standard 5.4. As part of their self-study, schools must disclose any variability in criteria for the promotion or graduation of students across sites and campuses.

- a. Describe the means by which the chief academic officer ensures that there is a single standard for promotion and graduation across all instructional sites/campuses.
- b. Describe any variations in criteria for the promotion or graduation of medical students at geographically separate instructional sites/campuses of the medical school.

See GMDC Self Study Questionnaire pg. 18.

Standard 5.1 also requires that the medical school must utilize an evaluation system that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes as specified in medical education programme objectives. The evaluation system must ensure that all medical students achieve the same medical education programme objectives. Relevant questions regarding this issue from the self-study are excerpted below.

- a. Describe the role of individual disciplines and the central curriculum management structure in setting standards of achievement (e.g., establishing the grading policy for individual courses and clerkship rotations).
- b. Describe any policies related to the scheduling of examinations in the preclinical years. How are examination schedules determined?
- c. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students in small-group settings during the preclinical years

See GMDC Self Study Questionnaire pg. 18.

### **Analyst Remarks to Narrative**

The GMDC's standard 2.12 requires that a medical school's faculty must have and use consistent effective methods for coordinating geographically separate sites and assuring the use of consistent and common methods for evaluating student performance at all sites. Standard 2.14 requires that the educational experiences at geographically separated sites is comparable in quality to those at the main campus. Standard 5.3 requires that standards of achievement within each discipline must be consistent across all sites in which the discipline is taught.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report included a check box marking this area as "compliant" for standards 2.12 and 5.3, and "marginally compliant" for 2.14. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

## **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports.

The compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits.

The site visit teams determined that SGUSOM was compliant with Standards 2.12 and 5.3, and marginally compliant for Standard 2.14. The teams based those determinations on the information and documentation provided in the medical school's self-study. See pp. 30-39 of the self-study for Standards 2.12 and 2.14, and pp.100-108 of the self-study for Standard 5.3.

The site visit teams employed a systematic approach to gauge and evaluate issues associated with comparability—coordination of geographic sites and common methods for measuring student achievement—while making appropriate adjustments dependent on the functional nature of sites such as basic sciences, administrative, or clinical. The teams reviewed clinical sites in New York, as well as the Northumbria site in the United Kingdom and other clinical sites in the United Kingdom. Teams for the SGUSOM site visits explored questions, issues, topics during onsite interviews such as:

- standard curriculum that defined goals and objectives for each core rotation
  
- the extent to which faculty and students were knowledgeable about the curriculum
  
- whether students are held to comparable assessment standards for the clinical curriculum, such as standardized examinations(including NBME shelf examinations), performance on various parts of USMLE, Firecracker structured study instruments, or some other type of assessment tool
  
- faculty attendance at school-wide clinical conferences, whether regional, such as those held in NY/NJ or national, such as those held in Grenada or the UK
  
- visit conducted by SGUSOM representatives, such as when clinical department chairs periodically visit to assess clinical sites
  
- involvement of clinical faculty in curriculum review and development

While this is by no means an exhaustive list of topics or issues explored by the site visit teams, interviews were guided by the information provided in the self-study as well as information provided on-site, notably the Affiliated Hospital Site Visit Form and the Clinical Site Checklist. The form and checklist are completed by clinical sites in the United States (see Exhibit 1, providing teams with additional information about operations, available resources, teaching arrangements, core rotation training programs, among other information). In addition, team members also review each affiliation agreement the medical school has entered into with clinical sites.

As noted above, the self-study information addressing the standards was verified during interviews with faculty and staff, assuring the team that there was an effective oversight process and integration of all affiliated and geographically separated sites, including the effectiveness of SGUSOM's own periodic academic program review process. At the same time, the team wanted to encourage SGUSOM to continue to make improvements in the process and determined that the marginally compliant finding would enable GMDC to monitor further progress. The team discussed this issue extensively and relied on measures such as the examination of performance, curriculum design, and faculty involvement in assessing site comparability. The team was especially encouraged by the steps taken by SGUSOM to further improve comparability in student experiences across all sites by examining student performance outcomes and internal reviews conducted by clinical chairs, among other key indicators.

## **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. The GMDC stated that the site team marked the school

"marginally compliant" for standard 2.14 to enable the GMDC to continue monitoring the school in this area. The GMDC stated in its narrative that the site visit team noted attempts by SGUSOM to improve comparability in student experiences through review of

performance outcome and internal reviews conducted by clinical chairs.

The GMDC's narrative and the site visit report provided offer limited narrative support for the evaluations made in this area. The NCFMEA may wish to discuss the adequacy of the site visit report in describing the medical school's compliance or non-compliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Program Length, Question 1**

### **Country Narrative**

GMDC Standard 4.1 requires that the curriculum of the medical school include a minimum of 130 weeks of instruction and include the fundamental principles of medicine and its underlying scientific principles.

As part of the self-study process, GMDC requires institutions to provide the following:

- a. An overall description of curriculum with a focus on the presentation of the fundamental principles of medicine and its underlying scientific principles.
- b. Indicate the structure within which the curriculum presents current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of diseases, and the effects of social needs and demands on care.

See GMDC Self-Study Questionnaire, pg. 14.

### **Analyst Remarks to Narrative**

The GMDC Standard 4.1 requires that the curriculum of the medical school include a minimum of 130 weeks of instructions.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report included a check box marking this area as "compliant" for standards 4.1. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context to how the site visit team reached its assessment decision in the site visit reports. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified programme evaluators during the site visits.

The site visit team conducted a thorough review of the SGUSOM 157-week curriculum as described on pages 69-79 of the self-study and the SGUSOM Catalogue (see Exhibit 8) as well as additional information reviewed at the time of the site visit. The information and documentation presented by the medical school enabled the site visitors to verify compliance with Standard 4.1, which addresses program length as well as ensuring that the curriculum enables students to learn the fundamental principles of medicine as well as its underlying scientific principles. The observations and findings in the site visit reports address compliance with this Standard.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the GMDC's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. Additionally, the GMDC referred to the country's sole medical school's (SGUSOM) curriculum as described in its self-study, which the GMDC affirms meets the requirements of this guideline

**Staff Conclusion:** Comprehensive response provided

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## **Curriculum, Question 1**

### **Country Narrative**

GMDC requires institutions to incorporate the fundamental principles of medicine and its underlying scientific concepts into its curriculum, allow students to acquire critical judgment skills based on evidence and experience, and develop students' ability to use principles and skills in solving problems of health in disease.

Under GMDC Standard 4.2, medical schools must develop clearly defined outcome measures to ensure that students who complete the programme have acquired the skills and ability to apply evidence to solve problems related to health and diseases. Standard 4.3 requires that curriculum of the medical school include content from the biomedical sciences that supports mastery of contemporary scientific principles in relation to the practice of medicine, while Standard 4.4 mandates that medical school curriculum include practical opportunities for the direct application of the scientific method and the critical analysis of data. The curriculum of the medical school must cover all organ systems and include aspects of preventive, acute, chronic, continuing, rehabilitative, and end of life care (Standard 4.5), and must include didactic and clinical instruction necessary for students to become competent practitioners of contemporary medicine, including communication skills as they relate to physician responsibilities (Standard 4.6).

To affirm compliance with these Standards, GMDC requests the following information during the self-study process:

a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:

- i. Skills of critical judgment based on evidence
- ii. Skills of medical problem-solving
- iii. Knowledge and understanding of societal needs and demands on health care

b. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

c. Check the topics listed below that are included in the curriculum as part of a required course and/or an elective course. Provide the total number of sessions in which each topic is included in one or more required courses and clerkship rotations in the preclinical and clinical phase of the curriculum. To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.

(Institutions must complete a table)

d. List the preclinical courses that include laboratory sessions.

e. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.

f. Describe the means by which the medical school ensures that each aspect of clinical medicine is included in required preclinical and clinical instruction. This should include the coverage of all organ systems and include the important aspects of preventative, acute, chronic, continuing, rehabilitative, and end-of-life care.

See GMDC Self-Study Questionnaire, pgs. 15-18.

GMDC Standard 4.7 requires clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry including, but not limited to, primary care and family medicine. All clinical experiences must be designed and implemented in such a manner as to ensure that students perform appropriate and progressive clinical responsibilities, and, regardless of the setting in which they are undertaken, must be supervised by individuals appointed to the faculty of the medical school. Standard 4.8 also requires instruction in medical ethics and human values, including, but not limited to, ethical principles in caring for patients and communicating effectively with patients' families and to others involved in patient care.

To affirm compliance with Standards 4.7 and 4.8, GMDC requests the following during the self-study process:

a. Describe how the curriculum prepares students to recognize wellness, determinants of health, and opportunities for health promotion. Include examples of where in the curriculum these topics are addressed and how student achievement is assessed.

b. Provide a list of all core clinical rotations indicating the clinical and type of the clerkship, the facility in which it occurs, and the ACGME or AOA accredited postgraduate training programme at the site.

- c. Provide a list of all elective clinical rotations and the sites at which they occur.
- d. Describe how experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery are provided. Are these experiences organized as separate clerkships/clerkship rotations, as one or more integrated (longitudinal) clerkship rotations, or in some other way?
- e. List each required course and clerkship rotation that provides experiences in primary care, and specify the number of hours or weeks devoted to the topic of primary care in each course or clerkship rotation.
- f. List the required clerkships (in Canada, clerkship rotations) that do not include any required ambulatory experiences.
- g. Indicate where within the curriculum experiences in multidisciplinary content areas are provided.
- h. Indicate where within the curriculum the instruction on communication skills is provided
- i. List the courses and clerkship rotations in which students learn about issues related to cultural competence in health care and describe the specific elements related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching, informal exposure in the clinical setting, or both.
- j. Indicate the means by which students' acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence is assessed. Provide evidence that educational programme objectives and course or clerkship objectives addressing cultural competence are being met.
- k. Identify each course and clinical clerkship rotation for which there is an explicit educational objective that includes the expectation that students gain an understanding of ethical issues and human values.
- l. Provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum. How and from whom is information about student ethical behavior collected?

See GMDC Self-Study Questionnaire, pgs. 18-19.

### **Analyst Remarks to Narrative**

The GMDC's narrative identified standards 4.2, 4.3, 4.4, 4.5, 4.7, and 4.8 as relevant to this guideline. These standards include requirements related to the education of medical students, including outcomes students are measured by, contemporary scientific principles in the biomedical sciences, the scientific method, critical analysis, as well as requirements regarding the breadth of material to be covered, which includes all organ systems and aspects of preventative, acute, chronic, continuing, rehabilitative, and end of life care. These standards also include requirements related to communication skills and ethics, and include details about the core clinical experiences expected of medical students, to include internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under the standards listed in this narrative. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for each of the GMDC standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits, and the professional judgment of the site visit teams.

The site visit teams determined that SGUSOM was substantially in compliance with the GMDC accreditation Standards 4.2, 4.3, 4.4, 4.5, 4.7, 4.8, based on their thorough review and analysis of the documentation presented by the medical school in preparation for the visits, during the on-site interviews (see visit schedule appended to each site visit report), and the review of any subsequent information or documentation requested from or made available by SGUSOM during those site visits. SGUSOM's self-

study responses to Part 4 (Curriculum Structure and Content) can be found on pages 69-100. The self-study provided instructive information, clarifying examples, and supporting documentation used by the teams to perform their initial assessment (including curriculum materials course syllabi, course objectives, among other information sources). Subsequently, the site visitors were able to verify that information during the on-site interviews with basic science and clinical science faculty.

For example, the self-study (starting on p. 79) demonstrates how SGUSOM complies with the Standards noted above, including requirements for the medical education of students, how the skills and competencies developed by students are assessed and measured, and provides documentation (see also Exhibit 9 - SGUSOM Self-Study Attachment 13) that offers additional examples of how those assessments were conducted.

The compliance review process as outlined enabled the site visitors to determine with confidence the adequacy of the information and documentation for Standards 4.2 through 4.8. In turn, the observations and recommendations presented in each site visit report support the compliance determinations of the site visit teams. In preparation for its deliberations, the GMDC considers not only the site visit reports but the SGUSOM self-study, SGUSOM responses to the site visit reports, the Comprehensive Annual Report prepared by the Site Visit Coordinator as well as extensive discussion and inquiry of substantive issues with the Coordinator when the Comprehensive Annual Report is presented. The multiple components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the accreditation decision of the GMDC.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of site visit procedures. The GMDC affirmed that multiple sources of information are available to site visitors, such as interviews with personnel. The GMDC also referenced SGUSOM's institutional self-study in relation to this guideline. The GMDC identified a comprehensive annual report prepared by a site visit coordinator as relevant documentation for evaluation in this area, though no samples were provided of this type of report. There was little narrative support provided for the evaluation that was made in the site visit report or in relation to the GMDC's deliberations relative to this guideline.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Curriculum, Question 2**

### **Country Narrative**

Under Standard 4.1 the medical school curriculum must include the fundamental principles of medicine and its underlying scientific principles. This fundamental requirement is expanded upon and examined in more depth in the self-study. Medical schools must demonstrate that the fundamental scientific and medical principles include therapy and technology, changes in understanding diseases, and the effects of social needs and demands on care.

The relevant self-study question is below:

b. Indicate the structure within which the curriculum presents current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of diseases, and the effects of social needs and demands on care.

See GMDC Self-Study Questionnaire, pg. 14.

Standard 4.3 requires that curriculum of the medical school include content from the biomedical sciences that supports mastery of contemporary scientific principles in relation to the practice of medicine. Standard 4.4 mandates that medical school curriculum include practical opportunities for the direct application of the scientific method and the critical analysis of data. The curriculum of the medical school must cover all organ systems and include aspects of preventive, acute, chronic, continuing, rehabilitative, and end of life care (Standard 4.5), and must include didactic and clinical instruction necessary for students to become competent practitioners of contemporary medicine. (Standard 4.6).

To affirm compliance with these Standards, GDMC requests the following during the self-study process:

a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:

- i. Skills of critical judgment based on evidence
- ii. Skills of medical problem-solving
- iii. Knowledge and understanding of societal needs and demands on health care

b. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

c. Check the topics listed below that are included in the curriculum as part of a required course and/or an elective course. Provide the total number of sessions in which each topic is included in one or more required courses and clerkship rotations in the preclinical and clinical phase of the curriculum. To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.

(Institutions must complete a table)

d. List the preclinical courses that include laboratory sessions.

e. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.

f. Describe the means by which the medical school ensures that each aspect of clinical medicine is included in required preclinical and clinical instruction. This should include the coverage of all organ systems and include the important aspects of preventative, acute, chronic, continuing, rehabilitative, and end-of-life care.

See GMDC Self-Study Questionnaire, pgs. 15-18.

Regarding the requirements for the basic sciences component of the medical program, GMDC Standard 4.7 requires clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry including, but not limited to, primary care and family medicine. Standard 4.8 also requires instruction in medical ethics and human values, including, but not limited to, ethical principles in caring for patients and communicating effectively with patients' families and to others involved in patient care.

To affirm compliance with Standards 4.7 and 4.8, GDMC requests the following during the self-study process:

a. Describe how the curriculum prepares students to recognize wellness, determinants of health, and opportunities for health promotion. Include examples of where in the curriculum these topics are addressed and how student achievement is assessed.

b. Provide a list of all core clinical rotations indicating the clinical and type of the clerkship, the facility in which it occurs, and the ACGME or AOA accredited postgraduate training programme at the site.

c. Provide a list of all elective clinical rotations and the sites at which they occur.

d. Describe how experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery are provided. Are these experiences organized as separate clerkships/clerkship rotations, as one or more integrated (longitudinal) clerkship rotations, or in some other way?

e. List each required course and clerkship rotation that provides experiences in primary care, and specify the number of hours or weeks devoted to the topic of primary care in each course or clerkship rotation.

f. List the required clerkships (in Canada, clerkship rotations) that do not include any required ambulatory experiences.

g. Indicate where within the curriculum experiences in multidisciplinary content areas are provided.

h. Indicate where within the curriculum the instruction on communication skills is provided

i. List the courses and clerkship rotations in which students learn about issues related to cultural competence in health care and describe the specific elements related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching, informal exposure in the clinical setting, or both.

j. Indicate the means by which students' acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence is assessed. Provide evidence that educational programme objectives and course or clerkship objectives addressing cultural competence are being met.

k. Identify each course and clinical clerkship rotation for which there is an explicit educational objective that includes the

expectation that students gain an understanding of ethical issues and human values.

I. Provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum. How and from whom is information about student ethical behavior collected?

See GMDC Self-Study Questionnaire, pgs. 18-19.

### **Analyst Remarks to Narrative**

The GMDC's narrative identifies standards 4.1, 4.3, 4.5, and 4.6 as relevant to this guideline. These standards include requirements related to the medical education provided to students. The standards and self study questions associated with them do not specifically mention therapy or technology, changes in the understanding of disease, or the effects of social needs and demands on care.

Therefore, the NCFMEA may wish to request additional information as to whether the GMDC has plans, if any, to adopt a standard specifically related to this guideline. The NCFMEA may wish to request additional information regarding how or if the GMDC currently assesses the schools provision of education in current concepts in the basic or clinical sciences, to include therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on care.

### **Country Response**

The GMDC requires medical schools to describe how the curriculum presents current concepts in the basic and clinical sciences, with the intent that the Standards—4.1, 4.3, 4.5, 4.6—would include topics such as therapy and technology, changes in the understanding of diseases, and the effects of social needs and demands on care. SGUSOM provided detailed information and examples in its self-study regarding how it incorporates these concepts into its curriculum. See pages 74-79 of the self-study.

GMDC expects medical schools to ensure that the curriculum reflects current standards and concepts in medical education. While the GMDC believes that it meets this Guideline, the Council will give additional consideration as to whether its standards should be revised to explicitly mention therapy or technology, changes in understanding of disease, or the effects of social needs and demands on care. GMDC expects medical schools to ensure that their curricula reflect current standards and concepts in medical education.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that its intention was that Standards 4.1, 4.3, 4.5, and 4.6 would encompass the topics referenced by this guideline. The GMDC stated in its narrative that it will consider whether to explicitly mention these specific topics in its standards in future. The GMDC also provided a self-study from SGUSOM and a blank self-study form which requests information in each of these topics under standard 4.1.

The NCFMEA may wish to request additional information as to whether the GMDC has plans, if any, to adopt a standard specifically addressing the topics relevant to this guideline.

**Staff Conclusion:** Additional Information requested

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## **Curriculum, Question 3**

### **Country Narrative**

GMDC requires medical schools to make available opportunities for medical students to participate in research and other scholarly activities of the faculty, as well as active learning and independent study. Schools are in fact required to list specific instances of recent student research and scholarship activities in completing the self-study.

Standard 3.8 requires that the medical education programme be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

To affirm compliance with Standard 3.8, GMDC requests the following during the self-study process:

- a. Describe the mechanism by which students are encouraged to participate in research and other scholarly activities.
- b. Provide a list of those research and scholarly activities in which students have participated during the past two years.

See GMDC Self-Study Questionnaire, pg. 14.

Under GDMC Standard 3.5, the medical school must also include instructional opportunities for students to facilitate active learning and independent study to promote lifelong learning.

To affirm compliance with Standard 3.5, GDMC requests the following during the self-study process:

a. Describe the time available for students to prepare for active learning.

b. Describe where and how in the curriculum there is assessment of students' progress in developing the skills needed for lifelong learning, including the ability to learn through self-directed, independent study. In the Appendix, provide examples of any instruments used for such assessment.

See GMDC Self-Study Questionnaire, pg. 12.

### **Analyst Remarks to Narrative**

The GMDC identified standard 3.8 as relevant to this guideline. This standard requires that a medical education program be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and that it provide sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 3.8. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

Pages 65-68 of the SGUSOM self-study present information and links to documentation to address how the medical school complies with Standard 3.8. The site visit teams were able to review and assess the platforms and incentives established to encourage students to participate in research and other scholarly activities (primarily through the Medical Student Research Institute) as well as publications and presentations that reflect the numerous types of basic science and clinical research and scholarly activities in which students have participated over a two-year period. The examples offered included research presented at the 1st Pan American Parkinson Disease and Movement Disorders Congress in Miami, FL and at the Alzheimer's Association International Conference in London, England, among others. GMDC had access to hundreds of scientific papers prepared by SGUSOM faculty annually, many of which allow for student participation in conducting research, as well as projects that are entirely student driven and result in peer reviewed literature.

The team was also able to review examples of that research, consider the scope of research opportunities available to students, and the adequacy of the support and nature of the incentives available to facilitate student participation. During site visits to the basic science campus in Grenada, the Northumbria campus and multiple clinical sites, including those in New York City, team members were able to verify this information during interviews with faculty and students, to discuss the sufficiency of the support provided by the medical school and to assess student experiences. The teams unanimously agreed that the institution was compliant with this Standard, as reflected in the findings of the site visit reports.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referenced its earlier description of its site visit procedures, and stated that site visitors have access to other materials and resources when making their determinations. The GMDC also provided a completed self-study by SGUSOM, where the school provided information relevant to this guideline as requested by the GMDC's self study template form. Under standard 3.8, the self study requests information relevant to this guideline. However, there was little narrative support provided for the evaluation that was made in the site visit report or for the GMDC's deliberations relative to this standard during their decision making process.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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#### **Curriculum, Question 4**

##### **Country Narrative**

GMDC Standard 3.5 requires medical schools to include instructional opportunities for students to facilitate active learning and independent study to promote lifelong learning.

To affirm compliance with Standard 3.5, GMDC requests that schools provide the following evidence during the self-study process:

a. Provide sample weekly schedules in the Appendix that illustrate the amount of time in the first and second years (phases) of the curriculum that students spend in scheduled activities.

b. Provide a list of the types of instructional formats that the medical school characterizes as active learning.

c. Describe the time available for students to prepare for active learning.

d. In the context of the definition of active learning, provide examples that illustrate the opportunities that exist in the curriculum for students to do each of the following:

i. Assess their own learning needs

ii. Identify, analyze, and synthesize information relevant to their learning needs

iii. Assess the credibility of information sources

iv. Share the information with their peers and supervisors

e. Describe where and how in the curriculum there is assessment of students' progress in developing the skills needed for lifelong learning, including the ability to learn through self-directed, independent study. In the Appendix, provide examples of any instruments used for such assessment.

f. Is demonstration of these skills considered as a criterion for grading in any course or clerkship rotation?

See GMDC Self-Study Questionnaire, pg. 12

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

The GMDC identified standard 3.5 as relevant to this guideline. This standard requires that the medical school include instructional opportunities for students to facilitate active learning and independent study to promote lifelong learning.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 3.5. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

##### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The SGUSOM self-study presented information, starting on page 59, to the site visit teams to demonstrate compliance with Standard 3.5. The information and documentation (see SGUSOM Self-Study Attachment 12) demonstrate how the medical school's curriculum and instructional formats support and facilitate active learning and help students develop skills for lifelong learning. The agendas appended to the site visit reports reveal scheduled interviews with faculty and students, which enabled the teams to discuss opportunities for and commitments to active learning, to explore examples of those experiences, to assess their effectiveness, and to evaluate how students are assessed and whether learning outcomes are achieved. Small group learning situations also facilitate some of the self-based exploration among groups of students. Subsequent team discussions during the

on-site visits addressed the sufficiency of SGUSOM's commitment to active and lifelong learning, the effectiveness of the opportunities offered, and the demonstrated ability of students engage in self-directed learning.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of site visit procedures, and affirmed that site visitors have access to materials and other resources when making a decision relative to this guideline. However, little narrative support was provided for the evaluation made by the site visitors. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Curriculum, Question 5**

### **Country Narrative**

GMDC Standard 3.7 requires the faculty of a medical school ensure that the medical education programme provides sufficient opportunities for, encourages, and actively supports medical student participation in service learning and supports community service learning activities.

To affirm compliance with Standard 3.7, GMDC schools are required to provide the following information during the self-study process:

- a. Describe the opportunities that are available for students to participate in service learning and community service activities.
- b. Provide a list of these service learning and community service activities in which students participated during the past two years.
- c. Describe the process by which faculty encourages such activities.

See GMDC Self-Study Questionnaire, p. 14

### **Analyst Remarks to Narrative**

The GMDC identified standard 3.7 as relevant to this guideline. This standard requires that the medical school's education program provides opportunities for, encourages, and supports student participation in service learning and community service,

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 3.7. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The findings of the site visit team and its determination of compliance were based on the information provided in the SGUSOM self-study (see pp. 63-65), describing the service learning and community service opportunities available to students and providing specific examples of student engagement. The self-study information was supplemented by interviews with students and faculty, which enabled team members to examine the appropriateness and sufficiency of those opportunities as well as the experiences of students and the impact on their respective local communities. The site visit teams had access to numerous examples of students participating in the provision of health care, medical screening and education in under-served communities globally.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to their earlier description of their site visit processes. The GMDC provided SGUSOM's self-study to demonstrate collection of information from a medical school relevant to this criterion, and noted

that site visitors had access to the self-study, on-site observations, interviews and other materials. However, there was little narrative provided to support the evaluations relative to this guideline.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Curriculum, Question 6**

### **Country Narrative**

GMDC Standard 4.3 requires that the curriculum of the medical school include content from the biomedical sciences that supports mastery of contemporary scientific principles in relation to the practice of medicine. GMDC Standard 4.5 requires that the curriculum of the medical school cover all organ systems and include aspects of preventive, acute, chronic, continuing, rehabilitative, and end of life care, and Standard 4.6 requires that the curriculum include didactic and clinical instruction necessary for students to become competent practitioners of contemporary medicine, including communication skills as they relate to physician responsibilities.

To affirm compliance with Standards 4.3, 4.5, and 4.6, GMDC requests the following during the self-study process:

a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:

- i. Skills of critical judgment based on evidence
- ii. Skills of medical problem-solving
- iii. Knowledge and understanding of societal needs and demands on health care

b. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

c. Check the topics listed below that are included in the curriculum as part of a required course and/or an elective course. Provide the total number of sessions in which each topic is included in one or more required courses and clerkship rotations in the preclinical and clinical phase of the curriculum. To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.

(Institutions must complete a table)

d. List the preclinical courses that include laboratory sessions.

e. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.

f. Describe the means by which the medical school ensures that each aspect of clinical medicine is included in required preclinical and clinical instruction. This should include the coverage of all organ systems and include the important aspects of preventative, acute, chronic, continuing, rehabilitative, and end-of-life care.

See GMDC Self-Study Questionnaire, pgs. 15-18.

Exhibit 13 includes the required curricular elements from the GMDC self study document. Under Standard 4.7, the medical school curriculum must include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry including, but not limited to, primary care and family medicine. All clinical experiences must be designed and implemented in such a manner as to ensure that students perform appropriate and progressive clinical responsibilities, and, regardless of the setting in which they are undertaken, must be supervised by individuals appointed to the faculty of the medical school.

To affirm compliance with Standard 4.7, GMDC requests the following during the self-study process:

a. Describe how the curriculum prepares students to recognize wellness, determinants of health, and opportunities for health promotion. Include examples of where in the curriculum these topics are addressed and how student achievement is assessed.

b. Provide a list of all core clinical rotations indicating the clinical and type of the clerkship, the facility in which it occurs, and the

ACGME or AOA accredited postgraduate training programme at the site.

- c. Provide a list of all elective clinical rotations and the sites at which they occur.
- d. Describe how experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery are provided. Are these experiences organised as separate clerkships/clerkship rotations, as one or more integrated (longitudinal) clerkship rotations, or in some other way?
- e. List each required course and clerkship rotation that provides experiences in primary care, and specify the number of hours or weeks devoted to the topic of primary care in each course or clerkship rotation.
- f. List the required clerkships (in Canada, clerkship rotations) that do not include any required ambulatory experiences.
- g. Indicate where within the curriculum experiences in multidisciplinary content areas are provided.
- h. Indicate where within the curriculum the instruction on communication skills is provided
- i. List the courses and clerkship rotations in which students learn about issues related to cultural competence in health care and describe the specific elements related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching, informal exposure in the clinical setting, or both.
- j. Indicate the means by which students' acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence is assessed. Provide evidence that educational programme objectives and course or clerkship objectives addressing cultural competence are being met.
- k. Identify each course and clinical clerkship rotation for which there is an explicit educational objective that includes the expectation that students gain an understanding of ethical issues and human values.
- l. Provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum. How and from whom is information about student ethical behavior collected?

See GMDC Self-Study Questionnaire, pgs. 18-19.

### **Analyst Remarks to Narrative**

The GMDC identified standards 4.3, 4.5, 4.6, 4.7 as relevant to this guideline. These standards specify that the curriculum must include content from contemporary scientific principles in relation to medicine and communication and specify several specific types of study that must be included in the curriculum, including all organ systems and aspects of preventive, acute, chronic, continuing, rehabilitative, and end of life care. 4.7 specifies that clinical experiences must include core areas such as internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry. However, it isn't clear that these standards include all elements of this guideline, which includes anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine.

Therefore, the NCFMEA may wish to request additional information as to whether the GMDC has plans, if any, to adopt a standard specifically related to and including all of the elements of this guideline. The NCFMEA may also wish to request additional information regarding how or if the GMDC currently considers or reviews all of the elements cited in of this guideline.

### **Country Response**

GMDC Standards 4.3, 4.5, 4.6, and 4.7 require that the curriculum include content from the biomedical science that supports mastery of contemporary scientific principles in relation to the practice of medicine. Standard 4.5 requires that the curriculum cover "all organ systems," including "aspects of preventive, acute, chronic, continuing, rehabilitative, and end of life care." GMDC expects every medical school's curriculum to cover subjects based on commonly accepted standards in the medical community.

Standard 4.7 specifies that clinical experiences must cover internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry, including primary care and family medicine. GMDC expects that the curriculum cover all organ systems and core areas, and GMDC would affirm that such subjects are covered during the self-study process. The self-study questionnaire asks institutions

to identify the content areas of the basic science curriculum, and also affirms that institutions have sufficient faculty to cover anatomy, biochemistry, microbiology, pathology, pharmacology, and physiology. In addition, the site visit team reviewed syllabi, Curriculum Committee minutes, and student examination performance to affirm that these subjects are covered. SGUSOM has an 'integrated' curriculum in the basic sciences, which is similar to most U.S. medical schools in the integration and application of many disciplines to expedite more substantive and contextual learning.

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that it expects a medical school's curriculum to cover subjects based on commonly accepted standards in the medical community. The GMDC also noted that its self-study asks institutions to identify the content of the basic sciences curriculum. Additionally, the GMDC noted that the site visit team had the opportunity to review syllabi and student examination performance to assess which subjects are covered. However, the GMDC's standards and self-study do not specifically address the topics listed in this guideline.

Therefore, the NCFMEA may wish to request additional information as to whether the GMDC has plans, if any, to adopt a standard specifically related to and including all of the elements of this guideline.

**Staff Conclusion:** Additional Information requested

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### **Curriculum, Question 7**

#### **Country Narrative**

GMDC Standard 4.4 states that the curriculum of the medical school must include practical opportunities for the direct application of the scientific method and the critical analysis of data. As evidenced by questions in the self-study, this includes laboratory exercises.

To affirm compliance with Standard 4.4, GMDC requests the following evidence during the self-study process:

a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:

- i. Skills of critical judgment based on evidence
- ii. Skills of medical problem-solving
- iii. Knowledge and understanding of societal needs and demands on health care

b. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

c. Check the topics listed below that are included in the curriculum as part of a required course and/or an elective course. Provide the total number of sessions in which each topic is included in one or more required courses and clerkship rotations in the preclinical and clinical phase of the curriculum. To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.

(Institutions must complete a table indicating the content areas that must be covered, such as biostatistics, research methods, evidence based medicine, clinical research, and biomedical informatics.)

d. List the preclinical courses that include laboratory sessions.

e. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.

f. Describe the means by which the medical school ensures that each aspect of clinical medicine is included in required preclinical and clinical instruction. This should include the coverage of all organ systems and include the important aspects of preventative, acute, chronic, continuing, rehabilitative, and end-of-life care.

See GMDC Self-Study Questionnaire, pgs. 15-18.

## **Analyst Remarks to Narrative**

The GMDC identified standard 4.4 as relevant to this guideline. This standard requires that the curriculum of the medical school must include practical opportunities for the direct application of the scientific method and the critical analysis of data. The narrative noted that the self-study questions request information about preclinical courses that include laboratory coursework. While the self study document does ask a school to list the preclinical courses that include laboratory sessions, it isn't clear what requirements the GMDC has for a medical school in this area.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 4.4. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards. Additionally, the NCFMEA may wish to request additional information regarding what the GMDC's requirements are for the laboratory portion of the basic sciences curriculum.

## **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits.

GMDC Standard 4.4 requires that the medical school curriculum include practical opportunities for the direct application of the scientific method and the critical analysis of data. A compliance determination for Standard 4.4 is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. Reviewers also had access to several examples of these activities in anatomy, histology and studies of biochemistry/genetics, as well as microbiology. Similarly, in the clinical rotations, reviewers could assess numerous examples that of students collecting primary biomedical data for evaluation.

The findings of the site visit team and its determination of compliance were based on the information provided in the SGUSOM self-study (see pp. 79-89), describing activities related to the application of the scientific methods and the critical analysis of data. The self-study information was supplemented by interviews with students and faculty. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

## **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes and affirmed the access of site visitors to multiple sources of information during their site visit. The GMDC stated that site visit team members had access to examples of lab work during their evaluation. The standard cited by the GMDC as relevant to this guideline does not specifically address laboratory coursework. While the self-study document does ask a school to list the preclinical courses that include laboratory sessions, it isn't clear what requirements the GMDC has for a medical school in this area.

The NCFMEA may wish to request additional information regarding what the GMDC's requirements are for the laboratory portion of the basic sciences curriculum.

**Staff Conclusion:** Additional Information requested

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## **Clinical Experience, Question 1**

### **Country Narrative**

Under GMDC Standard 4.7, the medical school curriculum must include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry including, but not limited to, primary care and family medicine. All clinical experiences must be designed and implemented in such a manner as to ensure that students perform appropriate and progressive clinical responsibilities, and, regardless of the setting in which they are undertaken, must be supervised by individuals appointed to the faculty of the medical school.

To affirm compliance with Standard 4.7, GMDC requests the following during the self-study process:

a. Describe how the curriculum prepares students to recognize wellness, determinants of health, and opportunities for health

promotion. Include examples of where in the curriculum these topics are addressed and how student achievement is assessed.

b. Provide a list of all core clinical rotations indicating the clinical and type of the clerkship, the facility in which it occurs, and the ACGME or AOA accredited postgraduate training programme at the site.

c. Provide a list of all elective clinical rotations and the sites at which they occur.

d. Describe how experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery are provided. Are these experiences organised as separate clerkships/clerkship rotations, as one or more integrated (longitudinal) clerkship rotations, or in some other way?

e. List each required course and clerkship rotation that provides experiences in primary care, and specify the number of hours or weeks devoted to the topic of primary care in each course or clerkship rotation.

f. List the required clerkships (in Canada, clerkship rotations) that do not include any required ambulatory experiences.

g. Indicate where within the curriculum experiences in multidisciplinary content areas are provided.

h. Indicate where within the curriculum the instruction on communication skills is provided

i. List the courses and clerkship rotations in which students learn about issues related to cultural competence in health care and describe the specific elements related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching, informal exposure in the clinical setting, or both.

j. Indicate the means by which students' acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence is assessed. Provide evidence that educational programme objectives and course or clerkship objectives addressing cultural competence are being met.

k. Identify each course and clinical clerkship rotation for which there is an explicit educational objective that includes the expectation that students gain an understanding of ethical issues and human values.

l. Provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum. How and from whom is information about student ethical behavior collected?

See GMDC Self-Study Questionnaire, pgs. 18-19.

GMDC Standard 3.6 requires that medical students have opportunities to learn in academic environments that permit interaction with resident physicians in graduate medical education programmes. To affirm compliance with Standard 3.6 GMDC requests the following during the self-study process:

a. If the medical curriculum does not include a separate required clerkship rotation in one or more of the core disciplines (e.g., when the curriculum includes an integrated experience for some medical students), describe these students' interactions with residents, including the residents' specialties and the settings in which these interactions occur.

b. Provide the number of residents who are the responsibility of the medical school's faculty, by training programme, including those programmes at affiliated hospitals at which residents are taught by medical school faculty. (Note: If the medical school operates geographically separate clinical instructional sites/campuses, provide a separate table for each site.)

c. Describe the mechanism(s) used for oversight and coordination of graduate medical education, including the evaluation and allocation of training positions. Note any programmes currently on probation, as well as any programmes whose size is being substantially expanded or reduced.

d. For each accredited institution, provide the following information regarding ACGME/RCPSC/CFPC institutional review of graduate medical education programmes sponsored by the medical school or its major teaching hospital(s):  
(Institutions must complete a table)

See GMDC Self-Study Questionnaire, pgs. 12-14

Standard 4.2 further requires that medical schools develop clearly defined outcomes measures to ensure that students who

complete the programme have acquired the skills and ability to apply evidence to solve problems related to health and diseases, while Standard 4.3 requires that the curriculum include content from the biomedical sciences that supports mastery of contemporary scientific principles in relation to the practice of medicine. Standard 4.5 also requires that the curriculum cover all organ systems and include aspects of preventive, acute, chronic, continuing, rehabilitative, and end of life care.

To affirm compliance with these Standards, GMDC requests the following during the self-study process:

a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:

i. Skills of critical judgment based on evidence

ii. Skills of medical problem-solving

iii. Knowledge and understanding of societal needs and demands on health care

d. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

e. Check the topics listed below that are included in the curriculum as part of a required course and/or an elective course. Provide the total number of sessions in which each topic is included in one or more required courses and clerkship rotations in the preclinical and clinical phase of the curriculum. To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.

d. List the preclinical courses that include laboratory sessions.

e. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.

f. Describe the means by which the medical school ensures that each aspect of clinical medicine is included in required preclinical and clinical instruction. This should include the coverage of all organ systems and include the important aspects of preventative, acute, chronic, continuing, rehabilitative, and end-of-life care.

See GMDC Self-Study Questionnaire, pgs. 15-18.

### **Analyst Remarks to Narrative**

Standard 4.7 requires that the medical school curriculum include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry including, but not limited to, primary care and family medicine. The country's narrative noted that several questions in the self study related to this standard request information from the medical school about the provision of clinical experiences to students.

The country provided a self-study template, the country's procedures and standards, SGU's completed self-study and a site visit report to document review of a medical school relevant to this guideline. The country's site visit report for SGU included a check box for standard 4.7, though none of the boxes were checked and the site visit report included a note of "not applicable" in this area. It appears that the site visit team did not evaluate the school against this standard.

The country also provided site visit reports for nine clinical site visits. Each of those site visit reports listed the types of rotations available at that clinical site; however, the documentation does not reflect an evaluation of the clinical curriculum relevant to this guideline.

The NCFMEA may wish to ask the country about how a medical school is evaluated relative to this guideline. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

GMDC carefully evaluated the clinical experiences available to SGUSOM students as part of the self-study process. The institution has documented that the curriculum does include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery and psychiatry including primary care and family medicine. These core rotations have been reviewed on multiple occasions by site visit teams and found to be compliant with Standard 4.7. The team produced two site visit reports, one related to a review at the basic science campus in Grenada, and another related to a review of the New York City clinical sites. The site visit team's interpretation of Standard 4.7 is that it addresses the assessment of the actual clinical experiences, rather than the whether the curriculum across the clinical sites was appropriate. Because there are no clinical

experiences at the basic science campus in Grenada, SGUSOM was not evaluated for compliance with Standard 4.7 in that report. However, SGUSOM was evaluated for compliance with Standard 4.7 in the report related to the New York City clinical sites. In that New York area report, SGUSOM was noted to be compliant with Standard 4.7 based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits.

The self-study information was supplemented by interviews with students and faculty, which enabled team members to examine the appropriateness and sufficiency of those opportunities as well as the experiences of students. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of site visit processes and affirmed that site visit team members had access to multiple sources of information. The GMDC noted that the basic campus site visit team interpreted this standard to address specific clinical experiences rather than whether the curriculum across the clinical sites was appropriate, and that the site visit team to the basic science campus therefore did not assess the school against this standard in the site visit report provided.

The country also provided site visit reports for nine clinical site visits. Each of those site visit reports listed the types of rotations available at that clinical site; however, the documentation does not reflect an evaluation of the clinical curriculum relevant to this guideline.

The NCFMEA may wish to ask the country about how a medical school is evaluated relative to this guideline. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Clinical Experience, Question 2**

### **Country Narrative**

GMDC confirms that medical schools' program of clinical instruction is designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Standard 4.2 requires that medical schools develop clearly defined outcomes measures to ensure that students who complete the programme have acquired the skills and ability to apply evidence to solve problems related to health and diseases. Standard 4.4 requires that medical schools include practical opportunities for the direct application of the scientific method and the critical analysis of data. Standard 4.6 states that curriculum must include didactic and clinical instruction necessary for students to become competent practitioners of contemporary medicine, including communication skills as they relate to physician responsibilities.

To affirm compliance with these Standards, GDMC requests the following during the self-study process:

a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:

- i. Skills of critical judgment based on evidence
- ii. Skills of medical problem-solving
- iii. Knowledge and understanding of societal needs and demands on health care

b. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

c. Check the topics listed below that are included in the curriculum as part of a required course and/or an elective course. Provide the total number of sessions in which each topic is included in one or more required courses and clerkship rotations in the preclinical and clinical phase of the curriculum. To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.

d. List the preclinical courses that include laboratory sessions.

e. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.

f. Describe the means by which the medical school ensures that each aspect of clinical medicine is included in required preclinical and clinical instruction. This should include the coverage of all organ systems and include the important aspects of preventative, acute, chronic, continuing, rehabilitative, and end-of-life care.

See GMDC Self-Study Questionnaire, pgs. 15-18.

### **Analyst Remarks to Narrative**

The GMDC identified standards 4.2 and 4.4 as relevant in this area. These standards for curriculum include requirements the school have clearly defined outcome measures and that the school provide opportunities for direct application of the scientific method and critical analyses of data. The GMDC's standards specifically address clinical experiences in standard 4.7, which includes requirements for the core areas to be covered in clinical experiences and requires that the clinical experiences shall be implemented to ensure that students perform appropriate and progressive clinical responsibilities, and also requires that students shall be supervised by individuals appointed to the faculty of the medical school.

Under standard 4.7, which specifically addresses clinical experiences, the country's site visit report for St. George's University (SGU) included a check box for this standard, though none of the boxes were checked and the site visit had made a note of "not applicable" in this area. It appears that the site visit team did not evaluate the school against this standard. For standard 4.2, the site visit report marked SGU as "marginally compliant" with the note that continued effort should be made to assure compliance with this standard using defined outcome measures in assessing student performance. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

In assessing compliance with Standard 4.7 and 4.2, GMDC carefully evaluated the clinical experiences available to SGUSOM students as part of the self-study process. The institution has documented that the curriculum does include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery and psychiatry including primary care and family medicine. These core rotations have been reviewed on multiple occasions by site visit teams and found to be compliant with Standard 4.7. The team produced two site visit reports, one related to a review at the basic science campus in Grenada, and another related to a review of the New York City clinical sites. The site visit team's interpretation of Standard 4.7 is that it addresses the assessment of the actual clinical experiences, rather than the whether the curriculum across the clinical sites was appropriate. Because there are no clinical experiences at the basic science campus in Grenada, SGUSOM was not evaluated for compliance with Standard 4.7 in that report. However, SGUSOM was evaluated for compliance with Standard 4.7 in the report related to the New York City clinical sites. In that New York area report, SGUSOM was found to be compliant with Standard 4.7 based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. Reviewers were able to observe medical students with appropriate and progressive clinical responsibilities at multiple sites, learning under the supervision of designated SGUSOM faculty.

The self-study information was supplemented by interviews with students and faculty, which enabled team members to examine the appropriateness and sufficiency of those opportunities as well as the experiences of students. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that the basic sciences site visit team did not evaluate the institution under standard 4.7, since the basic sciences site visit team interpreted this standard as not relevant for review of the basic science campus. The GMDC affirmed that clinical site visitors had access to multiple sources of information in order to make their evaluations. However, there was little narrative support provided for the evaluations that were made in the site visit report. The clinical site visit reports provided do not document a review of the program of clinical instruction relative to this guideline.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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### **Clinical Experience, Question 3**

#### **Country Narrative**

Under GMDC Standard 4.7, medical school curriculum must include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry including, but not limited to, primary care and family medicine. All clinical experiences must be designed and implemented in such a manner as to ensure that students perform appropriate and progressive clinical responsibilities, and, regardless of the setting in which they are undertaken, must be supervised by individuals appointed to the faculty of the medical school.

To affirm compliance with Standard 4.7, GDMC requests the following during the self-study process:

- a. Describe how the curriculum prepares students to recognize wellness, determinants of health, and opportunities for health promotion. Include examples of where in the curriculum these topics are addressed and how student achievement is assessed.
- b. Provide a list of all core clinical rotations indicating the clinical and type of the clerkship, the facility in which it occurs, and the ACGME or AOA accredited postgraduate training programme at the site.
- c. Provide a list of all elective clinical rotations and the sites at which they occur.
- d. Describe how experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery are provided. Are these experiences organised as separate clerkships/clerkship rotations, as one or more integrated (longitudinal) clerkship rotations, or in some other way?
- e. List each required course and clerkship rotation that provides experiences in primary care, and specify the number of hours or weeks devoted to the topic of primary care in each course or clerkship rotation.
- f. List the required clerkships (in Canada, clerkship rotations) that do not include any required ambulatory experiences.
- g. Indicate where within the curriculum experiences in multidisciplinary content areas are provided.
- h. Indicate where within the curriculum the instruction on communication skills is provided
- i. List the courses and clerkship rotations in which students learn about issues related to cultural competence in health care and describe the specific elements related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching, informal exposure in the clinical setting, or both.
- j. Indicate the means by which students' acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence is assessed. Provide evidence that educational programme objectives and course or clerkship objectives addressing cultural competence are being met.
- k. Identify each course and clinical clerkship rotation for which there is an explicit educational objective that includes the expectation that students gain an understanding of ethical issues and human values.
- l. Provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum. How and from whom is information about student ethical behavior collected?

See GMDC Self-Study Questionnaire, pgs. 18-19.

GMDC Standard 3.2 requires medical schools to have a system of central oversight in place to ensure that the faculty defines the adequate types and numbers of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, the expected level of medical student responsibility, and the relevant outcomes-based educational objectives.

To affirm compliance with Standard 3.2, GMDC requests the following during the self-study process.

- a. Describe the mechanisms used for the initial selection and subsequent revision of the kinds of patients or clinical conditions, and the clinical settings, needed to meet the medical school's objectives for clinical education. Note if the kinds of patients or clinical conditions were selected by each clinical discipline or by a group (e.g., a clinical clerkship committee) with representation from multiple disciplines. Briefly summarize the role of the curriculum committee or other central oversight body (e.g., a clerkship rotation directors committee) in reviewing the criteria across courses and clerkships (or in Canada, clerkship rotations).
- b. Provide a table summarizing the criteria for patient types or clinical conditions, level of student responsibility, and clinical setting for each required clerkship rotation.
- c. Describe the system(s) used by students to log the clinical experiences required of them.
- d. Summarize the system(s) used by faculty to monitor students' completion of required clinical experiences. When and by whom are clerkship-specific clinical experiences reviewed and monitored? When and by whom are overall clinical experience data for all students collected and monitored?
- e. For each required clerkship rotation, list the options for remedying gaps in student clinical experiences. List those clinical experience requirements fulfilled by alternate experiences (e.g., simulation, assigned readings, CLIPP cases) by more than 25% of students in a given clinical clerkship during the prior academic year.

See GMDC Self-Study Questionnaire, pgs. 10-11.

### **Analyst Remarks to Narrative**

The GMDC identified standards 4.7 and 3.2 as relevant in this area. Standard 4.7 includes requirements for the core areas to be covered in clinical experiences and requires that the clinical experiences shall be implemented to ensure that students perform appropriate and progressive clinical responsibilities, and also requires that students shall be supervised by individuals appointed to the faculty of the medical school. Standard 3.2 requires that faculty defines the types and numbers of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, the expected level of medical student responsibility, and the relevant outcomes-based educational objectives.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. Under standard 4.7, which specifically addresses clinical experiences, the country's site visit report for SGU included a check box for this standard, though none of the boxes were checked and the site visit had made a note of "not applicable" in this area. It appears that the site visit team did not evaluate the school against this standard. Under standard 3.2, the site visit report marks SGU as "compliant," though little narrative support for this evaluation was provided. The country's self study template requires information about how the school decides what the clinical experience should be, as well as the patient types or clinical conditions, level of responsibility, and clinical setting for each required clerkship rotation. Additionally, a medical school is required to report on several aspects of evaluation of students during clinical experiences. However, the site visit report provided little narrative to support evaluations in these areas.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

In assessing compliance with Standard 4.7 and 3.2, GMDC carefully evaluated the clinical experiences available to SGUSOM students as part of the self-study process. The institution has documented that the curriculum does include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery and psychiatry including primary care and family medicine. For each course, specific patient types and pathological situations are expected to be evaluated over the course of the rotation. While each clinical experience is unique, the school does set expectations for the types of patients to be evaluated by students, and requires students to keep a log of patients evaluated. This is evaluated by faculty at the various clinical sites. These core rotations have been reviewed on multiple occasions by site visit teams and found to be compliant with Standard 4.7. As part of the application, GMDC submitted two site visit reports prepared by its site visit teams, one related to a review at the basic science campus in Grenada, and another related to a review of the New York City clinical sites. The site visit team's interpretation of Standard 4.7 is that it addresses the assessment of the actual clinical experiences, rather than the whether the curriculum across the clinical sites was appropriate. Because there are no clinical experiences at the basic science campus in Grenada, SGUSOM was not evaluated for compliance with Standard 4.7 in that report. However, SGUSOM was evaluated for compliance with Standard 4.7 in the report related to the New York City clinical sites. In that New York area report, SGUSOM was found to be

compliant with Standard 4.7 based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits.

The self-study information was supplemented by interviews with students and faculty, which enabled team members to examine the appropriateness and sufficiency of those opportunities as well as the experiences of students. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC agreed that the submitted site visit report for SGUSOM did not include an evaluation of the school against the cited standards. The GMDC referred to its earlier description of its site review process, noting that site visitors had access to multiple sources of information to use to evaluate the school. The GMDC also noted its submission of clinical site visit reports; however, the clinical site visit reports submitted do not mention the GMDC's standard 4.7. It isn't clear which, if any, site visitors evaluated the SGUSOM against this standard.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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### **Supporting Disciplines**

#### **Country Narrative**

Medical schools are required to address Standard 10.11, which requires that educational opportunities be available in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology, and to provide the documentation needed to affirm compliance.

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

The GMDC identified standard 10.11 as relevant in this area. Standard 10.11 requires that educational opportunities must be available in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 10.11. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

#### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The site visit teams examined the self-study responses provided by SGUSOM, including the information that demonstrated compliance with the expectations and requirements for Standard 10.11. GMDC could observe that SGUSOM introduces students to the role and application of diagnostic imaging and clinical pathology throughout the curriculum, including in settings in the basic sciences curriculum, as well as through numerous opportunities in the various clinical clerkships in hospitals. These activities are well integrated into the overall learning experience of patient care. In addition, SGUSOM also makes available elective courses for devoted learning experiences in pathology and radiology.

That information provided a basis for conducting the evaluations, including interviews with the Directors of Medical Education,

Clerkship Directors and teaching staff at all sites visited. Further, interviews with students at each site enabled the teams to verify that educational opportunities were not only available but sufficient in the disciplines to support general medical practice, which did include areas such as diagnostic imaging and clinical pathology.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. The GMDC identified several areas in SGUSOM's self-study that could be used to support the school's provision of educational opportunities for students. The sample self-study provided includes standard 10.11 but does not request the school to answer questions related specifically to this standard. The site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

**Staff Conclusion:** Additional Information requested

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### **Ethics, Question 1**

#### **Country Narrative**

GMDC Standard 4.8 requires that medical schools provide instruction in medical ethics and human values, including, but not limited to, ethical principles in caring for patients and communicating effectively with patients' families and to others involved in patient care.

To affirm compliance with Standard 4.8, schools must list all required courses, electives, preclinical courses and clerkship rotations that cover medical ethics. Schools are also required to provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum, providing evidence on how and from whom the information about student ethical behavior collected.

See GMDC Self-Study Questionnaire, pg. 19.

More broadly, GMDC Standard 4.11 also requires that the curriculum of the medical school include instruction in, and assessment of, the students' communication skills as they relate to patients, families, colleagues, and other health professionals. Under Standard 5.7, the medical school must include ongoing assessment of medical students' communication skills.

To affirm compliance with Standard 4.11, schools must list all required courses, electives, preclinical courses and clerkship rotations that cover medical ethics. Schools must also provide a representative sample of the materials and methods (e.g., written or oral examination questions, research paper assignments, problem-based learning cases) specifically designed to assess students' skills in problem solving, clinical reasoning, and communication. Indicate the courses or clerkship rotations that employ such materials or methods.

Standard 5.6 requires that medical schools carefully monitor the progress of students throughout their educational programme, including each course and clinical clerkship, must promote only those students who make satisfactory academic progress, and must graduate only those students who successfully complete the programme. GMDC Standard 5.8 requires that each medical student be assessed and provided with the formal feedback early enough in each required course or clerkship to allow sufficient time for remediation.

To affirm compliance with Standards 5.6 and 5.8, GDMC requests the following during the self-study process:

a. Provide information in the following table for each required course or clerkship rotation where residents, graduate students, or postdoctoral fellows teach, assess, or supervise medical students.

(Institutions must complete a table).

b. Describe any institution-level and department-level programmes to enhance the teaching and assessment skills of graduate students, postdoctoral fellows, or residents who teach, assess, or supervise medical students. If such programmes are the same as those provided for faculty, so indicate.

c. Describe any institution-level policies that require participation of residents and others (e.g., graduate students) in orientation or faculty development sessions related to medical student teaching or assessment.

d. How and by whom is the participation of residents, graduate students, and postdoctoral fellows in sessions to enhance their teaching skills monitored?

e. Is there a list of core clinical skills, behaviors, and attitudes that students must demonstrate?

(Institutions must complete a table).

f. List each objectively structured clinical examination(OSCE) or other standardized patient assessment that occurs outside of individual courses or clerkship rotations, and describe the general content areas each covers and when in the curriculum each occurs. For each, indicate whether the purpose of the OSCE or standardized patient assessment is formative (i.e., to provide feedback to the student) or summative (i.e., to inform decision-making about academic progression or graduation).

g. If relevant student surveys were conducted complete the following table with data from those surveys and/or other school-specific sources (e.g., clerkship evaluations) that indicate whether students' clinical skills are being directly observed in each required clinical clerkship rotation.

(Institutions must complete a table).

h. Provide data, however gathered, that address students' perceptions of their ability to perform core clinical skills.

i. Provide a representative sample of the materials and methods (e.g., written or oral examination questions, research paper assignments, problem-based learning cases) specifically designed to assess students' skills in problem solving, clinical reasoning, and communication. Indicate the courses or clerkship rotations that employ such materials or methods.

j. Summarize the opportunities that are available to medical students for formative assessment during the preclinical years (e.g., the availability of practice tests, study questions, problem sets). How does the curriculum committee or other central authority ensure that students receive formative assessment(s) in the preclinical phase of the curriculum?

k. Describe the institutional policies and procedures that are in place to ensure that students receive formal feedback at the mid-point of a clerkship/rotation. Describe the means by which the occurrence of mid-rotation feedback is monitored within individual departments and at the curriculum management level.

See GMDC Self-Study Questionnaire, pgs. 21-23.

GMDC Standard 6.1 requires medical schools to evaluate the effectiveness of their educational programme through the collection and use of a variety of measures and outcome data appropriate to the school's educational objectives and mission.

See GMDC Self-Study Questionnaire, pgs. 24-26.

### **Analyst Remarks to Narrative**

The GMDC's standard 4.8 requires that medical schools provide instruction in medical ethics and human values, including, but not limited to, ethical principles in caring for patients and communicating effectively with patients' families and to others involved in patient care. In the self study, the GMDC requests that school list all required courses, electives, preclinical courses and clerkship rotations that cover medical ethics. Additionally, the GMDC requests that schools provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical or clinical curriculum, providing evidence of how and from whom the information about student ethical behavior collected.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 4.8. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

GMDC Standard 4.8 requires medical schools to provide instruction in medical ethics and human values, including, but not limited

to, ethical principles in caring for patients and communicating effectively with patients' families and to others involved in patient care. To affirm compliance with Standard 4.8, schools must list all required courses, electives, preclinical courses and clerkship rotations that cover medical ethics. Schools are also required to provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum, providing evidence on how and from whom the information about student ethical behavior collected. The examination and analysis of the documentation provided, coupled with interviews involving faculty, staff and students, enabled the team to assess student performance in each domain, make judgments based on their interpretation of the materials, and use their professional experiences as a basis to determine the medical school's compliance with Standard 4.8. Specific course work on medical ethics and basic human values are available at SGUSOM, including a division of biomedical ethics and an honor society devoted to humanism.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to their earlier description of their site visit process. The GMDC noted that their standard 4.8 is relevant to this guideline and that the GMDC requests from the school sample formative or summative assessments relevant to this guideline. However, there was little narrative support provided for the assessment made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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### **Communication Skills, Question 1**

#### **Country Narrative**

GMDC Standard 4.11 requires that the curriculum of the medical school include instruction in, and assessment of, the students' communication skills as they relate to patients, families, colleagues, and other health professionals. Under standard 4.6, the medical school curriculum must include didactic and clinical instruction necessary for students to become competent practitioners of contemporary medicine, including communication skills as they relate to physician responsibilities. Under Standard 5.7, the medical school must include ongoing assessment of medical students' communication skills.

To affirm compliance with Standard 4.11, schools must list all required courses, electives, preclinical courses and clerkship rotations that cover medical ethics. Schools must also provide a representative sample of the materials and methods (e.g., written or oral examination questions, research paper assignments, problem-based learning cases) specifically designed to assess students' skills in problem solving, clinical reasoning, and communication and indicate the courses or clerkship rotations that employ such materials or methods.

GMDC Standard 5.1 requires medical schools to utilize an evaluation system that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes as specified in medical education programme objectives. The evaluation system must ensure that all medical students achieve the same medical education programme objectives.

To affirm compliance with Standard 5.1, GMDC requests the following during the self-study process:

- a. Describe the role of individual disciplines and the central curriculum management structure in setting standards of achievement (e.g., establishing the grading policy for individual courses and clerkship rotations).
- b. Describe any policies related to the scheduling of examinations in the preclinical years. How are examination schedules determined?
- c. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students in small-group settings during the preclinical years and during required clinical clerkship rotations.

If there are no institutional policies regarding assessment of student performance, describe the means by which standards of achievement are set for individual required courses and clerkship rotations.

See GMDC Self-Study Questionnaire, pg. 20.

Standard 5.7 requires medical schools to include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

To affirm compliance with Standard 5.7, GMDC requests the following during the self-study process:

d. Provide information in the following table for each required course or clerkship rotation where residents, graduate students, or postdoctoral fellows teach, assess, or supervise medical students.

(Institutions must complete a table).

e. Is there a list of core clinical skills, behaviors, and attitudes that students must demonstrate?

f. List each objectively structured clinical examination (OSCE) or other standardized patient assessment that occurs outside of individual courses or clerkship rotations, and describe the general content areas each covers and when in the curriculum each occurs. For each, indicate whether the purpose of the OSCE or standardized patient assessment is formative (i.e., to provide feedback to the student) or summative (i.e., to inform decision-making about academic progression or graduation).

g. If relevant student surveys were conducted complete the following table with data from those surveys and/or other school-specific sources (e.g., clerkship evaluations) that indicate whether students' clinical skills are being directly observed in each required clinical clerkship rotation.

(Institutions must complete a table).

h. Provide data, however gathered, that address students' perceptions of their ability to perform core clinical skills.

i. Provide a representative sample of the materials and methods (e.g., written or oral examination questions, research paper assignments, problem-based learning cases) specifically designed to assess students' skills in problem solving, clinical reasoning, and communication. Indicate the courses or clerkship rotations that employ such materials or methods.

See GMDC Self-Study Questionnaire, pgs. 21-23.

### **Analyst Remarks to Narrative**

The GMDC standard 4.11 requires that the curriculum of the medical school include instruction in, and assessment of, student communication skills as they relate to patients, families, colleagues, and other health professionals. The GMDC's self study template requests that a medical school indicate where within the curriculum the instruction on communication skills is provided. Standard 5.7 requires the medical school to undertake ongoing assessment in several areas, including in communication skills. The GMDC's self study template requests that a medical school provide a representative sample of the materials and methods specifically designed to assess students' skills in problem solving, clinical reasoning, and communication, and to indicate the courses or clerkship rotations that employ such materials or methods.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standards 4.11 and 5.7. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

This response addresses the two Standards noted in the Analysts' Remarks—Standards 4.11 and 5.7. These Standards are addressed on page 92 (Standard 4.11) and pages 111-127 (Standard 5.7) in the SGUSOM Self-Study, documenting how the curriculum provides instruction in communication skills and the methods used to assess student skills in the areas of problem-solving, clinical reasoning, communications as well as indicate the courses or clerkship rotations that employ such materials and methods. The development of communication, problem-solving and reasoning skills are integral to the SGUSOM curriculum and student learning experiences. Examples of web-based programs used by SGUSOM to assess students' medical knowledge, case studies and formative as well as summative assessments were presented in the self-study (see also SGUSOM Self-Study Attachment 16).

These Standards were also the subject of extensive discussions by the teams during meetings with faculty, staff and students at the basic science campus in Grenada and at clinical sites. Those discussions focused on the Standards in relation to the content of the curriculum as well as an assessment of student skills in these areas as noted above. The team consensus in terms of both curriculum content and the development of student skills led to a finding of compliance.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, and cited parts of the self-study that request information relevant to the GMDC's standards 4.11 and 5.7. However, both the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Design, Implementation, and Evaluation, Question 1**

### **Country Narrative**

Standard 4.9 requires medical schools to demonstrate that its faculty comprise and maintain integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. Under Standard 4.14, the medical school faculty must design, monitor, and periodically review and revise the educational objectives and content of the medical school's curriculum.

To affirm compliance with Standards 4.9 and 4.14, GDMC requests the following during the self-study process:

- a. Describe how the curriculum prepares students to recognize wellness, determinants of health, and opportunities for health promotion. Include examples of where in the curriculum these topics are addressed and how student achievement is assessed.
- b. Provide a list of all core clinical rotations indicating the clinical and type of the clerkship, the facility in which it occurs, and the ACGME or AOA accredited postgraduate training programme at the site.
- c. Provide a list of all elective clinical rotations and the sites at which they occur.
- d. Describe how experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery are provided. Are these experiences organised as separate clerkships/clerkship rotations, as one or more integrated (longitudinal) clerkship rotations, or in some other way?
- e. List each required course and clerkship rotation that provides experiences in primary care, and specify the number of hours or weeks devoted to the topic of primary care in each course or clerkship rotation.
- f. List the required clerkships (in Canada, clerkship rotations) that do not include any required ambulatory experiences.
- g. Indicate where within the curriculum experiences in multidisciplinary content areas are provided.
- h. Indicate where within the curriculum the instruction on communication skills is provided
- i. List the courses and clerkship rotations in which students learn about issues related to cultural competence in health care and describe the specific elements related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching, informal exposure in the clinical setting, or both.
- j. Indicate the means by which students' acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence is assessed. Provide evidence that educational programme objectives and course or clerkship objectives addressing cultural competence are being met.
- k. Identify each course and clinical clerkship rotation for which there is an explicit educational objective that includes the expectation that students gain an understanding of ethical issues and human values.
- l. Provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum. How and from whom is information about student

ethical behavior collected?

See GMDC Self-Study Questionnaire, pg. 19.

Under standard 6.3, medical schools must demonstrate that they consider medical student evaluation of courses, clerkships, and faculty when evaluating the program. Schools must “describe evaluation data are being collected on faculty, residents, and others who provide teaching or supervision in required courses and clerkship rotations.

See GMDC Self Study Questionnaire pg. 26

### **Analyst Remarks to Narrative**

The narrative identified standards 4.9 and 4.14 as relevant to this guideline. The country provided a self-study template, the country's standards, SGU's completed self-study and a site visit report to document review of a medical school relevant to this guideline. The country's site visit report included check boxes for standards 4.9 and 4.14, marking them as "compliant." However, there was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The self-study (see pp.90-105) addresses requirements concerning faculty roles, responsibilities and engagement in the design, management and evaluation of the curriculum. The site visit team was able to validate the information and documentation provided about SGUSOM committees and committee structure--Curriculum Committee, Chairs' Council, Basic Science Dean's Council, and the Clinical Council during interviews with faculty and academic administrators. The Faculty Handbook (see Exhibit 10-SGUSOM Self-Study Attachment 6) also provided insight into the medical school's expectations for faculty roles and responsibilities, including the design, management and evaluation of the curriculum. The teams also asked faculty about their respective roles in the development and oversight of the curriculum, and the use of student achievement data for curriculum review and revision

The team found the institution to be compliant with Standards 4.9 and 4.14. Information about the individuals interviewed can be found in the site visit schedules appended to the site visit reports. The team determined that the faculty-led committees served as an effective means to facilitate faculty engagement in curriculum development, oversight and evaluation.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. The GMDC's narrative also identified parts of SGUSOM's self-study relevant to this guideline. However, both the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Design, Implementation, and Evaluation, Question 2**

### **Country Narrative**

Standard 4.9 requires medical schools to demonstrate that its faculty comprise and maintain integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The medical school faculty must design, monitor, and periodically review and revise the educational objectives and content of the medical school's curriculum.

GMDC does not mandate the evaluation of the curriculum by a centralized authority or body operated by the Government of Grenada or otherwise. The medical school shall determine the administrative structure that best suits its mission and objectives.

To affirm compliance with applicable standards, GMDC requests the following during the self-study process:

c. Indicate the year in which current educational programme (institutional learning) objectives were originally adopted and the year in which they were most recently reviewed or revised.

d. Briefly describe how and by what individuals/groups the educational programme objectives are used in curriculum planning and in the initial selection and ongoing review of the content included in the curriculum.

e. Briefly describe how the educational programme objectives are used in the evaluation of the effectiveness of the educational programme as a whole.

See GMDC Self-Study Questionnaire, pg. 10.

Further, GMDC Standards 6.1, 6.2 and 6.3 also examine how schools measure the effectiveness of the educational programme.

Standard 6.1 requires that medical schools evaluate the effectiveness of its educational programme through the collection and use of a variety of measures and outcome data appropriate to the school's educational objectives and mission.

Standard 6.2 requires that medical schools evaluate the performance of students and graduates within the framework of established national and international norms and standards, including student outcomes on applicable licensing exams and standardized tests. Standard 6.3 specifies that in evaluating the programme, the medical school must consider medical student evaluation of courses, clerkships, and faculty.

As part of the self study, schools are asked to check all of the outcome measures below used by the medical school to evaluate educational programme effectiveness:

- Results of USMLE/MCC of other national examinations
- Student scores on internally developed examinations
- Performance-based assessment of clinical skills (e.g., OSCEs)
- Student responses on AAMC GQ or AAMC CGQ
- Student evaluation of courses and clerkship rotations
- Student advancement and graduation rates
- NRMP match results or CARMS match results for Canadian medical schools
- Specialty choices of graduates
- Assessment of residency performance of graduates
- Licensure rates of graduates
- Specialty certification rates
- Practice locations of graduates
- Practice types of graduates
- Other (specify)

b. For each checked item, schools must indicate

1. The means by which the data are collected (including response rates for questionnaires).
2. The groups or individuals that review the data (e.g., curriculum committee, department chairs) and the frequency with which the reviews occur.

c. Describe the means by which the results of the reviews are used for curriculum evaluation and revision.

d. Provide evidence that educational programme objectives in the domains of knowledge, skills, behaviors, and attitudes are being achieved.

e. If available, provide summary data on the performance of the medical school's graduates in the following areas:

1. USMLE Step 3 or MCCQE Part II
2. Graduate medical education (e.g., from surveys of graduates or residency programme directors)

f. Indicate if students at the medical school are required to take or are required to pass USMLE Steps 1 and 2 (and schools are instructed to provide the number of takers and passers for each test)

g. Supply graphs provided by the National Board of Medical Examiners that compare the performance of national and medical school first-time takers for USMLE Steps 1 and 2 for the past three academic years.

h. For each of the past three academic years, provide results for REPEAT (not first-time) takers of USMLE Steps 1 and 2.

For evidence of compliance with standard 6.3, schools must respond to the following:

- i. Summarize the means by which information is collected from students on course and clerkship rotation quality. Include the methods that are used (e.g., questionnaires, focus groups) and average response rates.
- b. Describe if evaluation data are being collected on faculty, residents, and others who provide teaching or supervision in required courses and clerkship rotations.
- c. Describe any other individuals or groups providing information about course and clerkship rotation quality or the quality of faculty teaching (e.g., through peer assessment of teaching or course content).

See GMDC Database Questionnaire pgs. 23-26.

### **Analyst Remarks to Narrative**

The narrative identified standards 4.9, 6.1, 6.2, and 6.3 as relevant to this guideline, and also cited the self study questions listed under standard 3.1. The GMDC's narrative stated that each medical school is required to use its own system for evaluating the effectiveness of its curriculum and making changes to its curriculum. The GMDC's standards require that the medical school submit information about their educational objectives and outcomes data, identify by whom and how often the effectiveness of the curriculum is reviewed, and how course evaluations are incorporated into the review.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report included check boxes for the standards listed in its narrative for this guideline, marking them as "compliant," except for standard 3.1 which is marked as "marginally compliant" with a note that increased efforts should be made to assure that student assessment is based on measurable outcomes related to the program's educational objectives. There was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

GMDC is committed to ensuring that medical schools can demonstrate that the assessment of student achievement is based on measurable outcomes and aligned with the programme's educational objectives.

The SGUSOM self-study (pp. 42-45) provided information which, coupled with faculty and staff interviews, enabled the team to determine that marginally compliant was appropriate and that further progress was warranted. The recommendation of the site visit teams was based on a review of student achievement on examinations and the performance of students during clinical rotations, e.g. medical knowledge, clinical skills, and professional behavior. Following extensive discussions among team members, the decision was made to encourage SGUSOM to make further improvements and to monitor the medical school's progress in addressing GMDC recommendations.

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. However, both the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

GMDC Standard 6.1 states that medical schools must evaluate the effectiveness of their educational programme through the

collection and use of a variety of measures and outcome data appropriate to the school's educational objectives and mission. GMDC Standard 6.2 further states that medical schools must evaluate the performance of students and graduates within the framework of established national and international norms and standards, including student outcomes on applicable licensing exams and standardized tests.

To affirm compliance with Standards 6.1 and 6.2, GMDC requests the following during the self-study process:

a. Check all indicators used by the medical school to evaluate educational programme effectiveness:

- Results of USMLE/MCC of other national examinations
- Student scores on internally developed examinations
- Performance-based assessment of clinical skills (e.g., OSCEs)
- Student responses on AAMC GQ or AAMC CGQ
- Student evaluation of courses and clerkship rotations
- Student advancement and graduation rates
- NRMP match results or CARMS match results for Canadian medical schools
- Specialty choices of graduates
- Assessment of residency performance of graduates
- Licensure rates of graduates
- Specialty certification rates
- Practice locations of graduates
- Practice types of graduates
- Other (specify)

b. Describe the means by which the results of the reviews are used for curriculum evaluation and revision.

c. Provide evidence that educational programme objectives in the domains of knowledge, skills, behaviors, and attitudes are being achieved.

d. If available, provide summary data on the performance of the medical school's graduates in the following areas:

i. USMLE Step 3 or MCCQE Part II

ii. Graduate medical education (e.g., from surveys of graduates or residency programme directors)

e. Indicate if students at the medical school are required to take or are required to pass USMLE Steps 1 and 2.

(Institutions must complete a table).

f. Supply graphs provided by the National Board of Medical Examiners that compare the performance of national and medical school first-time takers for USMLE Steps 1 and 2 for the past three academic years.

g. For each of the past three academic years, provide results for REPEAT (not first-time) takers of USMLE Steps 1 and 2.

(Institutions must complete a table).

See GMDC Self-Study Questionnaire, pgs. 24-26.

Evident from these elements, GMDC expects extensive use of data as part of the school's internal program effectiveness and improvement process, particularly as they relate to student outcomes and performance on licensure exams and tests.

GMDC Standard 6.3 requires that, in evaluating the programme, the medical school must consider medical student evaluation of courses, clerkships, and faculty.

To affirm compliance with Standard 6.3, GMDC requests the following during the self-study process:

a. Summarize the means by which information is collected from students on course and clerkship rotation quality. Include the methods that are used (e.g., questionnaires, focus groups) and average response rates.

b. Describe if evaluation data are being collected on faculty, residents, and others who provide teaching or supervision in required courses and clerkship rotations.

c. Describe any other individuals or groups providing information about course and clerkship rotation quality or the quality of faculty teaching (e.g., through peer assessment of teaching or course content).

See GMDC Self-Study Questionnaire, pg. 26.

GMDC Standard 8.3 requires the medical school to establish standards and procedures for the assessment, advancement, and graduation of students and for disciplinary actions.

To affirm compliance with Standard 8.3, GMDC requests the following during the self-study process:

a. Attach a copy of, and provide the Web site URL for, the medical school's standards and procedures for the assessment, advancement, and graduation of medical students, and the procedures for disciplinary action. Describe the means by which these standards and procedures are publicized to faculty members and medical students.

See GMDC Self-Study Questionnaire, pg. 33.

### **Analyst Remarks to Narrative**

The narrative identified standards 6.1, 6.2 and 8.3 as relevant to this guideline. The GMDC's standards require that each medical school use a variety of measures and outcome data, and to evaluate student performance on applicable licensing exams and standardized tests.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standards 6.1, 6.2, and 8.3. However, there was little narrative support provided for the evaluation that was made in the site visit report. The SGU self study reported that the school does not require or track passing of USMLE Steps 2 or 3 or licensure of graduates, but that passing USMLE Step 1 is required for placement in a U.S. clinical site.

The NCFMEA may wish to request additional information about whether or how the GMDC requires a medical school use a variety of measures to evaluate program performance, particularly when a school serves U.S. students who do not take the USMLE or apply to match into U.S. residency programs. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The information presented to the team in the self-study and during the site visits were found to be sufficient and appropriate to determine compliance with Standards 6.1, 6.2 and 8.3. Relevant information was provided to the evaluation teams, including student performance on both internal examinations and external examinations such as USMLE Steps 1 and 2, and NBME Shelf Examinations, which are required for each clinical core rotation.

We understand that this inquiry is also focused on students from the United States who do not take the USMLE or apply to match into residency programs in the United States. At SGUSOM, the vast majority of U.S. students do take the USMLE and match into U.S. programs. For other students, the school makes available programs to help explore non-clinical careers for students who choose not to pursue clinical medicine, and may not complete all of the USMLE exams.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. The GMDC also stated that while not all students at SGUSOM are required to take the USMLE or attempt to match into residency programs, the majority do. The GMDC stated that SGUSOM assist U.S. students who do not take the USMLEs or match into residency to explore non-clinical careers. It isn't clear how the GMDC tracks or evaluates these students. The site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards. Additionally, the NCFMEA may wish to request additional information about what data sources the GMDC uses and how this data is used regarding U.S. students who do not apply for or fail to match into residency in the U.S.

**Staff Conclusion:** Additional Information requested

## Country Narrative

GMDC Standard 7.1 requires medical schools to establish and publish admission requirements for potential applicants and transfer students to apply to the programme, and use effective policies and procedures for student selection, enrollment, and assignment. GMDC Standard 7.2 requires that the admissions criteria, policies, and procedures used by the medical school provide for the selection of students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians.

St George's University School of Medicine requires all North American applicants to submit MCAT scores. See admission requirements at <https://www.sgu.edu/academic-programs/school-of-medicine/md/admission/>.

To affirm compliance with these Standards, GDMC requests the following during the self-study process:

- a. Briefly describe the process of medical student selection, beginning with receipt of the initial application forms and proceeding through preliminary screening for receipt of supplementary application materials, selection for an interview, the interview process, acceptance, the formal offer of admission, and matriculation. For each step, describe the means and selection criteria by which decisions are made and identify the individuals or groups involved in making those decisions.
- b. Describe the manner in which the medical school's student selection criteria are published and disseminated to potential and actual applicants, their advisors, and others.
- c. Provide a table or list of the current members of the admissions committee, including each member's title and year of appointment to the committee. Identify the current admissions committee chair (name and title). Describe the process by which the chair is selected; the chair's term of service; and the maximum number of terms a chair can serve, if any limit has been set. For all admissions committee members, describe the length of the initial appointment, the opportunities for reappointment, and the maximum length of service, if any.
- d. Describe the process by which admissions committee members are trained and prepared for their duties.
- e. Describe the source of final authority for admission decisions. Describe the process by which final admission decisions are made and identify the individuals or groups involved in making those decisions. Describe the circumstances surrounding any admissions committee decisions or recommendations that have been overruled or rejected since the last full accreditation survey.
- f. If the medical school sponsors or participates in combined professional degree programmes (e.g., M.D.-Ph.D., M.D.-M.P.H.), describe the role of the medical school admissions committee in the initial assessment of and final decision-making about candidates for these programmes.
- g. Briefly describe the methods used during the admissions process to evaluate and document the personal or professional characteristics of medical school applicants.
- h. If a standard form is used for applicant interviews, supply a copy of the form and describe the ways in which it is used.
- i. Describe the composition of the pool of individuals who interview medical students, including the total number, student or faculty status, and admissions committee membership. Describe how interviewers who are not members of the admissions committee are selected and trained. Describe how information from applicants that is collected during the interview is considered during the selection process.

See GMDC Self-Study Questionnaire, pgs. 27-28.

GMDC Standard 6.4 requires that, to assure consistency with its missions and goals, a medical school must tie its admissions process to the outcome performance of its graduates.

To affirm compliance with these Standard 6.4, GDMC requests the following during the self-study process:

- a. Describe how data on outcome performance of the medical school's graduates has been used to develop the school's admissions process.
- b. Provide the percentage of students graduating during the preceding calendar year (including at least all graduates who are U.S. citizens, nationals, or eligible permanent residents) who obtain placement in an accredited U.S. medical residency program.
- c. Provide the scores on the MCAT or successor examination, of all students admitted during the preceding calendar year who are U.S. citizens, nationals, or eligible permanent residents, together with a statement of the number of times each student took the

examination.

See GMDC Self-Study Questionnaire, pgs. 27.

### **Analyst Remarks to Narrative**

The GMDC's standards 7.1 and 7.2 address admissions requirements. The GMDC's standards and self study questions do not seem to include any references to the MCAT. However, the agency's standards do require a medical school to use effective policies and procedures for student selection and require that admissions criteria select for intelligence, integrity, and personal and emotional characteristics necessary for the practice of medicine.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standards 7.1 and 7.2. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to ask the country whether it currently uses or will use data regarding the MCAT in its evaluation of a school's admissions requirements. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

GMDC currently uses and will continue to use MCAT data in the evaluation of the SGUSOM's admission standards and, if appropriate, with respect to other medical schools. SGUSOM requires all North American applicants to submit MCAT scores as part of their application and keeps extensive data on the MCAT scores of its applicants, averages for classes and progression of entering class MCAT scores over time. GMDC received data showing this metric has been relatively stable over time. This is a logical measure since the majority of SGUSOM students go on to practice and obtain a medical license in the United States. For other medical schools that may not have significant enrollments of students seeking to practice in the United States, MCAT scores may not be a reasonable data point to evaluate their admissions standards if such schools seek accreditation from GMDC. It is also important to note that while GMDC teams do consider MCAT scores within the context of the overall evaluation process, it serves as a single element in of the overall review of admissions requirements and criteria. Student grades and other factors are also important elements of the decision process.

SGUSOM provided MCAT scores as an appendix to its self-study, and that information was reviewed by the site visit teams in confirming the school's compliance with this Standard. The average MCAT score for incoming students in 2017-18 was 497. In addition, GMDC requested and considered updated MCAT scores for the 2018-2019 incoming students in its decision to accredit SGUSOM in 2019. Exhibit 5.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that it does collect and assess data about MCAT scores for U.S. students entering medical school in the country. The GMDC noted that this metric has been stable over time for SGUSOM.

**Staff Conclusion:** Comprehensive response provided

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## **Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

GMDC Standard 7.1 requires medical schools to establish and publish admission requirements for potential applicants and transfer students to apply to the medical education programme, and to use effective policies and procedures for medical student selection, enrollment, and assignment. Neither Grenada nor the GMDC set national admission standards for medical programmes.

GMDC Standard 7.2 requires that the admissions criteria, policies, and procedures used by the medical school provide for the selection of students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians. Admissions standards are established by the medical school.

To affirm compliance with these Standards, GDMC requests detailed information on the admissions process during the self-study process, including:

a. Briefly describe the process of medical student selection, beginning with receipt of the initial application forms and proceeding through preliminary screening for receipt of supplementary application materials, selection for an interview, the interview process, acceptance, the formal offer of admission, and matriculation. For each step, describe the means and selection criteria by which decisions are made and identify the individuals or groups involved in making those decisions.

- b. Describe the manner in which the medical school's student selection criteria are published and disseminated to potential and actual applicants, their advisors, and others.
- c. Provide a table or list of the current members of the admissions committee, including each member's title and year of appointment to the committee. Identify the current admissions committee chair (name and title). Describe the process by which the chair is selected; the chair's term of service; and the maximum number of terms a chair can serve, if any limit has been set. For all admissions committee members, describe the length of the initial appointment, the opportunities for reappointment, and the maximum length of service, if any.
- d. Describe the process by which admissions committee members are trained and prepared for their duties.
- e. Describe the source of final authority for admission decisions. Describe the process by which final admission decisions are made and identify the individuals or groups involved in making those decisions. Describe the circumstances surrounding any admissions committee decisions or recommendations that have been overruled or rejected since the last full accreditation survey.
- f. If the medical school sponsors or participates in combined professional degree programmes (e.g., M.D.-Ph.D., M.D.-M.P.H.), describe the role of the medical school admissions committee in the initial assessment of and final decision-making about candidates for these programmes.
- g. Briefly describe the methods used during the admissions process to evaluate and document the personal or professional characteristics of medical school applicants.
- h. If a standard form is used for applicant interviews, supply a copy of the form and describe the ways in which it is used.
- i. Describe the composition of the pool of individuals who interview medical students, including the total number, student or faculty status, and admissions committee membership. Describe how interviewers who are not members of the admissions committee are selected and trained. Describe how information from applicants that is collected during the interview is considered during the selection process.

See GMDC Self-Study Questionnaire, pgs. 27-28.

Schools must ensure that the faculty is appropriately involved in issues related to admissions, and schools must describe how the faculty is involved in issues related to each area noted in the standard.

See GMDC Self-Study Questionnaire, pg. 7.

### **Analyst Remarks to Narrative**

The GMDC's standards 7.1 and 7.2 address admissions requirements. The narrative doesn't address whether there are national admissions requirements or if the school determines admission requirements. The agency's standards require a medical school to use effective policies and procedures for student selection and require that admissions criteria select for intelligence, integrity, and personal and emotional characteristics necessary for the practice of medicine.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standards 7.1 and 7.2. However, there was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

First, we want to clarify that GMDC does not establish medical school admissions requirements. GMDC expects a medical school to establish admissions requirements that are appropriate to its mission, purposes and educational objectives. The site visit team

considered all of the information contained in the SGUSOM self-study (pp.136-144) related to Standards 7.1 and 7.2, and they reviewed the relevant school publications, such as the SGUSOM Catalogue. Further, the site team interviewed staff, including the Director of Admissions, during a site visit to the institution's Administrative Headquarters in Great River, New York. The team also met with members of the Faculty Student Selection Committee of the Committee on Admission, which provided opportunities to discuss SGUSOM admission requirements and procedures, as well as the school's stated criteria for the selection of students. After a thorough discussion, the team presented a finding of compliant for Standards 7.1 and 7.2.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that it does not establish national school admissions requirements. Additionally, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, such as the self-study, the school's catalogue, and interviews with personnel. However, the site visit report and the GMDC's narrative provided limited support for the evaluations made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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### **Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

GMDC Standard 7.4 requires that the final responsibility for selecting students to be admitted to medical school must rest with a formally constituted admission committee. The Standards define a formally constituted admission committee as "an established committee solely responsible for admitting medical students to the medical education programme in accordance with appropriately approved selection criteria in which a majority of the committee members responsible for selecting students are faculty."

To affirm compliance with Standard 7.4, GDMC requests the following during the self-study process:

a. Briefly describe the process of medical student selection, beginning with receipt of the initial application forms and proceeding through preliminary screening for receipt of supplementary application materials, selection for an interview, the interview process, acceptance, the formal offer of admission, and matriculation. For each step, describe the means and selection criteria by which decisions are made and identify the individuals or groups involved in making those decisions.

c. Provide a table or list of the current members of the admissions committee, including each member's title and year of appointment to the committee. Identify the current admissions committee chair (name and title). Describe the process by which the chair is selected; the chair's term of service; and the maximum number of terms a chair can serve, if any limit has been set. For all admissions committee members, describe the length of the initial appointment, the opportunities for reappointment, and the maximum length of service, if any.

d. Describe the process by which admissions committee members are trained and prepared for their duties.

i. Describe the composition of the pool of individuals who interview medical students, including the total number, student or faculty status, and admissions committee membership. Describe how interviewers who are not members of the admissions committee are selected and trained. Describe how information from applicants that is collected during the interview is considered during the selection process.

See GMDC Self-Study Questionnaire, pgs. 27-28.

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

The narrative noted that GMDC standard 7.4 requires that the final responsibility for selecting students to be admitted to medical school must rest with a formally constituted admissions committee.

To document review of a medical school relative to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The self study requested information about the admissions committee, including current members and how they are trained for their duties. The self study also requested information about the pool of people who interview students for admissions. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 7.4. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for Standards 7.1 and 7.2 was based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits.

The findings of the site visit team and its determination of compliance were based on the information provided in the SGUSOM self-study (see pp. 136-144), including the admissions policies and procedures and the SGUSOM catalogue. The self-study information was supplemented by interviews with students and faculty, including the Director of Admissions and the Faculty Student Selection Committee. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel. However, the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Admissions, Recruiting, and Publications, Question 4**

### **Country Narrative**

GMDC Standard 7.5 specifies that a medical school may admit only as many qualified applicants as its total resources can accommodate and cannot permit financial or other influences to compromise the school's educational mission. Grenada does not establish requirements regarding the size of the applicant pool or the entering class, but only qualified students may be accepted. GMDC expects that the size of the medical student body will be determined not only by the number of qualified applicants but by the adequacy of critical resources including, faculty, library and informational systems resources, number and size of classrooms, laboratories, and clinical training sites, patient numbers and varieties, student services.

To affirm compliance with Standard 7.5, GMDC requests the following during the self-study process:

a. Briefly describe the process of medical student selection, beginning with receipt of the initial application forms and proceeding through preliminary screening for receipt of supplementary application materials, selection for an interview, the interview process, acceptance, the formal offer of admission, and matriculation. For each step, describe the means and selection criteria by which decisions are made and identify the individuals or groups involved in making those decisions.

See GMDC Self-Study Questionnaire, pg. 27.

### **Analyst Remarks to Narrative**

The narrative noted that GMDC standard 7.5 specifies that a medical school may admit only as many qualified applicants as its total resources can accommodate and cannot permit financial or other influences to compromise the school's educational mission.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The self study requested information about the application and admissions process. The self study does not appear to ask for information about the applicant pool's size or qualifications. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 7.5. However, there was little narrative support for this evaluation.

The NCFMEA may wish to ask the country whether it currently has or intends to develop requirements related to size of the

applicant pool and the entering class. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

Standard 7.5 requires the medical school to admit only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission. GMDC does not impose a specific number or quota as to the size of the applicant pool and entering class. GMDC has access to data from schools showing admitted student characteristics (e.g., GPA, MCAT scores) are consistent with the mission of the school and stable over time. GMDC also has access to data regarding the outcomes of the school's students to assure that highly qualified students are achieving necessary milestones, such as USMLE performance, graduation rate, and post-graduation residency attainment.

A compliance determination for Standard 7.5 was based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. The findings of the site visit team and its determination of compliance were based on the information provided in the SGUSOM self-study (pp. 136-144), and supplemented by interviews with faculty and students, including members of the Admissions Committee, the Dean of Admissions, the Dean of Students, the Dean of Enrollment Planning, and the Dean of Basic Sciences. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel. The GMDC noted that it has access to data regarding student admissions and that admissions are stable over time, though the self-study provided for SGUSOM discusses anticipated increases to total enrollment. However, both the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Comprehensive response provided

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## **Admissions, Recruiting, and Publications, Question 5**

### **Country Narrative**

GMDC Standard 7.1 requires medical schools to establish and publish admission requirements for potential applicants and transfer students to apply to the medical education programme, and to use effective policies and procedures for medical student selection, enrollment, and assignment.

GMDC requires that schools provide a copy of their current catalogue as part of completing the self study process. The catalogue is carefully reviewed by the Council.

Electronic Database on USB flash drive

Database must be submitted in electronic format. All materials submitted in paper copy also should be submitted in electronic format on a single USB flash drive, including the contents of the Appendix of Supporting Documents.

Each complete database set should contain the following:

- Responses to the database questions, Sections I-V
- Appendix of supporting documents
- Required Course and Clerkship Rotation forms
- Institutional self-study summary report
- One copy of the current medical school catalog or bulletin (if available in paper copy)
- A map of the city or region, marked with location of the medical school and principal teaching hospitals
- A campus guide, if relevant
- A USB flash drive containing all submitted documents as Microsoft Word documents (the Appendix may contain PDF files); if

possible, please label the USB flash drive.

See GMDC Self Study Questionnaire, Introduction Page.

To affirm compliance with Standard 7.1, GMDC requests the following during the self-study process:

a. Briefly describe the process of medical student selection, beginning with receipt of the initial application forms and proceeding through preliminary screening for receipt of supplementary application materials, selection for an interview, the interview process, acceptance, the formal offer of admission, and matriculation. For each step, describe the means and selection criteria by which decisions are made and identify the individuals or groups involved in making those decisions.

b. Describe the manner in which the medical school's student selection criteria are published and disseminated to potential and actual applicants, their advisors, and others.

See GMDC Self-Study Questionnaire, pg. 27.

GMDC Standard 7.7 states that the medical school must publish, at least once a year, information on academic standards, grading, attendance, tuition and fees, refund policy, primary language of instruction, satisfactory academic progress criteria, student promotion, retention, graduation, academic freedom, students' rights and responsibilities the programme's criteria for admission, and describe the application and admission process as well as other information pertinent to the student body. Standard 7.8 requires that a medical school's catalog and other informational, advertising, and recruitment materials must present a balanced and accurate representation of the mission and objectives of the medical education programme, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree

To affirm compliance with Standards 7.7 and 7.8, GMDC requests the following during the self-study process:

a. List all college courses or subjects, including associated laboratories, required for admission to the medical school.

b. Identify any courses that are recommended, but not required, for admission to the medical school.

c. Describe the process by which the medical school determined its premedical course requirements. How often and by whom are premedical course requirements reviewed?

d. Describe the means by which students are assigned to the each of the medical school instructional sites/campuses (including the "main campus").

e. Describe the process, if any, whereby a student can appeal an initial assignment to a specific instructional site/campus or subsequently request a change in site/campus. Note any circumstances in which decisions about student selection and assignment are not made by the parent school.

See GMDC Self-Study Questionnaire, pgs. 28-29.

### **Analyst Remarks to Narrative**

The narrative identified GMDC standards 7.1, 7.7 and 7.8 as relevant to this guideline. GMDC Standard 7.1 requires medical schools to establish and publish admission requirements for potential applicants and transfer students to apply to the medical education program. Standard 7.7 requires that a medical school publish, at least once a year, information on academic standards, grading, attendance, tuition and fees, refund policy, primary language of instruction, satisfactory academic progress criteria, student promotion, retention, graduation, academic freedom, students' rights and responsibilities, and additional information. Standard 7.8 requires that a medical school's catalog and other informational, advertising, and recruitment materials must present a balanced and accurate representation of the mission and objectives of the medical education program, and state the academic and other requirements for the MD degree.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standards 7.1, 7.7 and 7.8. However, there was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for Standard 7.8 was based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits.

The findings of the site visit team and its determination of compliance were based on the information provided in the SGUSOM self-study (see pp. 144-145), including the SGUSOM catalogue and other informational materials. These were supplemented by interviews with faculty and staff. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The GMDC is confident that the components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit. However, both the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Admissions, Recruiting, and Publications, Question 6**

### **Country Narrative**

Yes, students have access to their student records. There are no Grenadian laws governing student access to student records or the confidentiality of student records.

GMDC Standard 8.4 states that medical student records must be confidential and only made available to appropriate faculty and staff, unless released by the medical student. GMDC Standard 8.5 states that medical students must be allowed to review and petition the school to adjust records that he or she considers to be inaccurate or misleading. GMDC Standard 7.10 requires that medical schools have a published policy under which the school makes student records available for review by the student and gives the student an opportunity to challenge their accuracy.

To affirm compliance with Standards 8.4 and 8.5, GMDC requests the following during the self-study process:

- a. Describe the general content of the medical student's academic record file. Identify the location at which medical students' academic records are maintained. Identify the institutional official(s) who is/are authorized to examine or review such records.
- b. Describe the components of the student record and identify any component(s) of the record that students are not permitted to review. Provide the rationale for the institutional review policy that precludes students' review of that material.
- c. Describe the procedure that medical students must follow in order to review or challenge their records. Describe the process in place at the medical school that ensures medical students' timely access to their records.
- d. Describe the means by which the medical school's policies and procedures regarding medical students' access to, review of, and challenges to student records are made known to faculty and medical students.
- e. Indicate whether there is medical school policy in place that addresses opportunities for medical students to review their performance in required course and clerkship rotations and, if necessary, to appeal an examination or course grade. If so, describe any review and appeal processes.

See GMDC Self-Study Questionnaire, pg. 33.

### **Analyst Remarks to Narrative**

The narrative identified GMDC standards 8.4, 8.5 and 7.10 as relevant to this guideline. The narrative stated that the country of Grenada does not have laws governing student records, but that the GMDC's policies require that medical student records must be confidential and only made available to appropriate faculty and staff, unless released by the medical student. GMDC Standard 8.5 states that medical students must be allowed to review and petition the school to adjust records that he or she considers to be inaccurate or misleading. GMDC Standard 7.10 requires that medical schools have a published policy under which the school

makes student records available for review by the student and gives the student an opportunity to challenge their accuracy

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standards 7.10, 8.4, and 8.5. However, here was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's accurate summary of GMDC's requirements with respect to student records. The country of Grenada does not have laws governing student records, but the GMDC's Standards require that medical student records must be confidential and only made available to appropriate faculty and staff, unless released by the medical student. Standard 8.5 states that medical students must be allowed to review and petition the school to adjust records that he or she considers to be inaccurate or misleading. GMDC Standard 7.10 requires that medical schools have a published policy under which the school makes student records available for review by the student and gives the student an opportunity to challenge their accuracy.

The site visit teams and the Council evaluated the school's compliance with these Standards by reviewing applicable school policies and confirming the school's practice through discussions with faculty and staff, both at the basic sciences campus and during clinical site visits.

We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel and students. However, the site visit report provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Student Achievement, Question 1**

### **Country Narrative**

GMDC Standard 5.1 requires medical schools to utilize an evaluation system that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes as specified in medical education programme objectives. The evaluation system must ensure that all medical students achieve the same medical education programme objectives.

To affirm compliance with Standard 5.1, GMDC requests the following during the self-study process:

- a. Describe the role of individual disciplines and the central curriculum management structure in setting standards of achievement (e.g., establishing the grading policy for individual courses and clerkship rotations).
- b. Describe any policies related to the scheduling of examinations in the preclinical years. How are examination schedules determined?
- c. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students in small-group settings during the preclinical years and during required clinical clerkship rotations.

If there are no institutional policies regarding assessment of student performance, describe the means by which standards of achievement are set for individual required courses and clerkship rotations.

See GMDC Self-Study Questionnaire, pg. 20.

GMDC Standard 8.3 requires medical schools to establish standards and procedures for the assessment, advancement, and

graduation of students and for disciplinary actions.

To affirm compliance with Standard 5.3, GMDC requests the following during the self-study process:

Attach a copy of, and provide the Web site URL for, the medical school's standards and procedures for the assessment, advancement, and graduation of medical students, and the procedures for disciplinary action. Describe the means by which these standards and procedures are publicized to faculty members and medical students.

See GMDC Self-Study Questionnaire, pg. 32.

### **Analyst Remarks to Narrative**

GMDC's Standard 8.3 requires medical schools to establish standards and procedures for the assessment, advancement, and graduation of students and for disciplinary actions. The self study document requires schools to submit the URL for where this information is published as well as a copy of the student manual.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for standard 8.3 with a box marked "compliant" in this area. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The site visit teams determined that the SGUSOM self-study addressed compliance with GMDC Standard 8.3 via the review and analysis of the information and documentation provided. The site visitors' compliance designation was based on information contained in the self-study (see p. 170), through on-site interviews with administrators and staff (e.g., Dean of Students, Dean of Basic Sciences, and Dean of Clinical Science), and consideration of information received while on-site. The self-study included the URL and documentation (see Self-Study Attachments 23 and 4, which included the Student Manual and the Clinical Training Manual) that provided the standards and procedures for the assessment, advancement, and graduation of students and for disciplinary actions.

The teams were also able to verify compliance with the Standard when interviewing faculty and students to assess their knowledge of and experience with the above-mentioned Standards, policies and procedures. SGUSOM shared information on the function of a faculty-based Graduation Assessment Board at SGU that is the final common pathway to confirm achievement of all necessary standards for graduation. In turn, the team unanimously agreed that a determination of compliance was appropriate.

The compliance review process—verification of self-study information associated with each accreditation Standard, on-site interviews with appropriate individuals and groups, team discussions focused on compliance, analysis of relevant documentation—enabled the evaluators to determine with confidence the adequacy of the information and documentation for the Standards.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel and students. However, the site visit report provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Comprehensive response provided

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## **Student Achievement, Question 2**

### **Country Narrative**

Grenada does not set national requirements by which medical schools are to evaluate student achievement, but requires medical schools to have such a system via Standard 5.1 and 5.2 below.

GMDC Standard 5.1 requires medical schools to utilize an evaluation system that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes as specified in medical education programme objectives. The evaluation system must ensure that all medical students achieve the same medical education programme objectives. Standard 5.2 requires that a medical school 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 student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

To affirm compliance with Standards 5.1 and 5.2, GMDC requests the following during the self-study process:

- a. Describe the role of individual disciplines and the central curriculum management structure in setting standards of achievement (e.g., establishing the grading policy for individual courses and clerkship rotations).
- b. Describe any policies related to the scheduling of examinations in the preclinical years. How are examination schedules determined?
- c. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students in small-group settings during the preclinical years and during required clinical clerkship rotations.

If there are no institutional policies regarding assessment of student performance, describe the means by which standards of achievement are set for individual required courses and clerkship rotations.

See GMDC Self-Study Questionnaire, pg. 20.

### **Analyst Remarks to Narrative**

The country noted in its narrative that Grenada does not set national requirements for student achievement. The GMDC's standards 5.1 and 5.3 require medical schools to have an evaluation system that employs a variety of measures for the assessment of student achievement, and which ensures that all students achieve the same educational objectives. These standards require that the standards of achievement must be consistent across all sites.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for these standards, with a box marked "marginally compliant" for standard 5.1. and "compliant" for 5.3. Under 5.1, a comment stated that continued efforts must be made to assure that outcome based measures related to educational objectives are used; however, there was little narrative support provided for the evaluations that were made in the site visit report. To

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits.

The site visit teams determined that SGUSOM was marginally compliant with Standard 5.3 and compliant with Standard 5.1 following the review and evaluation of information and documentation provided in the medical school's self-study (pp. 100-108) and the conduct of on-site interviews. The evaluators were able to assess the adequacy of the information and documentation by analyzing the extent to which the medical school aligned its responses and documentation with the Standards and requirements, coupled with on-site interviews, and team discussions focused on compliance.

The teams determined that the self-study was responsive to the requirements for Standard 5.1, requiring the school to utilize an evaluation system that employs a variety of measures for the assessment of student achievement for both basic sciences and clinical sciences, and that all students achieve the same educational objectives. The marginally compliant determination for Standard 5.3 was based on a complete review of the curriculum, course syllabi, and performance standards including the Basic Science Curriculum Committee and the Clinical Council. This included meeting with the relevant faculty and discussions about the

comparability of the Standards of achievement across multiple sites, especially clinical sites. The elements of achievement that are available to assure educational objectives include a variety of objective measures (e.g., standardized test performance), course and clerkship-based assessments, and post-graduate training attainment assessments. As a result of the evaluation and subsequent team discussions, the team agreed that while the medical school had the elements of a systematic assessment process in place, the site visit teams resolved to encourage further progress and that the marginally compliant was an appropriate means to monitor improvements.

The multiple components of this evidence-based accreditation process combined to support the compliance findings of the site visit teams and the accreditation decision of the GMDC.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel and students. However, the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Student Achievement, Question 3**

### **Country Narrative**

Standard 5.6 requires that medical schools carefully monitor the progress of students throughout their educational programme, including each course and clinical clerkship, must promote only those students who make satisfactory academic progress, and must graduate only those students who successfully complete the programme. GMDC Standard 5.8 requires that each medical student be assessed and provided with the formal feedback early enough in each required course or clerkship to allow sufficient time for remediation. Standard 5.7 requires the medical school to include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

To affirm compliance with Standards 5.6 and 5.7, GMDC requests the following during the self-study process:

- e. Provide information in the following table for each required course or clerkship rotation where residents, graduate students, or postdoctoral fellows teach, assess, or supervise medical students.
- f. Describe any institution-level and department-level programmes to enhance the teaching and assessment skills of graduate students, postdoctoral fellows, or residents who teach, assess, or supervise medical students. If such programmes are the same as those provided for faculty, so indicate.
- g. Describe any institution-level policies that require participation of residents and others (e.g., graduate students) in orientation or faculty development sessions related to medical student teaching or assessment.
- d. How and by whom is the participation of residents, graduate students, and postdoctoral fellows in sessions to enhance their teaching skills monitored?
- e. Is there a list of core clinical skills, behaviors, and attitudes that students must demonstrate? (Institutions must complete a table).
- f. List each objectively structured clinical examination (OSCE) or other standardized patient assessment that occurs outside of individual courses or clerkship rotations, and describe the general content areas each covers and when in the curriculum each occurs. For each, indicate whether the purpose of the OSCE or standardized patient assessment is formative (i.e., to provide feedback to the student) or summative (i.e., to inform decision-making about academic progression or graduation).
- g. If relevant student surveys were conducted complete the following table with data from those surveys and/or other school-specific sources (e.g., clerkship evaluations) that indicate whether students' clinical skills are being directly observed in each required clinical clerkship rotation.  
(Institutions must complete a table).
- h. Provide data, however gathered, that address students' perceptions of their ability to perform core clinical skills.

i. Provide a representative sample of the materials and methods (e.g., written or oral examination questions, research paper assignments, problem-based learning cases) specifically designed to assess students' skills in problem solving, clinical reasoning, and communication. Indicate the courses or clerkship rotations that employ such materials or methods.

j. Summarize the opportunities that are available to medical students for formative assessment during the preclinical years (e.g., the availability of practice tests, study questions, problem sets). How does the curriculum committee or other central authority ensure that students receive formative assessment(s) in the preclinical phase of the curriculum?

k. Describe the institutional policies and procedures that are in place to ensure that students receive formal feedback at the mid-point of a clerkship/clerkship rotation. Describe the means by which the occurrence of mid-clerkship rotation feedback is monitored within individual departments and at the curriculum management level.

See GMDC Self-Study Questionnaire, pgs. 21-23.

### **Analyst Remarks to Narrative**

The GMDC identified standards 5.6, 5.7 and 5.8 as relevant to this guideline. These standards include requirements related to monitoring and promoting students.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The site visit teams determined that SGUSOM provided evidence to validate its compliance with Standards 5.6, 5.7, and 5.8 based on the information provided in the self-study (pp.109-127), including sample assessments and other documentation (see Exhibit 11 - Self-Study Attachments 16-17). In addition, the site visit teams interviewed members of the faculty and students, engaged in discussions to review findings and observations, which resulted in the team's determination of compliance with each Standard.

The team members also reviewed and discussed student assessment procedures and processes in both the basic sciences and clinical sciences. As part of the review, the teams conducted interviews to assure that all core clinical rotations include a process of ongoing assessment and a final mid-core and final core evaluation. The team also verified that SGUSOM monitored student progress and conducted assessments that facilitated early feedback to students in courses and clerkships in order to determine if remediation and other forms of student support was required. SGUSOM made available specific written guidelines outlining the criteria required to be achieved for promotion and, ultimately, graduation.

The compliance review process enabled the site visit teams to determine with confidence the adequacy of the information and documentation for the Standards.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel and students. However, the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Student Achievement, Question 4**

### **Country Narrative**

Grenada does not establish specific student and graduate performance outcomes measures or benchmarks for its one medical school. It does, however require the school to evaluate the program via the following standards.

Under Standard 3.1, the educational objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the programme, and those objectives must be stated in outcome-based terms that allow assessment of student progress throughout the curriculum.

GMDC Standard 6.1 requires medical schools to evaluate the effectiveness of their educational programme through the collection and use of a variety of measures and outcome data appropriate to the school's educational objectives and mission. Standard 6.2 requires medical schools to evaluate the performance of students and graduates within the framework of established national and international norms and standards, including student outcomes on applicable licensing exams and standardized tests. The institution's objectives are reassured by outcomes, and describe the outcome measures which are used to assure that the goals and objectives if the medical school are being met.

To affirm compliance with Standards 6.1 and 6.2, GDMC requests the following during the self-study process:

a. Check all indicators used by the medical school to evaluate educational programme effectiveness:

(Institutions must complete a table).

b. Describe the means by which the results of the reviews are used for curriculum evaluation and revision.

c. Provide evidence that educational programme objectives in the domains of knowledge, skills, behaviors, and attitudes are being achieved.

d. If available, provide summary data on the performance of the medical school's graduates in the following areas:

i. USMLE Step 3 or MCCQE Part II

ii. Graduate medical education (e.g., from surveys of graduates or residency programme directors)

e. Indicate if students at the medical school are required to take or are required to pass USMLE Steps 1 and 2.

(Institutions must complete a table).

f. Supply graphs provided by the National Board of Medical Examiners that compare the performance of national and medical school first-time takers for USMLE Steps 1 and 2 for the past three academic years.

g. For each of the past three academic years, provide results for REPEAT (not first-time) takers of USMLE Steps 1 and 2.

See GMDC Self-Study Questionnaire, pgs. 24-26.

GMDC Standard 6.3 requires that, in evaluating the programme, the medical school must consider medical student evaluation of courses, clerkships, and faculty.

To affirm compliance with Standard 6.3, GDMC requests the following during the self-study process:

a. Summarize the means by which information is collected from students on course and clerkship rotation quality. Include the methods that are used (e.g., questionnaires, focus groups) and average response rates.

b. Describe if evaluation data are being collected on faculty, residents, and others who provide teaching or supervision in required courses and clerkship rotations.

c. Describe any other individuals or groups providing information about course and clerkship rotation quality or the quality of faculty teaching (e.g., through peer assessment of teaching or course content).

See GMDC Self-Study Questionnaire, pg. 26.

### **Analyst Remarks to Narrative**

The GMDC's standards 6.1 and 6.2 require medical schools to collect and use a variety of measures and outcome data and to evaluate the performance of students and graduates using national and international norms and standards, including on licensing exams and standardized tests.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The site visit teams reviewed the information and data presented in the SGUSOM self-study to address the requirement that a medical school collect and use a variety of measures and outcomes data appropriate to its educational objectives and mission, and to evaluate the performance of its students using national and international norms/standards. SGUSOM provided specific data on outcomes, which was also discussed with the relevant school officials. Interviews conducted with faculty and staff provided another means to review and validate the evidence presented in the self-study.

Overall, the evaluation process enabled the site visit teams to verify the accuracy and appropriateness of the information presented by SGUSOM for the purpose of establishing compliance with Standards 6.1 and 6.3.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel and students. However, the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Student Achievement, Question 5**

### **Country Narrative**

GMDC Standard 6.3 requires that, in evaluating the programme, the medical school must consider medical student evaluation of courses, clerkships, and faculty.

To affirm compliance with Standard 6.3, GMDC requests the following during the self-study process as evidence that a formal process is in place to consider student evaluations of each aspect of the programme:

- a. Summarize the means by which information is collected from students on course and clerkship rotation quality. Include the methods that are used (e.g., questionnaires, focus groups) and average response rates.
- b. Describe if evaluation data are being collected on faculty, residents, and others who provide teaching or supervision in required courses and clerkship rotations.
- c. Describe any other individuals or groups providing information about course and clerkship rotation quality or the quality of faculty teaching (e.g., through peer assessment of teaching or course content).

See GMDC Self-Study Questionnaire, pg. 26.

### **Analyst Remarks to Narrative**

The GMDC's standard 6.3 requires medical schools to consider medical student evaluation of courses, clerkships, and faculty. The GMDC requires a medical school to address how they collect information from students on course and clinical rotation quality in its

self study.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for standard 6.3 and marked the school as "compliant." However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

Page 132-135 of the self-study addressed the requirements associated with Standard 6.3, which included the end-of-term course evaluations administered by SGUSOM to secure feedback from medical students about courses, clerkships and faculty. The self-study information coupled with interviews with faculty and staff (i.e., Dean of Academic Affairs, Dean of Basic Sciences, Associate Dean of Clinical Sciences, Dean of Students as well as student representatives) enabled team members to determine that the medical school was compliant with Standard 6.3 following extensive team discussions about the outcomes data and student evaluation of the academic program. Visits to clinical sites also allowed evaluators to meet with the Director of Medical Education, Clerkship Directors, and students at each affiliated hospital. SGUSOM also employs an extensive survey system to solicit formal student feedback.

The compliance review process enabled the evaluators to determine with confidence the adequacy of the information and documentation for the Standards.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel and students. However, the site visit report and the GMDC's narrative provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Student Services, Question 1**

### **Country Narrative**

GMDC Standard 7.11 requires a system to assist students in career choices and application to postgraduate training programmes and to guide students in choosing elective clinical rotations. Standard 7.12 states that medical students assigned to each instructional site should have the same rights and support services as other students. Standard 7.13 requires that the medical school have an effective system of academic and personal advising/counseling for medical students that integrates the efforts of faculty members, course directors, and student affairs officers. Standard 7.14 requires the medical school to provide students with financial aid and debt management counseling. It must also have a clear and fair policy for the refund of tuition and fees. Standard 7.15 states that the medical school must make available to students access to confidential personal counseling and health services. Standard 7.16 states that a medical school must have policies in place that effectively address medical student exposure to infectious and environmental hazards, including education, prevention, and managing exposure. All registered medical students must be informed of these policies before undertaking any educational activities that would place them at risk. Standard 7.17 requires a medical to ensure that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student's dependents.

To affirm compliance with these Standards, GDMC requests the following during the self-study process:

a. Describe the means by which the medical school ensures that students, regardless of instructional site/campus assignment, have the same rights and support services (e.g., financial aid, health services, personal counseling, career counseling, academic

support).

b. Indicate any student services for which personnel are available only at the main campus of the medical school or parent university and the methods by which students are able to obtain access to those individuals and the services that they provide (e.g., by email, teleconference, travel by the student to the main campus, or travel by medical school personnel to the campus).

c. Describe the elements of the academic advisory system for medical students and how these elements integrate with each other as an effective system. Describe how and when medical students in academic difficulty are identified. Describe the types of assistance available to medical students experiencing academic difficulty, including any assistance available from medical school and other sources (e.g., the parent university).

d. Describe any programmes designed to assist entering medical students who may be at academic risk in adapting to the academic and personal demands of medical school.

e. Complete the following table for the most recently concluded academic year:  
(Institutions must complete a table).

f. Estimate the percentage of students who experience significant academic difficulty and undergo remediation (e.g., a decelerated curriculum, a repeated year, a leave of absence), but who continue to struggle academically (i.e., who withdraw or are dismissed for academic reasons).

(Institutions must complete a table).

h. Describe the medical school's system for personal counseling of medical students and comment on its accessibility, confidentiality, and effectiveness. Note especially the individuals available to provide personal counseling and their locations.

i. Describe the policies, procedures, and practices that ensure that the providers of sensitive health, psychiatric, or psychological care to medical students (e.g., for substance abuse, sexually transmitted diseases) will not be in a position at some present or future time to assess their academic performance or take part in decisions regarding their advancement and/or graduation. Include copies of relevant medical school policies and/or procedures.

j. Briefly summarize any medical school programmes designed to facilitate medical students' ongoing adjustment to the physical and emotional demands of medical school.

k. Indicate whether health insurance is available to all medical students and their dependents and briefly describe the scope of benefits and premium costs. Who pays the insurance premium?

l. Describe the policies and procedures that address the issue of student exposure to infectious and environmental hazards. Explain how this information is made available to students and faculty.

See GMDC Self-Study Questionnaire, pgs. 29-32.

### **Analyst Remarks to Narrative**

The narrative identified standards 7.11-7.17 as relevant to this guideline. These standards include requirements related to the availability of health services and confidential mental health counseling, exposure to infectious diseases, financial and debt management counseling, and advising for academic and career progress.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report included check boxes for these standards, marking them as "compliant," except for standard 7.17, which is marked as "marginally compliant" with a note that the medical school ensures that students have health insurance but does not ensure that this is available to dependents of students. However, there was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's

response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

On pages 146-162 of the self-study, SGUSOM presented extensive information to document how the medical school meets Standards 7.11-7.16. The site team visitors used the self-study information to guide discussions with SGUSOM administrators, staff and faculty, such as the Dean of Students, Dean of Academic Affairs, Director of Psychological Services, Director of University Health Services, and the Interim Provost. The intent of those discussions were to validate and verify the self-study information and materials, and to assess the effectiveness of the medical school in regard to issues involving availability of health services and confidential mental health counseling, student exposure to how to address infectious and environmental hazards, financial and debt counseling, advising for career progress, among others. The team determined that SGUSOM met the requirements for Standards 7.11-7.16.

In turn, the team found that SGUSOM was marginally compliant with Standard 7.17, which addresses the need to assure that health and disability insurance are available to students and that health insurance is available to the dependents of students. This determination was made based on the types of health insurance carried by students, which include various forms of private insurance and coverage under the NHS in the United Kingdom, and to ensure that the requirements are consistently applied.

GMDC is confident that the various components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the Council's accreditation decisions.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel and students. The GMDC's narrative addressed the marginally compliant rating for Standard 7.17 by noting that full compliance would require that health and disability insurance be available to students, and health insurance available to the dependents of students. Currently, SGUSOM does not ensure availability of health insurance to dependents of students.

**Staff Conclusion:** Comprehensive response provided

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## **Student Services, Question 2**

### **Country Narrative**

Yes, students have access to their student records. There are no Grenadian laws governing student access to student records or the confidentiality of student records.

GMDC Standard 8.4 states that medical student records must be confidential and only made available to appropriate faculty and staff, unless released by the medical student. GMDC Standard 8.5 states that medical students must be allowed to review and petition the school to adjust records that he or she considers to be inaccurate or misleading. GMDC Standard 7.10 requires that medical schools have a published policy under which the school makes student records available for review by the student and gives the student an opportunity to challenge their accuracy.

To affirm compliance with Standards 8.4 and 8.5, GMDC requests the following during the self-study process:

- a. Describe the general content of the medical student's academic record file. Identify the location at which medical students' academic records are maintained. Identify the institutional official(s) who is/are authorized to examine or review such records.
- b. Describe the components of the student record and identify any component(s) of the record that students are not permitted to review. Provide the rationale for the institutional review policy that precludes students' review of that material.
- c. Describe the procedure that medical students must follow in order to review or challenge their records. Describe the process in place at the medical school that ensures medical students' timely access to their records.
- d. Describe the means by which the medical school's policies and procedures regarding medical students' access to, review of, and challenges to student records are made known to faculty and medical students.
- e. Indicate whether there is medical school policy in place that addresses opportunities for medical students to review their performance in required course and clerkship rotations and, if necessary, to appeal an examination or course grade. If so, describe any review and appeal processes.

See GMDC Self-Study Questionnaire, pg. 33.

## **Analyst Remarks to Narrative**

The narrative identified standards 8.4 and 8.5 as relevant to this guideline. These standards include requirements regarding the confidentiality of student records and student access to their own records, including the right to challenge the accuracy of information in those records.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

## **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits.

The site visit team reviewed the SGUSOM response to the requirements for Standards 8.4 and 8.5, concerning the confidentiality of student records, student access to their records, and the ability to challenge the accuracy of the information. The team found that the self-study (see pp. 170-172) provided sufficient and adequate information and documentation, which included the SGUSOM Student Manual and the medical school's privacy policy. The responses to these Standards documented the medical school's compliance, and were discussed with staff, faculty, and students. As a result, the consensus of the team was that SGUSOM met the Standards.

GMDC is confident that the various components of this evidence-based accreditation process combine to support the compliance findings of the site visit teams and the GMDC's accreditation decisions.

## **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes. The GMDC noted that site visitors have access to multiple sources of information during their site visit, including the self-study and interviews with personnel and students. However, the site visit report provided limited support for the evaluation made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Student Complaints, Question 1**

### **Country Narrative**

Standard 7.7 requires that the medical school publish, at least once a year, information on academic standards, grading, attendance, tuition and fees, refund policy, primary language of instruction, satisfactory academic progress criteria, student promotion, retention, graduation, academic freedom, students' rights and responsibilities, standards for student conduct and disciplinary action, including a grievance policy and appeal procedures and information on filing complaints with the school, accrediting bodies and other oversight agencies, the programme's criteria for admission, and describe the application and admission process as well as other information pertinent to the student body.

GMDC requires that schools provide a copy of their current catalogue as part of completing the self study process. The catalogue is carefully reviewed by the Council.

See GMDC Self Study Questionnaire, Introduction Page.

SGU address student complaints in a number of ways including the following:

Addressing Student Complaints

1. Faculty office hours: Faculty are available a minimum of 10 hours per week for office hours to address content and/or other-related academic and non-issues. Faculty refer on to appropriate authorities (e.g., Dean of Basic Sciences office) as necessary for non-academic issues.
2. Student government association (SGA) Meetings: The SGA representatives from each term hold monthly meetings to discuss

student body concerns. The SGA brings such issues to the attention of the Dean of Basic Sciences.

3. Weekly SGA meetings with the Dean of Basic Sciences: The Dean of Basic Sciences meets on a weekly basis with the SGA Executive Board to address student concerns.

4. Midterm feedback from student body: Deans from the Dean of Basic Sciences office meet with SGA representative on a term-by-term basis at the end of each module within a course to discuss positive and negative aspects of the module.

5. End-of-term feedback from courses: Students are given the opportunity to critique each course at the end of the term. The anonymous feedback is provided to the faculty, curriculum committee, and Dean of Basic Sciences office for follow-up.

6. Dean of Students Office (DOS): Students can express their non-academic concerns to Deans within the Dean of Students office.

7. Open door policy for DOBS office and by appointment: Every day, there is a dean from the Dean of Basic Sciences office available for office hours by walk-in or appointment for at least an hour each day. Deans are available to meet with students outside of the designated office hour times by appointment.

8. Student Academic Affairs Committee: The Student Academic Affairs Committee meets monthly as a standing committee of the Faculty Senate (Basic Sciences Division) to report any academic-related issues. These issues get reported to the Dean of Basic Sciences office.

9. Student non-Academic Affairs Committee chaired by DOS: The Student Non-Academic Affairs Committee meets monthly to report any non-academic issues that may be affecting student satisfaction. Members of this Committee range from Head of Housekeeping to the Chief Operating Officer of SGU.

10. Meet-the-Deans Sessions: Each semester, there are Meet-the-Deans informational sessions held for each term in which students have the opportunity to express any concerns about their learning environment. These are held in a small-group setting to optimize feedback from the students.

11. College System Directors: Each student belongs to one of 9 colleges. Each college have faculty members who serves as Director and an Associate Directors of the College. These College Directors serve as liaisons to students within their College.

SGU also offers students a robust anonymous complaint resource described in detail in the slide deck attached as Exhibit 16.

### **Analyst Remarks to Narrative**

The GMDC noted in its narrative that standard 7.7 requires a medical school to have a process for handling student complaints, and that a school is required to submit its student catalogue with its self study.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 7.7. However, there was little narrative support provided for the evaluations that were made in the site visit report. The site visit report did not indicate whether student complaints or the process for resolving them were reviewed during the site visit.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

As noted in our initial application, GMDC requires that schools provide a copy of their current catalogue/student handbook as part of completing the self-study process, which is carefully reviewed by the site visit teams and the Council. The review is meant to assess academic, student support services, and student policies, which include student complaint procedures. The site visit team does inquire about student complaint processes at the basic science campus visit and during each clinical site visit, asking faculty, administrators, and clinical supervisors about the complaint process and how complaints are resolved to determine if they match the written policies. School responses are also compared against student responses with respect to student complaints and the explicit process for students to do so.

At the end of the day of the on-site visit in which these discussions took place, the team discusses the responses it received and whether they support a conclusion that the school is in compliance with this Standard. In SGUSOM's case, the site visit teams concluded that SGUSOM was in compliance with the standard based on responses showing that students and faculty/clinical supervisors were aware of the procedures.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that its site visit process does include review of a medical school's student complaint processes. The GMDC stated that its site review process includes review by site visitors of the student complaint policies and procedures as described in the current catalogue or student handbook, and also stated that when on site, site visitors ask faculty, administrators, and clinical supervisors about the complaint process and how complaints are resolved. The GMDC stated that the site visitors then make a decision based on the collected information.

While the GMDC has stated in its narrative that information about student complaints is collected and assessed as part of the review process, the documentation provided in the site visit report provided limited support for these practices. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 7.7. However, there was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Student Complaints, Question 2**

### **Country Narrative**

Yes, GMDC has a process and procedures in place to address and investigate student complaints, which are outlined in the Procedures at pgs. 16-17. (Exhibit 12). A student can file a complaint if the medical school's actions or policies demonstrate noncompliance with one or more of the GMDC standards.

Students are made aware of the GMDC guidelines for student complaints in two primary ways: (1) GMDC Standard 7.7 requires a medical school to publish, among other documents, its grievance policy and appeals procedures as well as information on filing complaints with the school, accrediting bodies or other oversight agencies on annual basis; and (2) the developing GMDC website will publish the guidelines and procedures for filing student complaints, providing contact information and an e-mail address for use in filing a student complaint.

As stated in the Procedures document, "[t]he complainant will be asked to provide a written statement outlining the individual's concern relative to the accreditation standards, information about the student's attempt to resolve the matter using the medical school's stated grievance procedures, the student's name and contact information, and to give the Council permission to share the complaint with the medical school should the GMDC determine that the complaint should be pursued. The Council will not be able to proceed with the complaint and seek a response from the medical school unless it has the student's permission to share the actual complaint as well as any supporting documentation." In turn, GMDC will review the school's response, issue a decision regarding the complaint that is shared with the student and the medical school's chief academic officer. The written decision will detail any reporting requirements or other remedial actions as determined by the Council.

To date, GMDC has not received any student complaints.

### **Analyst Remarks to Narrative**

The GMDC's procedures include a process for the GMDC to handle student complaints about the medical school in relation to GMDC's standards. The narrative noted that GMDC has not yet received any student complaints. The narrative stated that the GMDC will publish information about how to submit student complaints; no documentation was provided to indicate that the GMDC has yet published information about how to submit a student complaint at this time.

The NCFMEA may wish to request the GMDC to provide information about where the GMDC publishes information about how to submit a student complaint to the GMDC.

### **Country Response**

GMDC first determined to accredit SGUSOM for a period of 3 years on July 18, 2019. As of the date of this submission, GMDC still has not received any student complaints. GMDC will ask SGUSOM to inform its students that it is now accredited by GMDC and inform students of their ability to file complaints with GMDC.

Information regarding how to file a complaint is included in the GMDC procedures and available on the GMDC website, <http://gmdc.gd/file-a-complaint/>. The website is live and student complaints can be submitted for review. Complaints submitted through the GMDC website are automatically directed to the GMDC to be resolved. We expect that students and parents will appreciate having a resource located on Grenada to address concerns about compliance with GMDC Standards, which are also publicly available on the GMDC website.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC noted that its website for submission of student complaints is now live, and the GMDC provided a link to that website. The GMDC stated that it will ask SGUSOM to inform its students in future of their ability to submit complaints to the GMDC.

**Staff Conclusion:** Comprehensive response provided

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## **Finances, Question 1**

### **Country Narrative**

GMDC ensures that medical schools have adequate financial resources for the size and scope of their program, including through the required submission of an audited financial statement. GMDC Standard 10.2 requires that the medical school's present and anticipated financial resources be adequate to sustain the institution's educational programme as well as its mission, goals, and objectives. GMDC requests detailed information about medical schools' financial records, identified below.

To affirm compliance with Standard 10.2, GMDC requests the following during the self-study process:

a. Complete the following table for the anticipated number of new medical students to be admitted in each of the indicated years. If the number is unknown, use "N/A."

b. Summarize trends in the funding sources available to the medical school, including an analysis of their stability. Explain any substantive changes during the PAST three years for the medical school in the following areas:

- i. Total revenues
- ii. Operating margin
- iii. Revenue mix
- iv. Market value of endowments
- v. Debt service
- vi. Outstanding debt
- vii. Departmental reserves

c. Describe any substantive changes in financial resources anticipated by the medical school over the NEXT three years in the following areas and explain the reasons for the anticipated changes:

- i. Total revenues
- ii. Revenue mix
- iii. Obligations and commitments
- iv. Reserves (amount and sources)

d. Describe any substantive changes in institutional resources anticipated by the medical school over the NEXT three years in the following areas:

- i. Number of faculty
- ii. Faculty mix
- iii. Hospital and other clinical affiliations
- iv. Graduate medical education programmes
- v. Physical facilities

e. Describe the medical school's annual budget process and the budgetary authority of the medical school's chief academic official. Does the medical school have a consolidated budget process that includes all medical school departments, the clinical practice plan, and/or the health system? Describe the roles and membership of any committees involved in budget planning. Is the medical school's budget approved by the governing board and/or officials of the parent university or, in the case of an investor-owned for-profit medical education programme, by the corporate parent of the institution? Is the approval of the governing board required for tuition and fee rates for undergraduate medical students?

f. Describe the ways in which the medical school's governance, through its board of directors and its organisational structure, supports the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the chief academic official and department chairs in managing departmental resources.

g. Describe the role of medical school management and administrative systems (e.g., financial, human resources, student information, room inventory, and sponsored programmes) in serving the information needs of the medical school leadership. Describe any plans to replace outdated systems and any improvements made since the last full survey visit. Describe the nature and frequency of the financial reports provided to the medical school chief academic official. In the Appendix, provide three examples of recent reports.

- h. Describe the ways in which current and projected capital needs for the missions of the medical school are being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).
- i. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.
- j. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.
- k. Provide a revenue and expenditures history for the current fiscal year (based on budget projections) and for each of the past three fiscal years.
- l. If tuition and fees comprise more than 50% of the medical school's total annual revenues, describe the school's plan to reduce dependence on tuition and fees.
- m. Briefly describe the extent to which faculty productivity requirements in research or clinical service have affected the medical school's ability to maintain its commitment to medical student education.
- n. Describe whether the medical school's need to generate revenue is affecting decisions related to current and anticipated student enrollment.

See GMDC Self-Study Questionnaire, pgs. 40-42.

### **Analyst Remarks to Narrative**

The narrative noted that GMDC standard 10.2 requires that the medical school's present and anticipated financial resources be adequate to sustain the institution's educational program as well as its mission, goals, and objectives. The GMDC's self study includes a list of questions for the school to respond to in relation to financial stability of the school. The country does allow for-profit medical schools, and the one school submitted for review, SGU, is a for-profit medical school. The narrative noted that it reviews an audited financial statement as part of its accreditation processes, though it did not indicate whether this is submitted only during the accreditation review process or if the GMDC will receive an audited financial statement more regularly as part of its monitoring of a medical school. The GMDC did not indicate review of any other financial documents.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 10.2. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The Analyst Remarks highlight two issues: (1) the narrative notes that while the site visit teams reviewed audited financial statements as part of the accreditation process, it was not clear if GMDC will receive audited financial statements more regularly as part of its monitoring process; and (2) the GMDC did not indicate if any other financial documents were reviewed beyond the audited financial statement.

In regard to the audited financial statements, the GMDC Procedures indicate that each medical school is required to submit an Annual Progress Report. While the primary purpose of the report is to address recommendations from the site visit teams and the GMDC, as well as updates in the area of student outcomes, medical schools are also required to submit the detailed financial statements that demonstrate the fiscal strength of the school. A copy of the template for the Annual Progress Report is located at Exhibit 4.

The second issue concerns the financial documents (and other information) reviewed by the site visit teams to ensure that financial

resources are adequate to sustain the medical school's educational programme as well as its mission, goals, and objectives. GMDC is committed to ensuring that medical schools have access to (and will continue to have in the future) financial resources needed to support its mission, educational objectives, and educational programmes and services. The team reviewed and analyzed the information contained in the self-study (pp. 212-217), which ranged from new enrollments to funding sources, to changes that may impact its financial resources, as well as budgetary information. Additional documentation was also provided concerning the stated funding sources, monthly department reports, as well as current and projected revenues and expenditures. The team found that the documentation and information was sufficient, coupled with interviews with faculty and department heads to discuss the availability of resources, to make a determination concerning compliance with Standard 10.2. Separately, the Council requested and received financial statements showing that SGUSOM has sufficient resources to continue to operate and make significant investments in its programme, as it has done over the last five years.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC provided a template Annual Progress Report, which includes a requirement that the school under review submit an audited financial statement, indicating that the GMDC will collect this information on a yearly basis from medical schools. The GMDC also stated that the site visit team had reviewed multiple sources of information regarding the financial health of the school during its site visit to SGUSOM, and that the Council had separately asked for financial information from the medical school for review. However, while the GMDC's narrative response to this question described extensive review of financial information as part of its accreditation process, the GMDC's site visit report provided little narrative support for the evaluation that was made. The GMDC's Accreditation Procedures (exhibit 12) pages 10-11 state that the site visit report will provide detailed information about a program's compliance with each accreditation standard, including relevant excerpts from the self-study and the database to support the team's findings. However, the sample site visit report provided included little narrative support for the evaluation that was made relative to this guideline. The site visit report provided a check-box marking the country as "compliant" under standard 10.2.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Facilities, Question 1**

### **Country Narrative**

GMDC evaluates the types and quality of a medical school's facilities through an assessment of the medical school's resources relative to its number of students and its goals and objectives, and the quality of its hospital and clerkship sites.

GMDC Standard 10.3 medical schools to have adequate physical facilities, including buildings and equipment, and clinical facilities, relative to the number of students in order to meet its educational goals and objectives. To affirm compliance with Standard 10.3, GDMC requests the following during the self-study process:

d. Describe any substantive changes in institutional resources anticipated by the medical school over the NEXT three years in the following areas:

- vi. Number of faculty
- vii. Faculty mix
- viii. Hospital and other clinical affiliations
- ix. Graduate medical education programmes
- x. Physical facilities

h. Describe the ways in which current and projected capital needs for the missions of the medical school are being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

o. Complete the following table of teaching facilities for each building in which medical students participate in regularly scheduled classes, including laboratories. Do not include classrooms located in clinical facilities.

(Institutions must complete a table identifying the year each building was constructed, the year of the last major renovation, the type of room (e.g., lecture hall, science lab, conference room, etc.), seating capacity, and the main educational use)

p. Indicate the title and organisational placement of the school staff member responsible for scheduling and coordinating the use of

these facilities. Indicate whether these facilities are shared with other educational programmes. Describe any recurrent problems in gaining access to needed teaching space.

q. Summarize the number and locations of rooms used for small-group teaching and for laboratories. If there has been an increase in class size, describe whether small-group and laboratory teaching space has expanded to accommodate the increased enrollment.

r. Describe the facilities used for teaching physical examination skills, conducting standardized patient examinations, and administering OSCEs. Describe any special facilities that are used only for clinical skills instruction or assessment of medical students (i.e., not used for patient care). Note any recurrent problems or shortcomings with the facilities used to teach and assess students' clinical skills.

s. Complete the table below showing the number of faculty offices, research laboratories, and net square footage for each academic department of the medical school. Add rows as needed.

t. If the school's animal care facilities are accredited by the American Association for Laboratory Animal Care (AALAC), or any other similar organisation, provide the date of last review and the accreditation status of the facility. Describe the safeguards in place to ensure adequate space for the humane care of animals used in teaching and research.

See GMDC Self-Study Questionnaire, p. 40-43.

Standard 10.4 evaluates whether the medical school has adequate clinical resources to provide core clinical clerkships in health care facilities with appropriate accredited postgraduate medical education programmes. Standard 10.7 further requires appropriate resources for the clinical instruction of medical students covering the breadth of ambulatory and inpatient teaching, including adequate types and numbers of patients. To affirm compliance with Standards 10.4 and 10.7, GMDC requests the following during the self-study process:

a. For each clinical teaching site at which students complete the inpatient portions of one or more required core clerkship rotations (excluding clinical selectives, subspecialty, or widely dispersed, purely ambulatory clerkship rotations), insert a copy of the current affiliation agreement with the medical school in the Appendix (red binder).

b. For each inpatient clinical teaching site in (a) above, check if there is a signed affiliation agreement and if the agreement specifies the listed elements:

(Institutions must complete a table showing whether the agreement satisfies certain elements)

c. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure the medical school's authority to conduct educational activities for its students.

d. Do the affiliation agreements address the shared responsibility for creating a positive learning environment and for the development of professionalism in medical students. If not, are there other formal documents (e.g., signed MOUs) that address this requirement?

e. List each inpatient teaching site at which the medical school's students take one or more of the listed required clerkship rotations and check the clerkship rotation(s) offered:

(Institutions must complete a table)

f. For each inpatient facility listed in the preceding table, provide the following information: (Use a separate page for each institution)

(Institutions must complete tables describing the number of beds, annual admissions, occupancy rate, length and number of outpatient visits, and emergency room visits, and the number of students per rotation)

g. Complete the following table for each ambulatory site used for required medical student education

(Institutions must complete tables describing the clerkship offered, academic period, duration, and number of students per rotation)

See GMDC Self-Study Questionnaire, pgs. 43-45.

Finally, GMDC requires that hospitals and clinical facilities serving as a major instructional site must have adequate instructional facilities and information resources, and that core clerkships should only be conducted in settings where resident physicians in accredited programs can be trained. See Standards 10.8 and 10.9. Standard 10.10 also requires institutions to maintain a library

and information facilities, sufficient in size, breadth of holdings, and information technology to support its programme and other goals and objectives. To affirm compliance with these Standards, GMDC requests the following during the self-study process:

a. Complete the following table for each clinical facility that is used for any inpatient portion of a required core clerkship rotation. Check the appropriate columns indicating if the listed resource is generally available to students during the clerkship rotation.

b. Comment on the adequacy at each facility of the educational resources checked above and the adequacy of library and information technology services (i.e., Internet access, access to the medical education Web sites, library holdings, interactive databases, etc.) at each facility.

d. Briefly summarize any campus-wide or consortium agreements that extend the library's access to information resources. Describe whether the library interacts with other university and affiliated hospital libraries and the means by which those interactions take place.

e. Complete the following table, as appropriate, for the library:  
(Institutions must complete a table describing library seating, classrooms, and workstations)

g. Complete the following table describing staffing for the library

See GMDC Self-Study Questionnaire, pgs. 46-50.

### **Analyst Remarks to Narrative**

The narrative identified GMDC standards 10.3, 10.8, 10.9 and 10.10 as relevant to this guideline. Standard 10.3 requires medical schools to have adequate physical facilities, including buildings and equipment, for the number of students served to meet educational goals and objectives. Standard 10.8 requires adequate instructional facilities at clinical facilities and hospitals, and 10.10 requires adequate library and information facilities. The GMDC's self study includes questions that serve to elicit information about the adequacy of the facilities available for the medical school.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

During the conduct of the review process and on-site visits, the site visitors evaluated the adequacy of all physical facilities (instructional as well as clinical sites), including library and technical facilities at the Administrative Headquarters, Basic Science Campus (including Northumbria), and clinical sites. The teams determined that the medical school was in compliance with these Standards and did not note any concerns with the care of animals in teaching or research. The compliance determination for these Standards was based on the self-study information and documentation, interviews, and team meetings to discuss whether the requirements for each Standard were met.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC affirmed that multiple sources of information are used in order to determine the adequacy of facilities at a medical school. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. The GMDC's Accreditation Procedures (exhibit 12) pages 10-11 state that the site visit report will provide detailed information about a program's compliance with each accreditation standard, including relevant excerpts from the self-study and the database to support the team's findings. However, the sample site visit report provided included little narrative support for the evaluation that was made relative to this guideline.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's

compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Facilities, Question 2**

### **Country Narrative**

Standards 10.2 and 10.3 enable a medical programme to demonstrate that its facilities, including offices, laboratories, and space are appropriate for faculty, administrators and support staff.

Standard 10.2 asks for information that shows that "medical school's present and anticipated financial resources [are] adequate to sustain the institution's educational programme as well as its mission, goals, and objectives." Similarly, Standard 10.3 wants to ensure that there are "adequate physical facilities, including buildings and equipment, relative to the number of students in order to meet its educational goals and objectives."

Based on information provided in the self-study questionnaire, including the anticipated number of new medical students to be admitted over a five-year period, the medical school is asked to provide information on trends in funding sources and an analysis of their stability as well as changes in the past three years and three-year projections in various financial categories.

The macro-level perspective is supplemented by a more detailed request for information, via the completion of tables, on "the teaching facilities for each building in which medical students participate in regularly scheduled classes, including laboratories as well as the organisational placement of the school staff member responsible for scheduling and coordinating the use of these facilities." Additional information is requested in the self-study on usage by students, faculty, administrators and support staff in each facility, including offices and laboratories. For a school with animal care facilities accredited by the AALAC, or similar organisation, information is asked about the date of last review and the accreditation status of the facility. The self-study requires a description of "safeguards in place to ensure adequate space for the humane care of animals used in teaching and research."

See GMDC Self-Study Questionnaire, p. 40-42.

### **Analyst Remarks to Narrative**

GMDC standard 10.3 requires that a medical school have adequate physical facilities to meet its educational goals and objectives. The GMDC's self study document includes questions that serve to elicit information about the adequacy of the facilities available for the medical school. The GMDC self study document asks the medical school to address the humane care of animals used in teaching and research. It isn't clear which, if any of these standards or self study questions would address information about the encouragement of biomedical research.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for standard 10.3 and marked it as "compliant." However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to enquire about whether the GMDC plans to adopt a standard that will encourage medical schools to conduct biomedical research. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

During on-site visits, the team members evaluated the adequacy of all physical facilities, including library and technical facilities at the administrative headquarters, basic science campus (including Northumbria), and clinical sites, and determined that SGUSOM was in compliance with Standard 10.3, as mentioned in the Analyst Remarks. The compliance determination was based on the self-study information (see pp. 218-221) and documentation concerning facilities, tours of all facilities during on-site visits, and interviews with faculty, administrators, staff, and students. The team determined that the information about SGUSOM facilities utilized by students, faculty and staff was comprehensive and sufficient to substantiate the compliance decision.

While Standard 10.3 addresses facilities, the Analyst Remarks asked about biomedical research, specifically, whether GMDC plans to adopt a Standard that will encourage medical schools to conduct biomedical research. The GMDC Standards include the following

Standard 3.8: A medical education programme is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

GMDC expects a medical school's students and faculty to engage in research, which includes biomedical research. While not stated explicitly, the intent is to encourage various types of research. For example, the evaluators found that SGUSOM met that expectation in terms of faculty-led research opportunities, a dual degree program leading to an MD and Master's in Biomedical Research, and the conduct of individual research programs in biomedical research (see p. 68 in SGUSOM self-study). GMDC had access to hundreds of peer review scientific papers and presentations participated in by SGUSOM faculty in the past year. Some of these projects included student participation and authorship. Given this inquiry, while there is an expectation that biomedical research will continue to be encouraged, the GMDC will consider whether explicit reference should be made in the Standards.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC noted multiple sources of information available to site visitors when conducting their evaluation. In response to the question regarding biomedical research, the GMDC noted that several avenues for biomedical research exist at SGUSOM, and stated their intent to consider whether explicit reference should be made to this in the standards. The GMDC's Accreditation Procedures (exhibit 12) pages 10-11 state that the site visit report will provide detailed information about a program's compliance with each accreditation standard, including relevant excerpts from the self-study and the database to support the team's findings. However, the sample site visit report provided included little narrative support for the evaluation that was made relative to this guideline.

The NCFMEA may wish to enquire about whether the GMDC plans to adopt a standard that will encourage medical schools to conduct biomedical research. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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### **Faculty, Question 1**

#### **Country Narrative**

GMDC requires a medical school to demonstrate that it has an adequate number of qualified faculty, as revealed by Standard 9.1, needed to enable it to achieve the mission.

Medical schools are required to complete a table for the faculty in the basic sciences and a separate table for clinical departments. The tables are intended to reveal the number of full-time (by rank) and part-time faculty by department, with a separate table to record teaching responsibilities for courses taught per year by department and type of student (e.g., medical students, graduate students, dental students, nursing students, etc.). The medical school provides this information to support its statement of compliance regarding the appropriate number of qualified faculty at all locations.

To further evaluate compliance with Standard 9.1, GMDC requests the following during the self-study process:

- c. List the courses or clerkship rotations where the medical school has had to make use of part-time and volunteer faculty, graduate students, or residents in medical student education to compensate for the decreased availability of full-time faculty members to participate in teaching.
- d. List all faculty with substantial teaching responsibilities for courses or clerkships required for graduation who are on site for fewer than three months during an academic year.
- e. Provide the amount of protected time that course and clerkship directors and other individuals with major leadership responsibilities for the educational programme have for the noted activity (i.e., list the specific percent of their salaries covered by the medical school based on their roles in the educational programme).
  - i. Percent protected time for preclinical course directors (include range if not consistent)
  - ii. Percent protected time for clerkship directors (include range if not consistent)
  - iii. Percent protected time for the chair of the curriculum committee (if not an administrator)

f. Provide evidence that teaching is valued in the medical school. For example, is teaching a requirement for faculty retention/promotion?

g. Do faculty have protected time for teaching?

See GMDC Self-Study Questionnaire, p. 33-37.

GMDC Standards 9.2 and 9.3 address the range of faculty roles and responsibilities, which are also important components in the assessment of sufficiency and appropriateness. Standards 9.2 indicates that faculty members are expected to demonstrate achievements commensurate with their academic rank and participate in decisions relating to student admissions, promotion, graduation, and providing student guidance and counseling. Further, Standard 9.3 addresses the degree to which faculty have the capacity and commitment to be effective teachers. To affirm compliance with Standards 9.2 and 9.3, GDMC requests the following during the self-study process:

b. Briefly summarize, by employment track, the institution-wide (medical school or parent university) policies and procedures for the appointment, renewal of appointment, promotion, granting of tenure (if applicable), and dismissal for all faculty members. Include a copy of the written appointment, re-appointment, tenure and promotion, and dismissal guidelines or the Web site URL at which these policies are posted.

c. Explain any variation in the policies across tracks or in the application of policies across departments.

d. Describe how faculty members are informed about the various tracks and how they are assigned to a specific track. Note if a faculty member is able to change tracks at some point in his or her employment.

e. Describe any centralized or departmental activities to assist faculty members in improving their skills in teaching and assessing medical students. For the formal programmes that were offered, provide the number of faculty who participated in such activities during the most recently completed academic year and the sources of funding available to support such activities.

f. Describe the elements of faculty teaching skills (e.g., content mastery, ability to lecture or lead a small group, professionalism) that are formally evaluated by medical students. Summarize the methods used by departments or the medical school to evaluate individual faculty teaching efforts (e.g., student course evaluations, peer review, focus group meetings with students, etc.). Describe the means by which the results of such evaluations are communicated to faculty.

g. Describe the means by which any problems identified by such evaluations are addressed. Describe the resources that are available to support the remediation of deficits in faculty teaching skills.

h. Describe any centralized or departmental activities to assist faculty members in enhancing their skills in research and grant procurement. Include the number of faculty who participated in such activities during the most recently completed academic year and the sources of funding available to support such activities.

i. Provide data, by department (basic science and clinical), for the most recently completed year to report the medical school's faculty scholarly effort—peer-reviewed articles, books/chapters published, members of national study sections or committees, journal editors or members of editorial boards, principal investigators on extramural grants.

j. Describe the means by which faculty scholarship is fostered in the medical school. Is there a formal mentorship programme for junior faculty to assist them in their development as scholars? Note any informal opportunities for mentorship or other types of support for faculty scholarly activities.

k. Describe the institution's expectations for faculty scholarship. Is documentation of scholarship required for retention and promotion of all or some full-time faculty?

l. Describe the policies and procedures that are used by the institution to assure that the private interests of faculty and staff are not in conflict with their roles at the medical school.

See GMDC Self-Study Questionnaire, p. 37-39.

Standards 2.12, 2.13, and 2.14 address the relationship between the medical school and instructional staff at remote sites and clinical locations.

Standard 2.12 requires that, at affiliated institutions, the medical school's department heads and senior clinical faculty members

have authority consistent with their instructional responsibilities. The medical school's faculty must have and use effective methods for coordinating geographically separate sites and assuring the use of consistent and common methods for evaluating student performance at all sites. The medical school's administration must assure that its students and faculty have access to appropriate resources at all locations including clinical affiliates. Finally, Standard 2.14 requires that educational experiences at all geographically separated sites are comparable in quality to those at the main campus.

See GMDC Self-Study Questionnaire, p. 7-9.

### **Analyst Remarks to Narrative**

The GMDC's standard 9.1 requires that a medical school have adequate qualified faculty to achieve the mission of the medical school. The GMDC's self study requests information about the number of basic science and clinical faculty appointed by the school.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The self study noted that SGU used visiting professors for all Basic Science Courses, and part time and volunteer faculty for clinical skills, bioethics, and microbiology. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 9.1. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

GMDC expects a medical school faculty to be appropriately qualified to teach and engage in research. During the review process and on-site visits, the site visitors evaluated the self-study and the adequacy of the faculty, both in terms of qualifications and the number of faculty members. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

Medical schools are required to complete a table for the faculty in the basic sciences and a separate table for clinical departments. The tables provide the number of full-time (by rank) and part-time faculty by department, with a separate table to record teaching responsibilities for courses taught per year by department and type of student (e.g., medical students, graduate students, dental students, nursing students, etc.). This data included student-to-faculty ratios and faculty academic time reporting. The medical school provides this information to support its statement of compliance regarding the appropriate number of qualified faculty at all locations.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to their earlier description of their site review process. Additionally, the GMDC's narrative noted that that self-study provided by SGUSOM included descriptive information about the medical school faculty. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 9.1. The GMDC's Accreditation Procedures (exhibit 12) pages 10-11 state that the site visit report will provide detailed information about a program's compliance with each accreditation standard, including relevant excerpts from the self-study and the database to support the team's findings. However, the sample site visit report provided included little narrative support for the evaluation that was made relative to this guideline.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Faculty, Question 2**

### **Country Narrative**

GMDC has requirements concerning medical school policies that address any interests of faculty or staff that could constitute a potential conflict. Standard 9.5 states that the "medical school must have policies that deal with potential conflicts of interest."

To affirm compliance with Standard 9.5, GMDC requests during the self-study that the medical school describe the policies and procedures that are used by the institution to assure that the private interests of faculty and staff are not in conflict with their roles at the medical school.

See GMDC Self-Study Questionnaire, p. 39.

### **Analyst Remarks to Narrative**

The GMDC noted that standard 9.5 requires that a school have policies that deal with conflict of interest among faculty. The GMDC's self study includes a question for the school to respond to in relation to conflict of interest for faculty and staff.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 9.5. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

In response to questions in the self-study regarding Standard 9.5 and managing faculty conflicts of interest, SGUSOM provided a copy of the Faculty Handbook, which details the confidentiality agreement that all SGUSOM faculty must sign, and includes elements relating to conflicts of interest (see, for example: section 4.2.1 articles 3: "I am not permitted to seek personal benefit or allow others to benefit personally by knowledge of any confidential information that has come to me by virtue of my Employment and/or work assignment"). The response to the self-study also included a specific policy governing research detailed in the section on the Institutional Review Board.

During the conduct of the review process and on-site visits, the site visitors carefully reviewed the faculty handbook and evaluated the adequacy of all policies, including the conflict of interest policy. In light of SGUSOM's faculty, the teams determined that the medical school was in compliance with the Standard following team meetings to discuss whether the requirements for each Standard were met.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to their earlier description of their site review process. Additionally, the GMDC noted that site visitors have access to other materials and the opportunity to interview personnel and students, and referred to SGUSOM's confidentiality agreement, as found in its faculty handbook. However, there was little narrative support provided for the evaluation that was made in the site visit report. The GMDC's site visit report includes a check-box marking the country as "compliant" under standard 9.5.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Library**

### **Country Narrative**

Grenada has no national standards related to the quality of a medical school library. GMDC require that medical schools have adequate information resources. Specifically, Standard 10.8 requires that "[e]ach hospital or other clinical facility that serves as a major instructional site must have adequate instructional facilities and information resources. Further, Standard 10.10 expects that "[a] medical school has access to well-maintained library and information facilities, sufficient in size, breadth of holdings, as well as information technology to support its educational programme and other goals and objectives."

To affirm compliance with Standards 10.8 and 10.10, GDMC requests the following during the self-study process:

c. Complete the following table for each clinical facility that is used for any inpatient portion of a required core clerkship rotation. Check the appropriate columns indicating if the listed resource is generally available to students during the clerkship rotation.

(Institutions must complete a table)

d. Comment on the adequacy at each facility of the educational resources checked above and the adequacy of library and information technology services (i.e., Internet access, access to the medical education Web sites, library holdings, interactive databases, etc.) at each facility.

c. Provide the name and year of appointment for the director of the principal library for the medical school and the title of the person to whom the library director reports. Note any other schools or programmes served by the library.

d. Briefly summarize any campus-wide or consortium agreements that extend the library's access to information resources. Describe whether the library interacts with other university and affiliated hospital libraries and the means by which those interactions take place.

e. Complete the following table, as appropriate, for the library:

(Institutions must complete a table describing library seating, classrooms, and workstations)

f. Complete the following table showing library collections for the current and preceding two academic years:

(Institutions must complete a table)

g. Complete the following table describing full-time equivalent (FTE) staffing for the library:

(Institutions must complete a table)

h. Describe the mechanisms used to ensure the ongoing development and maintenance of the professional skills of staff members in the library.

i. Describe the means by which the library supports medical education. How does the library interact with other education support units (e.g., the office of medical education or curriculum planning group, the information services unit)? Describe the ways in which staff members in the library are involved in curriculum planning and curriculum delivery. For example, do library services staff members teach in any courses that are required for medical students or serve as members or ex officio members of the medical school curriculum committee or its subcommittees?

j. Describe the means by which the library:

iii. Addresses institutional faculty and student needs for quiet and collaborative group and individual study.

iv. Provides public access workstations and printing.

k. List the hours during which the library building and the public access computers are available to faculty members, residents, and students during the academic year.

l. Describe the methods used to provide faculty members, residents, and students with access to library resources from off-campus sites.

m. Provide the name and year of appointment for the director of the information technology (IT) services unit and the title of the individual to whom the director reports. List any other schools or programmes serviced by the director's unit.

n. Briefly summarize any campus-wide or consortium agreements that extend the IT service unit's access to information resources (e.g., university data network, Internet-2 connection). Describe whether the IT services unit interacts with university and affiliated hospital information networks and the means by which those interactions take place.

o. Concisely describe any improvements in facilities and equipment since the last full accreditation survey that addresses the changing physical and virtual learning environments for medical students and faculty members. Describe, for example, the availability of telecommunications technology that links to clinical sites or regional instructional sites/campuses.

p. Note if there is a wireless network on campus and whether wireless capability is available in the library, in classrooms, and in student study areas.

q. Note if the capability exists for medical students, residents, and faculty to access educational resources (e.g., curriculum materials, library resources) from off-campus sites.

r. Complete the following table describing full-time equivalent (FTE) staffing of the information technology (IT) services unit:

(Institutions must complete a table)

s. Describe the mechanisms used to assure the ongoing development and maintenance of the professional skills of information technology services staff members.

t. Describe how the information technology and services unit supports medical education, including support for instructional development and curriculum delivery. For example, are there resources available for faculty members seeking to develop or maintain Web-based teaching materials or for faculty to learn to use technology for distance education?

See GMDC Self-Study Questionnaire, p. 46-50.

### **Analyst Remarks to Narrative**

The narrative noted GMDC standards 10.8 and 10.10 as relevant to this guideline. These standards require adequate information sources and that a medical school have access to a well-maintained library and information facilities.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We appreciate the staff reviewer's acknowledgement that GMDC meets the requirements of this Guideline. A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The site visit teams used their professional judgment to determine that the basic science campuses and clinical affiliates are in compliance with Standards 10.8 and 10.10, based on the scope and sufficiency of the information and library resources and facilities available at all sites. The information presented included the self-study (p. 232) as well as on-site interviews with faculty, staff and students and inspection of all facilities at each site.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes, and also noted that site evaluators had the opportunity to refer to the self-study and interview faculty, staff, and students at each site, as well as to visit the site. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. However, there was little narrative support provided for the evaluation that was made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Clinical Teaching Facilities, Question 1**

### **Country Narrative**

GMDC requires affiliation agreements between medical schools and clinical teaching sites, and notification as well as updates regarding such agreements. Affiliation agreements are reviewed as part of the site visit process and new agreements are reviewed at the time of signing. Standard 10.5 indicates that "[t]here must be written affiliation agreements between the medical

school and clinical affiliates that define the responsibilities of each party in relation to the programme of medical education and assure student and faculty access to appropriate resources for medical education.” To affirm compliance with Standard 10.5, GMDC requests the following during the self-study process:

a. For each clinical teaching site at which students complete the inpatient portions of one or more required core clerkship rotations, insert a copy of the current affiliation agreement with the medical school.

b. For each inpatient clinical teaching site note if there is a signed affiliation agreement and if the agreement specifies the listed elements—guarantees student/faculty access to resources, statement of the primacy of the medical education programme, role of the medical education programme in faculty appointment/assignment, specification of responsibility for treatment/follow-up of student occupational exposure.

c. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure the medical school's authority to conduct educational activities for its students.

d. Do the affiliation agreements address the shared responsibility for creating a positive learning environment and for the development of professionalism in medical students. If not, are there other formal documents (e.g., signed MOUs) that address this requirement?

e. List of each inpatient teaching site at which the medical school's students take one or more of the listed required clerkship rotations and note the clerkship rotation(s) offered—family medicine, internal medicine, OB/GYN, pediatrics, psychiatry, surgery.

f. For each inpatient facility provide the following information concerning name of chief executive officer, year appointed, number of beds, average occupancy rate, number of annual admissions, average length/number of outpatient visits per year,

g. Complete table for each ambulatory site used for required medical student education, providing information concerning course or clerkship rotation offered, academic period when offered, duration (weeks), and number of students per rotation.

See GMDC Self-Study Questionnaire, p. 43-45

### **Analyst Remarks to Narrative**

The GMDC's standard 10.5 requires medical schools to have written affiliation agreements with clinical affiliates that define the responsibilities of each party.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. However, there was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

Standard 10.5 requires that there must be written affiliation agreements between a medical school and its clinical affiliates, defining the responsibilities of each in and assuring that students and faculty have access to appropriate resources. The site visitors obtained and reviewed the affiliation agreements for all sites visited. The team members determined that the agreements met GMDC requirements. Following the review and analysis of the agreements, the team members determined that the medical school was compliant with this Standard.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC referred to its earlier description of its site visit processes, and stated that site visit team members obtained copies of affiliation agreements and reviewed them for all sites visited.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study and site visit report for St. George's University School of Medicine. The country's site visit report for SGU included a check box for each of these GMDC standards and marked the school as "compliant" under each. However, there was little narrative support provided for the

evaluations that were made in the site visit report.

The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Part 4: Accreditation/Approval Processes and Procedures**

### **Onsite Review, Question 1**

#### **Country Narrative**

As stated in the GMDC Procedures, the Council conducts on-site reviews for every medical school seeking accreditation prior to making a determination about its status. GMDC's on-site reviews include the main campus of the medical school, any branch campus or campuses, administrative offices, other additional locations operated by the medical school, as well as (required) clinical clerkship sites affiliated with the medical school. The reviews address each of the specified areas – admission process, curriculum, faculty qualifications, student achievements, facilities, and student support resources.

GMDC uses a team of qualified and experienced medical professionals to conduct the site visits including former deans of U.S. medical schools, medical school professors, and former chairs of state medical boards, many of whom have experience serving on LCME and international site visit teams. The site visitors (also known as programme evaluators) are reviewed and approved by the Council. The GMDC has established a roster of more than ten highly qualified programme evaluators who have extensive experience as basic science and clinical educators, medical practitioners, educational administrators, or have held other professional positions within the healthcare industry. CV's from programme evaluators selected to participate in GMDC site visits over the past 18 months are included as Exhibit 17.

An example site visit report for a basic sciences and clinical site visit is included as Exhibit 18.

SGU's completed self study document is included as Exhibit 22.

Pages 6-9 of the Procedures describe both the advance preparation required by a medical school in the development of its self-study and database as well as the conduct of on-site visits, which include visits to off-site locations and training sites.

GMDC's review process starts with the medical school's preparation of a self-study and database that are responsive to the ten accreditation standards and requirements found in the GMDC Standards, which encompass each of the areas noted in the section above. The self-study and database responses serve as the primary documentation for the conduct of the on-site visits and overall review process. Programme evaluators examine and consider the medical school's responses in order to gauge compliance and then use the on-site visit to verify the information and to explore any follow-up information gaps as well as to secure, if needed, additional evidence of compliance.

The accreditation standards provide an evaluative framework for the review of a medical school's compliance with GMDC's requirements and expectations. The review areas identified above (and repeated here) are addressed primarily, although not solely, by the standards noted below. It is important to state that each of the ten GMDC standards and their related elements must be used by programme evaluators to conduct a comprehensive evaluation

- an analysis of the admission process – GMDC Standards 6.4 and 7.2
- the curriculum – GMDC Standards 3.1, 4.4, 4.6, and 4.7
- the qualifications of the faculty – GMDC Standards 9.1, 9.2, and 9.3
- the achievement of students and graduates – GMDC Standards 5.1, 5.3, 5.4, and 6.2
- the facilities available to medical students (including the training facilities) – GMDC Standards 10.3 and 10.8
- the academic support resources available to students – GMDC Standards 7.12 and 7.13.

Yes, GMDC conducts reviews of a medical school's main campus as well as any other campuses or other locations operated by a medical school.

The GMDC Accreditation Standards, self-study and database requirements reflect the Council's expectations regarding the incorporation of a medical school's locations into the accreditation review process as noted in the following documents:

(b) Documentation for the Conduct of an Evaluation

The GMDC Procedures serve as the primary resource for the accreditation process and the conduct of on-site reviews and evaluations:

Pages 7-8 describe the Council's review process and procedures for established medical programmes, and pages 8-10 outline the conduct of accreditation reviews and site visits.

As noted in the Accreditation Procedures, on-site visits to all instructional and clinical sites is required:

"[The medical school is expected to] cooperate with the GMDC and its Programme Evaluators for a review team or teams to conduct on-site evaluation visits of the medical school's main campus and any additional campuses and clinical sites, which shall form the basis for reports and recommendations for review by the GMDC."

"In addition to site visits to the main campus and administrative offices, GMDC will conduct an on-site evaluation of any other campus and other clinical sites where students can complete a portion of their required (i.e., "core") clinical rotations at least once during the accreditation period."

Further, page 9 indicates that the duration of site visits is dependent on the number of campuses, clinical sites, or other instructional sites:

Full reviews typically are scheduled to last between three to five (3-5) working days at the main campus, with additional time for the administrative office, and a variable number of additional days, depending on the number and location of other campuses (if applicable) and clinical sites. The review period allows time for interviews with all relevant constituencies of the school, including students.

Finally, programme evaluators utilize the Site Visit Assessment template (Exhibit 19) to document their respective findings in regard to the school's compliance with each accreditation standard.

### **Analyst Remarks to Narrative**

The GMDC reported in its narrative that prior to making an accreditation decision about a medical school, the GMDC will conduct on-site reviews of all main or branch campuses, administrative offices, and clinical sites of a medical school, as per the GMDC's procedures. The narrative noted that the GMDC's standards, which are assessed during site visits, require review of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students, and the academic support resources available to students. The narrative also noted that GMDC's procedures require that the school submit a self study and database prior to a site visit. Additionally, the GMDC's procedures (exhibit 12) require that a site visit report provide detailed information about the program's compliance with each accreditation standard and recommendations for the GMDC to consider in its decision-making, and states that the reports will contain relevant excerpts from the self-study and the database to support the team's findings.

However, the GMDC did not provide documentation of its site visits to all preclinical or clinical sites prior to making a decision about SGU. The GMDC provided site visit reports for nine clinical site visits in New York City and one basic science campus site visit report for SGU. The GMDC provided a site visit report chart, exhibit 15, which lists the dates of site visits to 21 clinical sites (including the nine in New York City), two basic science campuses, and an administrative services office for SGU. SGU currently has over 70 clinical sites.

The NCFMEA may wish to request the site visit reports for the visit to the preclinical site on the Northumbria Campus and the clinical site visit reports for the other 12 clinical sites visited in addition to the New York City sites. The NCFMEA may wish to inquire about whether the GMDC plans to adhere to its accreditation approval process, as described in the narrative for this guideline, which indicates that all clinical sites will be visited prior to an accreditation decision. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

We are pleased to use this response as an opportunity to provide clarification regarding a statement in the Analyst Remarks concerning on-site visits and decisions concerning a medical school's accreditation status. The GMDC application (p. 148) states that "[a]s stated in the GMDC Procedures, the Council conducts on-site reviews for every medical school seeking accreditation prior to making a determination about its status." The sentence may require revision, but the intent was not to state that GMDC requires team visits to "all" sites prior to making an accreditation decision. While the main campus must be visited in all instances, GMDC can determine a critical mass of other sites to be visited, dependent on the success of the site visits that have been conducted and the nature of the issues and/or concerns that have emerged during the accreditation review process. This was an important topic for discussion at the July 18, 2019 meeting of the GMDC and, following extensive discussion of the sites visited as

of the date of the meeting and a review of the schedule for visits to be conducted, Council members were satisfied that a critical mass of site visits had been conducted to make a determination regarding SGUSOM's accreditation. This decision was based in on multiple factors, including the number of visits completed, the diversity of sites visited (both basic sciences campus, administrative sites, and clinical sites across the U.S. (East coast, West coast, and the Midwest) and the consistency of the assessment across those sites. As noted in GMDC Procedures, if a medical school can demonstrate that it substantially meets the accreditation Standards, the Council can decide to grant accreditation for a period of up to five (5) years. In part based on the fact that not all SGUSOM sites had been visited, GMDC voted to limit SGUSOM's accreditation to a period of three (3) years. The sites already visited are some of SGUSOM's largest by student numbers and allowed the GMDC to be comfortable that a critical mass was being evaluated.

The GMDC is committed to the completion of the remaining GMDC site visits in an effective and timely manner. As of June 1, 2019, GMDC had conducted 21 site visits and over 30 visits have been conducted as of August 1, 2019. GMDC anticipates that the remaining SGUSOM sites will be visited by selected evaluators by June 2020. Exhibit 12 includes an expected schedule for the sites that have yet to be visited.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated in its narrative that the intention of its procedures document is not to require the GMDC to visit all clinical sites prior to an accreditation decision, but that the GMDC may determine that a "critical mass" of site visits is sufficient to allow an accreditation decision. The GMDC stated that it would make a determination that a "critical mass" has been attained based on factors such as the student population at the clinical sites visited, the geographic spread of those site visits, and the types of problems encountered at the site visits. This description of the GMDC's process does not match the description of the accreditation approval process found in the GMDC's Procedures (exhibit 12), which state that in addition to site visits to the main campus and administrative offices, GMDC will conduct an on-site evaluation of any other campus and other clinical sites where students can complete a portion of their required (i.e., "core") clinical rotations at least once during the accreditation period. The GMDC noted in its narrative that the sentence may require revision. The GMDC stated in its narrative that it expects to conduct site visits to the remaining SGUSOM sites by June of 2020.

The NCFMEA may wish to request clarification about how the GMDC determines a "critical mass" of site visits, as described in its narrative. The NCFMEA may wish to inquire about how or whether the GMDC plans to change its procedures document to clearly indicate what is determined to be sufficient for clinical site visits in order for an accreditation decision to be made.

**Staff Conclusion:** Additional Information requested

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## **Onsite Review, Question 2**

### **Country Narrative**

Yes, the on-site reviews conducted by GMDC encompass the core (required) clinical clerkship sites affiliated with medical schools as demonstrated by the accreditation standards noted below. It is important to note that the standards listed below do not reflect all of the requirements associated with clerkships or clinical sites, but are representative of the topics addressed by programme evaluators and the subject medical schools during on-site visits as well as in the self-study.

Standard 2.12: At affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their instructional responsibilities. The medical school's faculty must have and use effective methods for coordinating geographically separate sites and assuring the use of consistent and common methods for evaluating student performance at all sites. The medical school's administration will assure that its students and faculty have access to appropriate resources at all locations including clinical affiliates.

Standard 4.7: The medical school curriculum shall include clinical experiences in the core areas of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry including, but not limited to, primary care and family medicine. All clinical experiences shall be designed and implemented in such a manner as to ensure that students perform appropriate and progressive clinical responsibilities, and, regardless of the setting in which they are undertaken, shall be supervised by individuals appointed to the faculty of the medical school.

Standard 5.1: The medical school must utilize an evaluation system that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes as specified in medical education programme objectives. The evaluation system must ensure that all medical students achieve the same medical education programme.

Standard 7.6: The medical school must ensure that any medical student visiting for clinical clerkship rotations and electives

demonstrates qualifications comparable to those of the medical students he or she will join in those experiences.

Standard 10.4: The medical school must have adequate resources for instruction in the clinical sciences and to provide required core clinical clerkships in health care facilities with appropriate accredited postgraduate medical education programmes.

Standard 10.5: There must be written affiliation agreements between the medical school and clinical affiliates that define the responsibilities of each party in relation to the programme of medical education and assure student and faculty access to appropriate resources for medical education.

Standard 10.9: Required core clerkships should only be conducted in health care settings where resident physicians in accredited programs of graduate medical education can be trained.

In addition, the Site Visit Checklist at Exhibit 20 includes instructions to medical schools regarding the types of information and documentation that should be provided to programme evaluators in addition to the self-study and database responses, including for visits to clinical sites, such as:

- List of students, locations of clinical rotations, clinical rotational schedule, clinical instructors' names and phone numbers for site currently hosting students, and students radiation exposure monitoring documentation.\*This information is needed in case conference calls are required.
- Current student and recent graduates' files to include clinical competencies, evaluations, and attendance records
- Most recent programme assessment plan
- Published grievance policy and complaint file
- Minutes of faculty, advisory, and/or assessment committee meetings (if applicable held within the past 12 months)
- Faculty training materials
- Clinical instructor, student performance, and course evaluations for the 12 –month period prior to the site visit

The GMDC Procedures provide further guidance regarding the conduct of on-site evaluations, including visits at clinical sites, and the development of site visit reports on pages 8-10. The Procedures document also includes an example of a site visit schedule at Appendix B.

An example of a recent site visit report to a clinical site has also been included at Exhibit 18 to demonstrate how the various elements of the process are addressed.

### **Analyst Remarks to Narrative**

The GMDC's narrative noted several standards related to ensuring quality at clinical sites. In addition, the narrative described documentation that should be provided to evaluators at site visits for review, including clinical sites, such as student files, minutes of faculty meetings or committees, faculty training materials, and course evaluations.

To document review of a medical school relevant to this guideline, the GMDC provided a completed self-study, one preclinical site visit report, and nine clinical site visit reports for St. George's University School of Medicine.

The NCFMEA may wish to inquire about whether the GMDC's plans to visit all core clinical sites for accredited schools of medicine, and if so, what the timeline is for implementation of this plan.

### **Country Response**

A compliance determination for each of the GMDC Standards is based on information provided by a medical school in the self-study, as well as information collected and observations made by qualified site visitors during the site visits. We direct the NCFMEA to the GMDC's response above in Part 3, Question 1, outlining the site review process and deliberation procedure to provide additional context regarding how the site visit team reached its assessment decision in the site visit reports.

The GMDC is prepared to complete the remaining SGUSOM site visits in an effective and timely manner, and the Council has developed a schedule to guide that process. At each site, evaluators will assess student files and meet with students, assess faculty engagement, and perform course evaluation and assessment activities. As noted previously, GMDC had conducted 21 site visits as of June 1, 2019, and continues to conduct site visits each month. GMDC anticipates that the remaining SGUSOM sites will be visited and evaluated by June 2020. Exhibit 12 includes an expected schedule for the sites that have yet to be visited, including the core clinical sites.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC noted its intentions to complete clinical site visits by June of 2020. The GMDC

stated that it had completed over 30 site visits by August of 2019 and provided a schedule for the remaining site visits to be completed by June of 2020.

The NCFMEA may wish to discuss the GMDC's accreditation of a medical school, SGUSOM, prior to completion of site visits to all core clinical sites.

**Staff Conclusion:** Additional Information requested

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### **Onsite Review, Question 3**

#### **Country Narrative**

As noted in previous sections, GMDC conducts on-site visits to all core (required) clinical clerkship sites as a part of its accreditation/approval process. The review and evaluation process for clinical sites requires visiting those sites that have never been visited, sites that have previously been visited by an accreditor whose standards are comparable at least once during the period of accreditation, and new sites within 12 months of the placement of students.

Note that pages 17-19 of the Procedures document delineates the procedures and process employed for new clinical sites established by a medical school.

As of June 1, 2019, GMDC has conducted over 20 clinical site visits at affiliated hospitals across the United States and the United Kingdom, and GMDC is consistently expanding this number in order to visit all required (core) sites. A list of site visits and clinical site visits and the date they were conducted is included as Exhibit 15.

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

The GMDC's narrative stated that the GMDC conducts site visits to all core clinical sites as part of its accreditation process. The country provided its procedures and site visit reports for nine clinical sites, as well as a chart documenting dates of visits to 21 clinical sites. The GMDC's procedures state that the council will conduct an on site review within 12 months of students being placed at a new or existing clinical site that has never been visited by a comparable accreditor.

The country's documentation indicated that one reason it is choosing to stop using CAAM-HP as the country's designated accreditor for medical schools is that CAAM-HP did not seem able to conduct visits to all clinical sites within the accreditation period for SGU. Documentation was not provided to indicate which of the 70+ clinical sites used by SGU have had site visits by CAAM-HP within the last accreditation period or how the country intends to insure that sites that have not been visited by a comparable credited are visited within 12 months of the accreditation review of the school. It is not clear how many clinical site visits the GMDC considers to be sufficient to make an initial accreditation decision.

The NCFMEA may wish to request additional information regarding how the GMDC plans and conducts clinical site visits to all core clinical sites as part of its accreditation process. The NCFMEA may wish to request that the GMDC submit the site visit reports for the 11 additional clinical site visits it has conducted at SGU.

#### **Country Response**

CAAM-HP did provide Grenada a list of site visits it has completed since accrediting SGU, however GMDC is focused on conducting its own review of all SGU clinical sites in a manner consistent with its procedures and that ensures clinical sites that have never been visited are visited within 12 months of GMDC's initial grant of accreditation to SGUSOM. This is a serious and significant undertaking, but GMDC is committed to complying with the requirements outlined in the NCFMEA's Guidelines.

As noted previously, Exhibit 12 provides the schedule for the conduct of the remaining sites, including core clinical sites. The GMDC has a roster of more than 20 site visitors from which to select in order to conduct the scheduled visits in an effective manner. The schedule was developed to ensure that all remaining visits would be completed by June 2020, which would mean that GMDC would have successfully completed visits at all of SGU's sites within 12 months of its accreditation determination, issued on July 18, 2019.

In terms of the number of site visits that should be completed prior to making an accreditation decision, consideration was given to completing a number sufficient that would provide insights and a clear indication of SGUSOM's strengths and weaknesses, the extent to which the medical school has been able to document compliance with the Standards, areas in need of improvement, and identifying potential areas of concern. As stated previously in this response document, at its July 18, 2019 meeting, the GMDC agreed that a sufficient number of sites had been visited in order to make an accreditation decision, but conditioned its decision on completion of all clinical site visits and continued demonstration of satisfying GMDC standards at each site. The remaining sites will be visited to confirm similar findings by June 2020. Any areas of in need of improvement will be highlighted by GMDC for

remediation by the school.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC noted its intentions to complete clinical site visits for SGUSOM by June of 2020, which would meet the requirement that all core clinical site visits be conducted within 12 months of the accreditation review of a school. The GMDC stated that it had completed over 30 site visits by August of 2019 and provided a schedule for the remaining site visits to be completed by June of 2020.

**Staff Conclusion:** Comprehensive response provided

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### **Onsite Review, Question 4**

#### **Country Narrative**

GMDC ensures that medical schools that seek accreditation are committed to providing clinical clerkships that offer quality supervised instruction, stability, resources needed for the clinical component, and review conducted by an accreditor of the comparable country, as demonstrated by the Council's standards, self-study requirements, and site visits by qualified programme evaluators.

The Council's accreditation standards provide the evaluative framework to determine the degree to which a medical school is in compliance with its requirements and expectations for quality. The applicable standards include:

Standard 10.4: The medical school must have adequate resources for instruction in the clinical sciences and to provide required core clinical clerkships in health care facilities with appropriate accredited postgraduate medical education programmes.

Standard: 10.5: There must be written affiliation agreements between the medical school and clinical affiliates that define the responsibilities of each party in relation to the programme of medical education and assure student and faculty access to appropriate resources for medical education.

Standard 10.6: In the relationship between the medical school and its clinical affiliates, the education programme for medical students must remain under the control of the medical school's faculty.

Standard 10.7: The medical school must have appropriate resources for the clinical instruction of medical students covering the breadth of ambulatory and inpatient teaching including adequate types and numbers of patients.

Standard 10.8: Each hospital or other clinical facility that serves as a major instructional site must have adequate instructional facilities and information resources.

Standard 10.9: Required core clerkships should only be conducted in health care settings where resident physicians in accredited programs of graduate medical education can be trained.

Standard 10.10: A medical school has access to well-maintained library and information facilities, sufficient in size, breadth of holdings, as well as information technology to support its educational programme and other goals and objectives.

Standard 10.11: Educational opportunities must be available in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology.

Further, GMDC conducts an on-site visit within twelve (12) months of students being placed at any new clinical site or at an existing clinical site that has never been visited by a comparable accreditor.

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

The GMDC provided its procedures and site visit reports for nine clinical sites, as well as a chart documenting dates of visits to 21 clinical sites. The site visit reports affirm the existence of affiliation agreements at the sites visited.

The country did not indicate whether it reviews affiliation agreements for all clinical sites at accredited medical schools.

The NCFMEA may wish to request additional information regarding whether the GMDC has or plans to review all affiliation agreements for clinical sites at its accredited medical schools.

#### **Country Response**

As noted previously in this response, all affiliation agreements are reviewed by GMDC evaluators in order to determine if all requirements are met. Each clinical site completes the Clinical Site Checklist (see Exhibit 1), which teams use to conduct on-site interviews and to inform their evaluations. The teams consider issues such as responsibilities concerning the planning, management and supervision of clinical clerkships as well as financial arrangements between SGUSOM and the clinical sites. To date, affiliation agreements for each clinical site visited have been confirmed to be in place and reviewed.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that all affiliation agreements for SGUSOM's clinical sites that have been visited have been confirmed to be in place and reviewed. Additionally, the GMDC stated that its clinical site visit procedures require that site visitors review affiliation agreements.

**Staff Conclusion:** Comprehensive response provided

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## **Onsite Review, Question 5**

### **Country Narrative**

GMDC conducts on-site visits to all clinical clerkship sites as part of the accreditation review and evaluation process. Further, the Council has procedures and a process for the review of any new clinical sites established by a medical school as discussed on page 18 of the GMDC Procedures.

Medical schools must provide the Council with written notice at least thirty (30) days in advance of establishing or placing students at any new clinical site where student may complete any portion of their required (i.e., "core") clinical rotations. The notice shall include the location of the site, the types of clinical rotations that will be available to students, and the projected number of students that will be placed at the site. The school should provide the Council with the affiliation agreement between the school and the clinical site for the placement of medical students at the location.

Once notice of the new site is received, an on-site visit will be conducted within twelve (12) months of student placement.

### **Analyst Remarks to Narrative**

The GMDC's procedures (exhibit 12) require that site visits be conducted at all clinical sites as part of the accreditation process. To document review of a medical school under this guideline, the GMDC provided site visit reports for nine clinical site visits in New York City and one basic science campus site visit report for SGU. Additionally, the GMDC provided a site visit report chart, exhibit 15, which lists the dates of site visits to 21 clinical sites, two basic science campuses, and an administrative services office for SGU. SGU currently has over 70 clinical sites in the United States.

The NCFMEA may wish to request the clinical site visit reports for the other 12 clinical sites visited in addition to the New York City sites. The NCFMEA may wish to inquire about the GMDC's plans to visit all clinical sites at medical schools that it accredits.

### **Country Response**

Exhibit 12 includes the GMDC schedule for the conduct of evaluation visits to the 39 remaining GMDC sites by June 2020. Those visits will be selected from a roster of highly qualified and trained evaluators, and GMDC provided CVs for many of the programme evaluators reviewed and approved by GMDC to conduct the site visits as part of its initial application. All evaluators will be trained on GMDC criteria and conduct site visits with the standards and expectations as outlined.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC noted its intentions to complete clinical site visits by June of 2020. The GMDC stated that it had completed over 30 site visits by August of 2019 and provided a schedule for the remaining site visits to be completed by June of 2020.

The NCFMEA may wish to discuss the GMDC's accreditation of a medical school, SGUSOM, prior to completion of site visits to all core clinical sites.

**Staff Conclusion:** Additional Information requested

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## **Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

The GMDC review process depends on the selection of qualified professionals who have the experience and knowledge and possess the competencies necessary to evaluate medical schools. GMDC takes appropriate steps to ensure that programme

evaluators receive the training and orientation needed to apply the accreditation standards, are thoroughly familiar with the accreditation procedures and process as each relates to the analysis of the self-study, the interpretation of the school's database information, the conduct of on-site reviews, and the development of site visit reports that reflect their collective professional judgment about compliance with GMDC requirements.

Programme evaluators are highly qualified medical and healthcare professionals—educators, practitioners, and/or educational administrators—who are assigned to participate in site visits only after they have been vetted by the Council. GMDC also reviews each evaluator for any potential conflicts of interest. The trainings and professional development experiences for programme evaluators are led by the Accreditation Site Visit Coordinator (“Coordinator”), who is a professional with extensive experience in the accreditation of medical schools in the United States and abroad. The Coordinator also ensures that programme evaluators have the information and documentation (e.g., self-study and database responses, materials from site visit checklist, etc.) needed to conduct the on-site visit, understand the Council's expectations for accreditation reviews, are knowledgeable about the application of GMDC standards, and provide observations, findings and recommendations sufficient for the Council to make an accreditation determination.

The materials provided to programme evaluators include:

- Institutional self-study and database responses (Exhibit 13)
- GMDC Standards for the Accreditation of Medical Schools in Grenada (Exhibit 11)
- GMDC Accreditation Procedures: Medical Schools (Exhibit 12)
- Site Visit Assessment Template (Exhibit 19)
- Materials identified on Site Visit Checklist (Exhibit 20)

GMDC serves as the decision-making body with regard to accreditation decisions based on information provided by the school and reports prepared by the programme evaluators. The Council was established by Act No. 16 of the Health Practitioners Act of 2010 by the Government of Grenada, and in 2019 the Parliament of Grenada amended the existing legislation to grant the Committee authority to accredit medical schools operating in Grenada.

There are 8 members of the Council, who have been appointed to five (5) year terms set to expire in 2021. The majority of members of the Council are selected by the Minister of Health based on their qualifications and experience with the medical profession or other healthcare field, while others are chosen by the medical professional association in Grenada and others are selected to represent the public interest. During the development phase of the GMDC's accreditation process, members of the Council have also consulted with accreditation professionals from Grenada and the United States in order to gain information and a better understanding about accreditation in the United States. GMDC members have participated in 3 training workshops organized by the Coordinator and focused on understanding the LCME standards and the U.S. medical accreditation process. In addition, 6 of the 8 GMDC members have attended and observed at least one clinical site visit. The 2 GMDC members who have not yet observed a clinical site visit plan to observe clinical site visits in August. In total, the 6 members have observed over 40 clinical site visits to date, as well as observation of the basic sciences campus review in Grenada and UK, and the administrative site in the United States. Observing these site visits has afforded GMDC member a first-hand understanding of the evaluation and reporting process.

### **Analyst Remarks to Narrative**

The country's narrative reported that the GMDC consists of 8 members appointed to five year terms. They include the Chief Medical Officer, an attorney-at-law, a public member, and six medical or dental practitioners. The narrative noted that the majority of these members are selected by the Minister of Health, with others chosen by the medical professional association in Grenada. The GMDC's procedures require that the GMDC select program evaluators that have the necessary qualifications as educators, practitioners or educational administrators to conduct accreditation reviews and evaluations.

The country provided sample program evaluator CVs. The narrative reported that the GMDC members have participated in 3 training workshops and observed some clinical site visits.

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## **Re-evaluation and Monitoring, Question 1**

### **Country Narrative**

As detailed in the GMDC Procedures, once the GMDC determines that a medical programme is in compliance with the accreditation standards, the Council can grant accreditation for a period of up to five (5) years with or without conditions.

During the period of accreditation, the Council takes several steps to ensure ongoing compliance, including the requirement that the accredited medical programme submit an Annual Progress Report and data report. The reports are intended to collect

updated student outcomes data (or report on outcomes that may have been in transition at the time of the site visit), indicate progress made to correct specific areas of non-compliance as identified in site visitors reports, and/or conditions set by the Council.

If the Council determines that further action is warranted, it can impose further monitoring by means of the submission of reports and/or site visits or to place the programme on probation. In addition, if areas of non-compliance remain, the Council can determine that, based on the evidence, an adverse action is warranted.

### **Analyst Remarks to Narrative**

The GMDC described in its narrative actions that the council can take during an accreditation period to monitor an accredited medical program, such as ask for updates on areas of non-compliance or impose further monitoring by requesting additional reports. The narrative referenced an annual progress report and a data report, but documentation was not presented with the petition for either of these reports. Additionally, the GMDC procedures discuss an annual database report and a comprehensive annual report, which appears to be a summary of site visit reports from the prior year. The procedures also mention a requirement for a medical program to submit an annual progress report. However, the petition did not include documentation of these reports, either templates or completed.

The NCFMEA may wish to request template and completed copies of all monitoring reports used by the GMDC, such as the database report, the annual progress report, and the comprehensive annual report. The NCFMEA may wish to ask for clarification about how often each type of monitoring report is created. If the country has not yet had occasion to receive a completed version of any of these reports, it should explain this in its response.

### **Country Response**

We appreciate the opportunity to offer clarification regarding the different types and sources of information used by GMDC within the content of its evaluation and accreditation processes. The database report referenced in the Analyst Remarks is not a separate report but a component of the self-study. Sections of the self-study requests data to be provided by a medical school. At present, the GMDC database mentioned previously in this response document is in the development phase and does not exist as a separate mechanism at present but refers to the data sections of the self-study. We direct the NCFMEA to the GMDC's response describing the self-study questionnaire and the development of a GMDC database to monitor and track student outcomes.

The Annual Progress Report serves as the primary means by which the GMDC monitors a school's progress in addressing the recommendations presented in site visit team reports as well as recommendations identified by the GMDC. The Annual Progress Report also requires a medical school to provide updated information such as progress toward resolving recommendations from the most recent accreditation review, student outcomes and student achievement data (as well as other medical school data), a copy of the medical school's audited financial statements, and any substantive changes proposed by a medical school. The data report referenced in the Petition is embedded within the Annual Progress Report and is not a separate document or separate submission. SGUSOM has been directed to submit its first Annual Progress Report on September 1, 2020. A template of the report is included as Exhibit 4.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC described its mechanisms for monitoring a medical school between accreditation reviews. Specifically, the GMDC identified the annual progress report as the primary means for ongoing monitoring. The GMDC expects its first annual progress report from SGUSOM in September of 2020. The GMDC provided a template version of the report, which requests information about the school's progress in several areas, as well as a copy of its yearly audited financial statement

**Staff Conclusion:** Comprehensive response provided

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## **Re-evaluation and Monitoring, Question 2**

### **Country Narrative**

As noted in the response provided to item 4.G, the Council requires each accredited programme to submit an Annual Progress Report, which provides a means by which it can monitor accredited schools during the period of accreditation. The Council can accept the report, specify that further follow-up and monitoring are warranted, or defer a decision pending the receipt of additional information. If there is a lack of documented progress in correcting noted deficiencies, the GMDC can act to require additional reports, conduct focused visits, place the programme on probation, or initiate steps to withdraw accreditation.

Student complaints provide another means to monitor an accredited programme. In addition to investigating and resolving

complaints on an individual basis, if the Council determines that the complaint provides evidence with regard to potential non-compliance with one or more accreditation standards, the Council can determine that further action is needed as described above. If the issues covered in the complaint are aligned with issues identified by GDMC in a previous action, the complaint can be used to provide insight into the medical school's progress or the lack thereof in areas identified for corrective action. Student complaints are addressed in GMDC Procedures.

### **Analyst Remarks to Narrative**

The GMDC's procedures require the council to consider student complaints that are related to their standards. These procedures note that the contact information for submission of student complaints is on the GMDC website, though the website URL was not provided nor found through a Google search. It is not clear how a student would find this agency website for submission. The procedures require the council to investigate student complaints that are determined to be related to the accreditation standards, and require that a response be requested from the school with a written report detailing any actions resulting from the complaint then submitted to the school. The GMDC's procedures include that the written decision in response to a complaint will include any reporting requirements or other remedial actions deemed appropriate by the council.

The NCFMEA may wish to ask whether the GMDC has yet published a location for students to submit complaints. The NCFMEA may wish to request documentation of student complaints received, if applicable, and their use in reevaluation and monitoring. If no student complaints have been received, the GMDC should attest to that.

### **Country Response**

The website was not made public until the GMDC issued its accreditation decision to SGUSOM. We direct the NCFMEA to the GMDC's response above in describing the self-student complaint process. As of August 15, 2019, no student complaints have been filed with the GMDC. This is a new process and will be highlighted to the School and its students.

### **Analyst Remarks to Response**

The GMDC stated that the website for submission of student complaints about medical schools in relation to the GMDC's accreditation standards was published after its first accreditation decision was made for SGUSOM. The GMDC provided the website for submission of complaints in a prior response to the draft staff analysis. The GMDC attested that no student complaints have been filed as of August 15, 2019.

**Staff Conclusion:** Comprehensive response provided

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## **Substantive Change**

### **Country Narrative**

GMDC has requirements and procedures for proposed substantive changes to a school's medical education programme, as set forth in the accreditation standards and required database responses, and the Council expects to receive adequate notice of significant changes to the programme or institution.

Under GMDC Standard 10.1, the Council must be notified of any substantial change in the institution, including (i) a significant increase in the number of students enrolled (i.e., a 10% change in enrollment in one year or a 20% or change in enrollment in a three-year period), (ii) significant change in the institution's resources such as faculty, physical facilities, or financial resources that could affect its ability to fulfill its mission and goals, or (iii) a material change in the school's ownership. Such changes will be reviewed by the Council to determine if the school remains in compliance with these standards. "Material change in the school's ownership" is defined in the Standards as a transaction or other event in which a person obtains authority to control a school's management and policies by virtue of acquiring a majority ownership position or utilizing other established means, such as voting agreements, to control the school or its parent entity.

To affirm compliance with Standard 10.1, GDMC requests the following during the self-study process:

Summarize trends in the funding sources available to the medical school, including an analysis of their stability. Explain any substantive changes during the PAST three years for the medical school in the following areas:

- i. Total revenues
- ii. Operating margin
- iii. Revenue mix
- iv. Market value of endowments
- v. Debt service
- vi. Outstanding debt
- vii. Departmental reserves

Describe any substantive changes in financial resources anticipated by the medical school over the NEXT three years in the following areas and explain the reasons for the anticipated changes:

- i. Total revenues
- ii. Revenue mix
- iii. Obligations and commitments
- iv. Reserves (amount and sources)

Describe any substantive changes in institutional resources anticipated by the medical school over the NEXT three years in the following areas:

- i. Number of faculty
- ii. Faculty mix
- iii. Hospital and other clinical affiliations
- iv. Graduate medical education programmes
- v. Physical facilities

Additional details and a complete list of the information requested related to Standard 10.1 can be found on pp. 40-43 of the GMDC Self Study (Exhibit 13).

As stated on pages 18-19 of the GMDC Procedures, a medical school must notify GMDC in writing as soon as practicable, but at least thirty (30) days prior to implementation, regarding any substantial change. Within fourteen (14) days following delivery of such notice, the medical school provides additional information and documentation to demonstrate that the change will not diminish the capacity of the school to continue to meet its mission and goals and substantially comply with the accreditation standards.

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

The GMDC's standard 10.1 and procedural handbook describe substantive change requirements that match the requirements of this guideline.

The GMDC provided SGU's completed self-study and a site visit report to demonstrate review of a medical school relevant to this guideline. The self study template included requests for information from the medical school under this standard. The country's site visit report included a check box for this standard, though none of the boxes were checked and the site visit report included a note of "Not applicable at this time. If accreditation is granted, the conditions of this standard will apply."

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#### **Conflicts of Interest, Inconsistent Application of Standards, Question 1**

##### **Country Narrative**

The GMDC accreditation process is dependent on ensuring that all individuals involved in the evaluation and decision making aspects of the process exhibit professionalism, integrity and impartiality in the performance of their respective roles and responsibilities.

Members of the Council are asked to review the GMDC conflict of interest policy for Council members and to complete the disclosure form on an annual basis. Similarly, programme evaluators are asked to review the conflict of interest policy for evaluators and to complete and submit a disclosure form at the time they are invited to serve on a site visit team. The conflict of interest policies and disclosure forms can be found at Appendix A of the GMDC Procedures. Exhibit 12.

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

The GMDC's procedures describe conflict of interest policies and provide blank conflict of interest forms for council members and program evaluators. The GMDC's procedures state that these forms will be signed annually.

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#### **Conflicts of Interest, Inconsistent Application of Standards, Question 2**

##### **Country Narrative**

Regarding review teams, all programme evaluators are required to adhere to the GMDC standards and procedures when conducting site visits and to apply the standards without bias. One of the functions of the Accreditation Site Visit Coordinator is to ensure that both the GMDC standards and the procedures are interpreted and applied correctly and consistently.

Similarly, the Council is also expected to adhere to the same requirements in the application and interpretation of the standards

and procedures. The conflict of interest policies noted in Section 4.J reinforce these expectations.

### **Analyst Remarks to Narrative**

The GMDC's narrative noted that program evaluators are required to adhere to the GMDC standards and procedures, and that an Accreditation Site Visit Coordinator serves to ensure that these are implemented consistently. The GMDC also referred to its conflict of interest policies and its expectation that these will be adhered to by council members.

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## **Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

The GMDC accreditation process and subsequent decision making are focused on compliance with the accreditation standards based on documented evidence. Programme evaluators use the Site Visit Assessment template, which is based solely on the accreditation standards, to determine if a medical education programme has been able to demonstrate compliance, marginal compliance, or if it is not in compliance with the requirements for accreditation.

As decision makers for a programme's accreditation status, members of the Council must determine if the evidence is sufficient to grant accreditation, based on compliance with the standards. See pages 11-15 of the GMDC Procedures for additional information concerning the range of accreditation actions.

### **Analyst Remarks to Narrative**

The GMDC provided its procedures, which describe the processes for approval of a medical school. These procedures include that a site visit report should include detailed information about the program's compliance with each accreditation standard and recommendations for the GMDC to consider in its decision-making. The procedures note that each site visit report should contain relevant excerpts from the self study and the database to support the team's findings, and an assessment of the program's performance with respect to student achievement.

To document review of a medical school relevant to this guideline, the GMDC provided a site visit report for St. George's University School of Medicine's main campus, which included sections to comment upon each standard. However, the site visit report did not include relevant excerpts from the self study or database to support team findings for most standards, nor did it include an assessment of the program's performance with respect to student achievement. There was little narrative support provided for the evaluations that were made in the site visit report. Additionally, the country did not provide documentation of the GMDC's deliberations about a medical school or of a decision made by the GMDC relevant to this guideline.

The NCFMEA may wish to request documentation of the GMDC's deliberations and decision making about a medical school relevant to this guideline. Additionally, the NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

In order to ensure that the GMDC evaluation and accreditation processes employ best practices, the Council continuously reviews its processes, procedures as well as the templates used by site visitors. Since the June 2019 submission of the Council's Petition and receipt of the Analyst Remarks, the GMDC has decided to review templates for the Site Visit Assessment document and the Comprehensive Annual Report. The intent of this review is to ensure that both documents accurately reflect the thorough and comprehensive evaluation process employed by GMDC, including review of all detailed commentary and observations of site surveyors. Similarly, GMDC also wants to ensure that the site visit team reports record in detail the evidence associated each compliance determination. It is important to note that the GMDC had not made an accreditation decision with respect to SGUSOM at the time the Petition was submitted.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that it has decided to review the templates for the site visit assessment and the comprehensive annual report in order to ensure that these documents reflect a thorough and comprehensive evaluation process and to ensure that site visit reports record the documentation associated with each compliance determination. However, the GMDC did not indicate when or how this review will take place.

The NCFMEA may wish to request information about when and how the GMDC will review its templates. Additionally, the NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

**Staff Conclusion:** Additional Information requested

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## **Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

The following standards and excerpts from the database responses offer insight into the areas and information taken into consideration as part of the decision making process when considering the performance of graduates. GMDC Standard 6.2 states that the medical school must evaluate the performance of students and graduates within the framework of established national and international norms and standards, including student outcomes on applicable licensing exams and standardized tests. Standard 6.4 specifies that, to assure consistency with its missions and goals, a medical school must tie its admissions process to the outcome performance of its graduates.

To affirm compliance with Standards 6.2 and 6.4t The GMDC Self-Study Instructions ask medical schools to indicate which national and international norms are used to evaluate educational programme effectiveness. Some of the choices listed include results of USMLE/MCC of other national examinations, student scores on internally developed examinations, student responses on AAMC GQ or AAMC CGQ, student evaluation of courses and clerkship rotations, licensure rates of graduates, among others.

In addition, the medical school is asked to provide summary data on the performance of the medical school's graduates in the following areas:

- i. USMLE Step 3 or MCCQE Part II
- ii. Graduate medical education (e.g., from surveys of graduates or residency programme directors)

Further, the school must indicate if students are required to take or are required to pass USMLE Steps 1 and 2. The medical school is also asked to supply graphs provided by the National Board of Medical Examiners that compare the performance of national and medical school first-time takers for USMLE Steps 1 and 2 for the past three academic years. For each of the past three academic years, provide results for REPEAT (not first-time) takers of USMLE Steps 1 and 2.

The medical school must also:

- a. Describe how data on outcome performance of the medical school's graduates has been used to develop the school's admissions process.
- b. Provide the percentage of students graduating during the preceding calendar year (including at least all graduates who are U.S. citizens, nationals, or eligible permanent residents) who obtain placement in an accredited U.S. medical residency program.
- c. Provide the scores on the MCAT or successor examination, of all students admitted during the preceding calendar year who are U.S. citizens, nationals, or eligible permanent residents, together with a statement of the number of times each student took the examination.

See GMDC Self-Study Questionnaire, pgs. 24-26.

As part of its current school review process, the Council has requested recent data on student outcomes at SGU in order to update the data in the self-student and closely examine this subject based on the most current data available. See Exhibit 21, for student outcomes data provided by the school.

### **Analyst Remarks to Narrative**

The GMDC provided its procedures, which describe the processes for approval of a medical school. The procedures note that each site visit report should contain an assessment of the program's performance with respect to student achievement. The GMDC's narrative referenced standard 6.2, which requires a medical school to evaluate the performance of students and graduates using national and international norms and standards, including student outcomes on licensing exams and standardized tests.

To document review of a medical school relevant to this guideline, the GMDC provided a site visit report for St. George's University School of Medicine's main campus and a self study from the school. The site visit report marked the school as compliant under standard 6.2, though little narrative was provided to support this evaluation. The assessment of student performance mentioned in the GMDC's procedures was not located in the site visit report.

The country did not provide documentation of the GMDC's deliberations about a medical school or of a decision made by the GMDC relevant to this guideline. The NCFMEA may wish to ask about what performance information about a medical school's graduates the GMDC uses in making its accreditation decisions.

## Country Response

The assessment of student performance is an important and vital component of the GMDC evaluation and accreditation process, and was addressed in a comprehensive manner by the GMDC Standards and self-study requirements. The information and evidence provided by SGUSOM in response to the requirements for Standard 6.2, including documenting the assessment of the program's performance with respect to student achievement, was used by the site visitors as a basis for making a compliance determination. In order to provide additional detail concerning the evaluative process employed by site visitors, including the documentation reviewed both prior to and during site visits, the GMDC has decided to conduct a review of its evaluation documents, including the site visit assessment template, which was submitted with GMDC's initial application. The GMDC is confident about the thoroughness and effectiveness of the evaluative process employed during on-site visits, as affirmed by members of the GMDC who serve as observers during each site visit. At the same time, the GMDC also wants to ensure that the evidence used by a team to make compliance decisions in the site reports is reflective of the meticulous and in-depth discussions that take place throughout the accreditation visits.

## Analyst Remarks to Response

In response to the draft staff analysis, the GMDC provided documentation of an accreditation decision made by the GMDC. The GMDC also stated that it has decided to review the templates for the site visit assessment and the comprehensive annual report in order to ensure that these documents reflect a thorough and comprehensive evaluation process and to ensure that site visit reports record the evidence associated with each compliance determination. However, the GMDC did not indicate when or how this review will take place. The GMDC stated in its narrative that the assessment of student performance is addressed by the GMDC Standards and self-study requirements. However, while the GMDC demonstrated collection of data relative to this guideline, documentation of the assessment of that data by the GMDC was limited. The site visit report did not include the assessment of the program's performance with respect to student achievement described in the GMDC's procedures on page 11.

The NCFMEA may wish to request information about when and how the GMDC will review its templates. The NCFMEA may wish to ask about what performance information about a medical school's graduates the GMDC uses in making its accreditation decisions.

**Staff Conclusion:** Additional Information requested

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## Accrediting/Approval Decisions, Question 3

### Country Narrative

In alignment with the GMDC standards concerning performance and achievement of current students as well as graduates, GMDC also requires medical schools to report data using the following sources and assessment as part of the self-study process:

- Results of USMLE/MCC or other national examinations
- Student scores on internally developed examinations
- Performance-based assessment of clinical skills (e.g., OSCEs)
- Student responses on AAMC GQ or AAMC CGQ
- Student evaluation of courses and clerkship rotations
- Student advancement and graduation rates
- NRMP match results or CARMS match results for Canadian medical schools
- Specialty choices of graduates
- Assessment of residency performance of graduates
- Licensure rates of graduates
- Specialty certification rates
- Practice locations of graduates
- Practice types of graduates
- Other (specify)

See GMDC Self-Study Questionnaire, pgs. 24-25.

### Analyst Remarks to Narrative

The GMDC provided its procedures, which describe the processes for approval of a medical school. The procedures note that each site visit report should contain an assessment of the program's performance with respect to student achievement. The GMDC's procedures require that a medical school provide information for a database, which is also referenced in the self study document, and the procedures require that this be submitted prior to a site visit. It is not clear if this is an annual submission of data or if it only occurs prior to an accreditation review. Neither the template database nor a completed database were found in the petition.

The GMDC provided a site visit report for St. George's University School of Medicine's main campus and a self study from the school to document review of a medical school relevant to this guideline. However, there was little narrative support provided for evaluations relevant to this guideline.

The NCFMEA may wish to inquire how the GMDC collects and uses data on medical school graduates as part of its accreditation process.

### **Country Response**

The assessment of the programme's performance with respect to student achievement is another important and vital component of the GMDC evaluation and accreditation process. The emphasis placed on this issue is reflected in the GMDC Standards and self-study requirements. As noted earlier in this response, the database will be built going forward based on data collected within the self-study and the annual progress reports, and serves as a reference to those data that an institution are expected to provide on an ongoing basis. The data are evaluated within the context of an accreditation review by site visitors and reported to Council, along with other findings associated with a site visit to GMDC. Based on feedback from the NCFMEA at its upcoming hearing in September, the GMDC will consider whether further refinements in the assessment forms used by the teams are warranted in order to ensure that the evidence used to make compliance decisions is reflected fully in the site visit reports. We also direct the NCFMEA to the GMDC's response above for Mission & Objectives Question 4 describing the self-study questionnaire and the development of a GMDC database to monitor and track student outcomes. The student achievement data are collected by the GMDC not only during the accreditation process via a self-study, but are also collected via the Annual Progress Report as demonstrated by Exhibit 4. SGUSOM is scheduled to submit its first Annual Progress report by September 1, 2020. These data will be objective and detailed, and will align with the goal of confirming achievement of institutional learning objectives and outcomes. Student achievement and program performance information and data on a continuous basis through the self-study process, the Annual Progress Report, and in response to any requests made by the GMDC.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated its intention to build a database going forward using data collected on annual progress reports as part of its ongoing monitoring of a medical school, and noted that student achievement data will be collected at the time of an accreditation review and also annually. The GMDC also stated that it has decided to review the templates for the assessment forms to consider whether refinements are warranted to ensure that the evidence used to make compliance decisions is fully reflected in the site visit reports.

The NCFMEA may wish to request information about when and how the GMDC will review its templates.

**Staff Conclusion:** Additional Information requested

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## **Accrediting/Approval Decisions, Question 4**

### **Country Narrative**

GMDC has not established national student performance outcomes standards or benchmarks for schools. Rather, the Council expects each medical school to develop appropriate student performance outcomes or benchmarks, and the Council, in turn, monitors and evaluates the development, implementation and demonstrated effectiveness of those stated outcomes or benchmarks. As noted above, as part of its current review, the Council has requested updated student outcomes data from SGU, which it provided, to closely examine this subject based on the most current information available. See Exhibit 21.

### **Analyst Remarks to Narrative**

The GMDC noted in its narrative that Grenada does not set national standards or benchmarks for schools but expects medical schools to set their own standards or benchmarks for achievement, which the GMDC will monitor. The GMDC also noted that it requested and received information recently about student outcomes at one medical school, St. George's which included information about student attrition, completion, and USMLE Step 1 passing rates. Information is also provided about residency placement of graduates for U.S. students. It is not clear if this information was part of a recurring or formal process.

The GMDC's procedures note that each site visit report should contain an assessment of the program's performance with respect to student achievement. The GMDC's procedures require that a medical school provide information for a database, which is also referenced in the self study document, and the procedures require that this be submitted prior to a site visit. It is not clear if this is an annual submission of data or if it only occurs prior to an accreditation review. Neither the template database nor a completed one were located in the petition.

The GMDC provided a site visit report for St. George's University School of Medicine's main campus and a self study from the

school to document review of a medical school relevant to this guideline. However, there was little narrative support provided for the evaluations that were made in the site visit report.

The NCFMEA may wish to request documentation of the GMDC's deliberations and decision making about a medical school under this guideline. The NCFMEA may wish to inquire how the GMDC evaluates the performance outcome standards of the medical schools it accredits. The NCFMEA may wish to discuss the adequacy of the information in the site visit report describing a medical school's compliance or noncompliance with the GMDC's standards.

### **Country Response**

The student outcomes data is reviewed by the GMDC not only during the period of self-study and site visits but annually. The Annual Progress Report, in addition to monitoring a medical school's progress in addressing the GMDC's recommendations, also requests information concerning student outcomes—student attrition, pass rates, completion rates, residency placement of U.S. graduates—and requests the most recent audited financial statements and information concerning any substantive changes proposed by the medical school. As stated in the June 2019 Petition, once submitted the Annual Progress Report will be reviewed and analyzed by the GMDC, and a decision as to whether further action is warranted in terms of additional monitoring and/or reporting to GMDC. We direct the NCFMEA to the GMDC's response above in for Mission & Objectives Question 4 describing the self-study questionnaire and the development of a GMDC database to monitor and track student outcomes. The student outcomes information and data submitted by SGUSOM was examined and carefully considered by the site visitors. Among the recommendations presented in the site visit reports was to need to gauge further progress in the area of student outcomes. The Council will continue to monitor and assess the progress made by the medical school, with the submission of the first Annual Progress Report on September 1, 2020. The student outcomes reported will serve as the basis for the GMDC database as discussed in an earlier section of this response, and the development of a longitudinal assessment tool for use in the monitoring of the medical school.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the GMDC stated that student outcomes data will be reviewed by the GMDC annually. The GMDC stated that an annual progress report will request information from any accredited medical school regarding how they are addressing the GMDC's recommendations as well as information about student outcomes, including student attrition, pass rates, completion rates, and residency placement of U.S. graduates. The GMDC noted that its first annual progress report from SGUSOM is expected in September of 2020, and the GMDC provided a site visit report and a decision letter made by the GMDC in relation to SGUSOM. However, there was little narrative support provided for the evaluations made in the site visitor's report. The GMDC states that the medical school will set its own benchmarks and associated requirements, and the GMDC will monitor its progress in meeting them. However, it isn't clear where those benchmarks are set or how they are evaluated for the country's sole medical school, SGUSOM.

The NCFMEA may wish to inquire how the GMDC evaluates the performance outcome standards of the medical schools it accredits.

**Staff Conclusion:** Additional Information requested

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