

## U.S. Department of Education Staff

### Redetermination of Comparability for Antigua and Barbuda Draft

Prepared July 2016

#### Background

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) made an initial determination that the standards used to accredit medical education in Antigua and Barbuda were comparable to the standards used to accredit medical education in the United States at its Fall 2013 meeting. The National Accreditation Board (NAB) was established by the Accreditation Act of 2006 as the entity responsible for the accreditation of post-secondary institutions and programs of study including medical schools that offer educational programs leading to the M.D. (or equivalent) degree in Antigua and Barbuda. The Act was further amended in 2012 establishing the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) as the accrediting body for medical schools leading to an M.D. degree or equivalent in Antigua and Barbuda. Medical schools wishing to operate in Antigua and Barbuda must first attain CAAM-HP accreditation prior to NAB accreditation and recommendation to the Minister of Education for approval of medical schools.

At the time of its Fall 2013 initial determination of comparability, the country was requested to provide the report of the CAAM-HP's on-site review of the American University of Antigua (AUA), as well as the country's response to the on-site review report. It was also requested to provide routine updates annually prior to its first review for redetermination, which is scheduled to be considered at the Fall 2016 NCFMEA meeting. The information included in this report is for the agency's redetermination.

#### 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.

-- Additional Information Requested:

NCFMEA may wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

[Mission and Objectives, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

[Mission and Objectives, Question 2]

-- NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

[Mission and Objectives, Question 3]

-- NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

[Mission and Objectives, Question 4]

-- Additional Information Requested:

NCFMEA may wish to request the completed institutional medical education and the completed medical education continuing professional education databases in order to verify the responses to the questions are relevant to this standard. [Mission and Objectives, Question 5]

-- Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database from the country.

[Governance, Question 1]

-- Additional information is requested:

The NCFMEA may wish to confirm the adoption of the new standard requiring that a medical schools governing board be external

to and independent of the school's administration and the plans for implementation of this policy.  
[Governance, Question 2]

-- NCFMEA may wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.  
[Administrative Personnel and Authority, Question 1]

-- Additional Information Requested:  
NCFMEA may wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database. [Administrative Personnel and Authority, Question 2]

-- Additional Information Requested:  
NCFMEA may wish to request an updated annual institutional database and a copy of the self-study that is more recent in order to ensure all of the questions asked in 2011 are still reflected in the current database and self-study.  
[Administrative Personnel and Authority, Question 3]

-- Additional Information Requested:  
NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.  
[Chief Academic Official, Question 1]

-- Additional Information Requested:  
NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.  
[Chief Academic Official, Question 2]

-- Additional Information Requested:  
NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.  
[Faculty]

-- NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.  
[Remote Sites, Question 2]

-- Additional Information Requested:  
NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. [Curriculum, Question 1]

-- Additional Information Requested:  
NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.  
[Curriculum, Question 2]

-- Additional Information Requested:  
NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.  
[Curriculum, Question 3]

-- Additional Information Requested:  
NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.  
[Curriculum, Question 4]

-- Additional information is requested:  
The NCFMEA may wish to confirm if the adoption of the new standard requiring that service learning opportunities are available for

its medical students. [Curriculum, Question 5]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

[Curriculum, Question 6]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

[Curriculum, Question 7]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

[Clinical Experience, Question 1]

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Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard.

[Clinical Experience, Question 2]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database and a continuing professional database in order to verify the responses to the questions relevant to this standard.

[Clinical Experience, Question 3]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

[Supporting Disciplines]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. [Ethics, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

[Communication Skills, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

[Design, Implementation, and Evaluation, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education and faculty databases that has data included in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether the questions asked in 2011 are still reflected in the current database. [Design, Implementation, and Evaluation, Question 2]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database and faculty database in order to verify the

responses to the questions relevant to this standard. [Design, Implementation, and Evaluation, Question 3]

-- NCFMEA may wish for more information regarding the collection of data for the evaluation of the quality of the school's admission practices.

[Admissions, Recruiting, and Publications, Question 1]

-- Additional information is requested:

The NCFMEA may wish to further question the country regarding the determination that current standards address the reporting of annual costs for attendance, including tuition, and fees.

[Admissions, Recruiting, and Publications, Question 5]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education and student databases that has data included in it so that they can verify the responses to the questions relevant to this standard.

[ Student Achievement, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education and faculty databases that has data included in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether the questions asked in 2011 are still reflected in the current database.

[Student Achievement, Question 2]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education and faculty databases that has data included in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether the questions asked in 2011 are still reflected in the current database.

[Student Achievement, Question 3]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education and student databases that has data included in order to verify the responses to the questions relevant to this standard.

[Student Achievement, Question 4]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

[Student Achievement, Question 5]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has actual data included in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database. Finally, NCFMEA may want to seek clarification as to whether the site visit team was able to review the counseling services available for students at AUA.

[Student Services, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education and faculty databases that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

[Student Services, Question 2]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current

database.

[Student Complaints, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education and faculty database that has data included in order to verify the responses to the questions relevant to this standard. [Finances, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

[Facilities, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

[Facilities, Question 2]

-- Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database from the country.

[Faculty, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database from the country.

[Faculty, Question 2]

-- Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

[Library]

-- Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database and an example copy of an affiliation agreement.

[Clinical Teaching Facilities, Question 1]

-- Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database from the country.

[Onsite Review, Question 2]

-- Additional Information is requested:

The NCFMEA may wish to further question the country regarding CAAM-HP's plans, if any, to adopt written policies, which specifically addresses the requirements of this question.

[Onsite Review, Question 3]

-- Additional information is requested:

The NCFMEA may wish to further question the country regarding providing documentation that would demonstrate the review and assessment of affiliation agreements for medical schools operation in Antigua and Barbuda.

[Onsite Review, Question 4]

-- Additional information is needed:

The NCFMEA may wish to further question the country regarding CAAM-HP's plans, if any, to establish written policy addressing this question.

[Onsite Review, Question 5]

-- Additional Information Requested:

NCFMEA may wish to ask additional questions about the training for those who serve on the decision and policy making bodies.  
[Qualifications of Evaluators, Decision-makers, Policy-makers]

-- Additional Information Requested:

The NCFMEA may desire to raise the question as to whether standards will be adopted to address this question.  
[Substantive Change]

-- Additional Information Requested:

The committee may wish to ask for documentation demonstrating the application of this policy.  
[Conflicts of Interest, Inconsistent Application of Standards, Question 1]

-- Additional Information Requested:

NCFMEA may wish to ask for clarification regarding if the involvement in medical schools by someone from CAAM-HP and/or the Secretariat is a standard or process. Additionally, the committee may wish to ask for documentation demonstrating the application of this practice. [Conflicts of Interest, Inconsistent Application of Standards, Question 2]

-- Additional Information Requested:

NCFMEA may wish to request additional details about the conversations relative to accreditation decisions and the performance of medical school graduates.  
[Accrediting/Approval Decisions, Question 2]

-- Additional information is requested:

The NCFMEA may wish to request further information regarding the degree to which student outcomes data is considered when making accreditation decisions.  
[Accrediting/Approval Decisions, Question 3]

-- Additional information is requested:

The NCFMEA may wish to request additional information regarding the extent to which student outcomes data has been discussed by CAAM-HP.  
[Accrediting/Approval Decisions, Question 4]

## Staff Analysis

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

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

##### **Country Narrative**

Pursuant to The Education Act, 2008, Exhibit 1, the Minister of Education is vested with certain responsibilities and the authority to approve or deny the operation of medical schools in Antigua and Barbuda. Under The Education Act, 2008, the Minister of Education is charged with the responsibility, and is granted such powers as are necessary and desirable, to ensure the effective execution of the education policy of the Government of Antigua and Barbuda. Among those responsibilities and powers are the duty and power to certify and license the operation of "public schools, assisted private schools, and private educational institutions", including medical schools.

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

The country identifies its Minister of Education as the entity responsible for the approval of medical schools in Antigua and Barbuda. The attached Education Act of 2008 documents the broad authority of the Minister of Education under responsibilities and authority. The Education Act does not refer to or discuss medical schools specifically. It does stipulate that "for the purpose of the performance of the functions under this Act, the Minister shall have the power to regulate the operation of public schools, assisted private schools, and private educational institutions". Even though the terminology used in the Education Act of 2008 does not include licensure and certification and does not discuss medical schools specifically, the Education Act does appear to provide the Minister of Education with the authority to regulate, and approve both public and private schools, which would include medical schools.

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

##### **Country Narrative**

The Education Act, 2008, Exhibit 1, establishes that the Minister of Education has the authority to regulate the operation of public

schools, assisted private schools, and private educational institutions, including medical schools. Pursuant to The Education Act, 2008, the Minister of Education also is responsible for monitoring and continued certification/licensure of medical schools. With regard to private medical schools, on first issuance, a permit is valid for a period of three years. Thereafter, private educational institutions must renew periodically their permits: the Minister shall generally renew for five years a permit held by a private medical school that satisfies the criteria for renewal (i.e., the institution applies for renewal in writing, within the applicable time limit, and provides the information and documents required by the Minister). Id., Sec. 104, pp. 63-64. The Minister is also authorized to establish or disestablish public schools when necessary. Id., Sec. 5, p. 19. The Minister and other authorized persons may carry out inspections or discharge other duties of the Minister by visiting and entering the premises of any public or private educational institution, including medical schools, during the hours of operation. Id., Sec. 108, p. 64 and Sec. 159, p. 89.

### **Analyst Remarks to Narrative**

The Education Act of 2008 (exhibit 1) establishes the Minister of Education as the authority to regulate the operation of public schools, assisted private schools, and private educational institutions. It also gives the Minister of Education the authority to establish or disestablish public schools. The Education Act also requires private educational institution to obtain a permit to operate. In addition, these permits must be renewed every five years.

Inspection and review of the country's education system is another function of the Education Act. The Education Act provides the Minister of Education and those entities appointed by the Minister the authority to monitor, review, and inspect public and private schools which would include medical schools.

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## **Approval of Medical Schools, Question 3**

### **Country Narrative**

Incident to the responsibilities and powers vested in the Minister of Education by The Education Act, 2008, the Minister of Education has the power and responsibility to revoke the authority granted to an institution to operate in Antigua and Barbuda if, in the opinion of the Minister, such institution has ceased to be conducted in accordance with the requirements of The Education Act, 2008, or any regulations propagated thereunder. See The Education Act, 2008, Exhibit 1, Sec. 109, p. 65. For private medical schools, the Minister shall first serve on the proprietor of the institution notice of the Minister's determination. The notice shall require the proprietor within the time specified in the notice to conduct the school in accordance with the Act or applicable regulations. Id. If the proprietor fails to comply with the notice, the Minister shall cancel the permit and registration of the institution. Id., Sec. 110, p. 65. Such cancellation is subject to an appeal process, the determination of which shall be final and binding. Id., Sec. 110, pp. 65-66. The private institution must remain closed until, if applicable, the Minister re-registers the institution subject to any condition which the Minister may specify. Id., Sec. 112, p. 66. The Minister also has the power to establish or disestablish public institutions. Id., Sec. 5, p. 19.

### **Analyst Remarks to Narrative**

The Education Act of 2008 (Exhibit 1) gives the Minister of Education the ability to revoke the authority of institutions to operate. The act of doing so requires the institution a period of time to demonstrate that it can follow the regulations. If the institution does not demonstrate this, it is then subject to cancellation. This process is subject to appeal. While the Education Act does not refer to or discuss medical schools specifically it is clear that the Education Act of 2008 gives the Minister of Education the authority to close or takeaway the right of public schools, assisted private schools, and private educational institutions to operate which would include medical schools.

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## **Accreditation of Medical Schools**

### **Country Narrative**

The Accreditation Act, 2006, Exhibit 2, established the National Accreditation Board ("NAB") and vested the NAB with the responsibilities and powers: to accredit postsecondary institutions and programs of study, including medical schools that offer educational programs leading to the M.D. (or equivalent) degree in Antigua and Barbuda; to provide for the process and mechanism of accrediting such institutions and programs of study; and to provide for other related matters. The Accreditation (Amendment) Act, 2011, Exhibit 3, and the Accreditation (Amendment) Act, 2012, Exhibit 4, clarified responsibilities and powers of the NAB.

The NAB is part of the Ministry of Education of the Government of Antigua and Barbuda and advises the Minister of Education on issuance of charters, licenses, or other authorizations granted to institutions to operate or continue their operation or to alter their existing operations in Antigua and Barbuda. Upon consideration of an application for accreditation, the NAB submits to the Minister of Education a written report containing a recommendation as to whether the Minister may grant or refuse the application, including the reasons for such a decision. The Minister shall grant or refuse the application in accordance with the recommendation

made by the NAB.

Antigua and Barbuda is a member of the Caribbean Community ("CARICOM"), a community of nations established and recognized under the Revised Treaty of the Chaguaramas Establishing the Caribbean Community including the CARICOM Single Market and Economy, 1993, Exhibit 5. Among the other members of CARICOM are The Bahamas, Barbados, Belize, Dominica, Granada, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and The Grenadines, Suriname, and Trinidad and Tobago. In November 2003 the Government of Antigua and Barbuda, as a member of CARICOM, signed the Inter-Governmental Agreement Establishing the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions ("CAAM-HP"), Exhibit 6. CAAM-HP was officially launched in July 2004 under the aegis of CARICOM as a legally constituted body empowered to determine and prescribe standards, and to accredit programs of medical, dental, veterinary, and other health professions education on behalf of the contracting parties in CARICOM. Subsequently, the Caribbean Accreditation Authority (Medicine and Other Health Professions) Act, 2009, Exhibit 7, gave effect within Antigua and Barbuda to the Agreement Establishing the Caribbean Accreditation Authority for Education in Medicine and other Health Professions.

In April 2011, the Antigua and Barbuda NAB, having

- consulted with the Minister of Education and the Minister of Health;
- considered the Standards for the Accreditation of Medical Schools in the Caribbean Community (CARICOM), Exhibit 8 (hereinafter, "Standards") and Procedures of CAAM-HP, Exhibit 9 (hereinafter, "Procedures");
- recognized that those Standards and Procedures, and the means by which CAAM-HP effectuates them, require that medical schools meet the standards of structure, function, and performance that assure that graduates of schools that CAAM-HP accredits meet the educational requirements for further training and for the health care needs of the people in the Caribbean; and
- determined that CAAM-HP's Standards and Procedures for the accreditation of educational programs of medicine leading to the M.D. (or equivalent) degree are comparable to those of the American Medical Association and American Association of Medical College's Liaison Commission on Medical Education's ("LCME") Functions and Standards of a Medical School (June 2010) and Guide to the Institutional Self-Study and LCME Medical Education Data Base (2011-2012 Edition),

adopted CAAM-HP's accreditation process and procedures for accreditation of medical school programs leading to the M.D. (or equivalent) degree. More detail on the relationship between the CAAM-HP accreditation process and the NAB authorization process is provided in the answer to question (c), below.

In 2011, the World Federation for Medical Education ("WFME") granted recognition to CAAM-HP as part of an evaluation and recognition process that WFME developed in collaboration with the Educational Commission for Foreign Medical Graduates' Foundation for Advancement of International Medical Education and Research. CAAM-HP was the first accrediting agency to be recognized through this process, and such recognition came after a formal review of CAAM-HP's standards and procedures. As stated in the WFME Policy on the Recognition of Accrediting Agencies, "Recognition of an accrediting agency by the WFME Recognition Committee confers the understanding that an agency has been deemed to be credible in its policies and procedures to assure the quality of medical education in the programmes and schools that it accredits." See Exhibit 10 (June 20, 2012 WFME recognition letter).

As stated in the Procedures, the Secretariat of CAAM-HP shall provide information on the work of the Authority to the Contracting Parties, and the Contracting Parties will be notified through the Secretary-General of CARICOM within one month of final accreditation decisions taken at a CAAM-HP meeting. Exhibit 9, pp. 7, 19. Here, the "Authority" is CAAM-HP, and "Contracting Party" means a Member State or an Associate Member State of the CARICOM community.

### **Analyst Remarks to Narrative**

The country identifies in its narrative that the National Accreditation Board ("NAB") was established by the Accreditation Act, of 2006 (exhibit 2) with the power to accredit post-secondary institutions and programs of study including medical schools that offer educational programs leading to the M.D. (or equivalent) degree in Antigua and Barbuda. The Act was further amended in 2011 (exhibit 3) and 2012 (see exhibit 4) to clarify the responsibilities and powers of the NAB. It further established that the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) as the accrediting body for medical schools leading to a M.D. degree or equivalent in Antigua and Barbuda (exhibit 6). The country has included exhibit 7 which further defines the relationship of medical entities with the countries of Antigua and Barbuda.

Medical schools wishing to operate in Antigua and Barbuda must first attain CAAM-HP accreditation prior to NAB accreditation and recommendation to the Minister of Education for approval of the program. The standards and procedures for this process are included in exhibits 8 and 9.

The country identifies the CAAM-HP as a legally constituted body empowered to determine and prescribe standards, and to accredit programs of medical, dental, veterinary, and other health professions. The country also states in its narrative that the CAAM-HP is recognized by the World Federation for Medical Education ("WFME") this recognition is evidenced in exhibit 10.



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

### **Country Narrative**

The accreditation of medical schools and approval of medical schools to operate in Antigua and Barbuda involves three entities: the Minister of Education, the NAB, and CAAM-HP. The NAB, pursuant to its powers and responsibilities under the Accreditation Act, 2006, has determined that in order to obtain accreditation by the NAB, a medical school, to operate in Antigua and Barbuda, must submit to the accreditation processes and procedures of CAAM-HP and must obtain and maintain that body's accreditation. The Accreditation (Amendment) Act, 2012, Exhibit 4, affirms that no institution seeking to offer a medical school program leading to the M.D. (or equivalent) degree shall do so without the authorization of the Minister, upon advice and recommendation of the NAB, and that no institution shall receive such authorization unless the program of study has been accredited by CAAM-HP. The Caribbean Accreditation Authority (Medicine and Other Health Professions) (Amendment) Act, 2012, Exhibit 11, formally authorizes CAAM-HP to accredit programs of study in medicine and other health professions offered by institutions in Antigua and Barbuda.

### **Analyst Remarks to Narrative**

There are three primary entities that are involved with the accreditation of medical schools in Antigua and Barbuda: the Minister of Education, the National Accrediting Board (NAB), and the Caribbean Accreditation Authority Medicine and Other Health Professions (CAAM-HP). Medical schools wishing to operate in Antigua and Barbuda must first attain CAAM-HP accreditation prior to NAB accreditation and must receive authorization from the Minister of Education for approval of the medical school.

The medical schools receiving these approvals must continue to demonstrate their compliance with CAAM-HP standards and the Education Act of 2008 regulations.

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## **Part 2: Accreditation/Approval Standards**

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

#### **Country Narrative**

Yes, CAAM-HP requires medical schools to have an educational mission that serves the public interest. As CAAM-HP has set forth in its Standards, Exhibit 8, pp. 1-2, doctors who have graduated from medical schools accredited by CAAM-HP in accordance with its Standards

"should be capable of serving patients in resource poor conditions as well as in the modern hospital or clinic setting. Graduates should be skilled in making clinical diagnoses and undertaking basic treatment of those conditions that do not require specialist skills, but most know how to access specialist skills and facilities when required. The graduate doctor must also be capable of absorbing postgraduate training and after a period of supervised practice to enter independent practice in CARICOM countries. Graduates must have the capacity and desire for life-long learning so they can practice in circumstances where knowledge, health conditions, and cultures are different or change over time."

The Standards expect that a doctor "should be a promoter of health for the individual as well as the community, and must have the clinical competencies to be able to diagnose and treat illness in resource constrained circumstances. They must be aware of modern techniques of diagnosis and care and how they may be accessed when not available in the setting in which they practice. They must be aligned with international codes of conduct for health professionals and practice within the law and ethical code of conduct of the country or jurisdiction in which they practice. They should be an advocate for the patient, particularly those disadvantaged by age or economic circumstance, and to do so irrespective of ethnic, racial, religious, political or other considerations." See Standards, III. Educational Programme, Exhibit 8, p. 6.

Standard ED-18 requires that faculty and students demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases and treatments. Medical school instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health. To demonstrate compliance with Standard ED-18, medical schools should be able to document objectives relating to the development of skills in cultural competence and international human rights, to indicate where in the curriculum students are exposed to such material, and to demonstrate the extent to which the objectives are being achieved.

Standard ED-19 requires medical schools to teach medical students to recognize and appropriately address gender, cultural, and religious biases in themselves and others. A medical school's objectives for clinical instruction should include student understanding of demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the

diagnosis and treatment of diseases. The objectives should also address the need for self-awareness among medical students of any personal biases in their approach to health care delivery.

Standard ED-20 requires a medical school to teach medical ethics with respect for religious and other human values, and their relationship to law and governance of medical practice. Students must be required to exhibit scrupulous ethical principles in caring for patients and, in relating to patients' families and others involved in patient care, strive to encompass community concerns.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 9-12. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section III: Educational Programme (2011), Exhibit 13 at pp.23-25. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 36-37, during its site visits, CAAM-HP reviews and assesses an institution's compliance with related standards.

CAAM-HP has a process through which it develops and approves new or revised standards and procedures. See Procedures, Exhibit 9, Appendix E. This topic is being addressed in the standards revision process that is now in progress. The Advisory Committee charged with reviewing and recommending revisions to the CAAM-HP standards has recommended adoption of a new standard that reads as follows: "A medical school must develop a mission statement to drive the development of educational objectives that support the school's mission and provide the basis for reevaluating the effectiveness of the educational programme. Such a mission statement should include a component related to serving the public." The revised standards will be discussed at the Annual General Meeting of CAAM-HP, July 27-30, 2016.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to have an educational mission that serves the public interest, as well as an understanding of diverse cultures, being able to address gender, and religious biases, and with regards to ethics and respect for human values. The country has provided a copy of the site visit report for the American University of Antigua (exhibit 14) which demonstrates a review of the institutions objectives.

The country mentions the annual database (exhibit 12) as a mechanism for gathering information about the standards at the medical institution on an annual basis. While it appears that questions about objectives are asked, the complete database with responses is from a review period outside of this recognition period.

Additional Information Requested:

NCFMEA may wish to request an updated annual institutional database that is more recent to ensure all of the questions asked in 2011 are still reflected in the current database .

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

Standard ED-1 states that "medical school faculty must define the objectives of its educational programme." For purposes of the Standard, educational objectives are defined as "statements of the items of knowledge, skills, behaviors, and attitudes that students are expected to exhibit as evidence of their achievement. They are not statements of mission or broad institutional purpose, such as education, research, health care, or community service. Educational objectives state what students are expected to learn, not what is to be taught." The Standard continues: "[S]tudent achievement of these objectives must be documented by specific and measurable outcomes (e.g., measures of basic science grounding in the clinical years, examination results, performance of graduates in residency training, performance in licensure examinations, etc.)."

Standard FA-14 requires a medical school to have mechanisms for direct faculty involvement in decisions related to the educational program, including curriculum development and evaluation. The Standard notes that the "quality of an educational program may be enhanced by the participation of volunteer faculty in faculty governance, especially in defining educational goals

and objectives.”

Standard ED-29 requires that the faculty must be responsible for the detailed design and implementation of the components of a coherent and coordinated curriculum that is designed to achieve the school's overall educational objectives. In accordance with Standard ED-30, the curriculum should include:

- Logical sequencing of the various segments of the curriculum;
- Content that is coordinated and integrated within and across the academic periods of study;
- The development of specific course or clerkship objectives; and
- Methods of pedagogy and student evaluation that are appropriate for the achievement of the school's educational objectives.

Faculty engaged in curriculum management are expected to evaluate program effectiveness through outcomes analysis. See Standard ED-31. Curriculum management also includes review of the stated objectives of individual courses and clerkships, as well as methods of pedagogy and student evaluation, to assure congruence with institutional educational objectives. See also Standard ED-33, which requires the faculty committee responsible for the curriculum to monitor the content provided in each discipline so that the medical school's educational objectives will be achieved.

With regard to clinical education, Standard ED-2 requires that educational objectives include quantified criteria for the types of patients, the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met. Courses and clerkships that require physical or simulated patient interactions should specifically monitor and verify, by appropriate means, the number and variety of patient encounters in which students participate, so that adjustments in the criteria can be made if necessary without sacrificing educational quality.

Standard ED-3 requires that the objectives of the educational program be made known to all medical students and to the faculty, residents/junior staff, and others with direct responsibility for medical student education. The dean and the academic leadership of any clinical affiliates where the education program takes place are also expected to exhibit familiarity with the overall objectives for the education of medical students. See also Standard ED-22, which requires that faculty, residents/junior staff, graduate students, and postdoctoral fellows serving as teachers or teaching assistants have familiarity with the educational objectives of the course or clerkship and should be prepared or receive training for their roles in teaching and evaluation.

Standard ED-26 requires that a medical school conduct ongoing assessment that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school's educational objectives. Such assessment should include evaluation of problem solving, clinical reasoning, and communication skills, all in relation to both individuals and communities.

To guide program improvement, Standard ED-42 requires medical schools to evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met. Medical schools must consider student evaluations of their courses and professors and an appropriate variety of outcome measures in assessing program quality. Appropriate outcome measures for evaluating the effectiveness of the educational program include data on student performance, academic progress, program completion rates, acceptance into residency/postgraduate programs, postgraduate performance, and practice characteristics of the medical school's graduates. Medical schools must evaluate the performance of students and graduates in the framework of national and international norms of accomplishment and performance within the wider health care system.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 2-3, 13-19, 22-23 and Medical Education Database 5.B-4 – Section IV: Faculty, Exhibit 15, at Part B, p. 8. CAAM-HP also asks a school to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions III.A.1, p. 10; III.D.11 and III.D.12, p. 11; IV.C.8 and IV.C.9, p. 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with related standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to have the faculty define the objectives of the educational program. In addition, the country adheres to standards for including faculty in curriculum development and evaluation. The site visit report (see exhibit 14) for the American University of Antigua does display CAAM-HP's review and assessment of the objectives of the institution's educational program.

In addition, the country mentions CAAM-HP's medical education faculty database (exhibit 15) in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However, the information collected through this

database was not included.

#### Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### Country Response

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### Analyst Remarks to Response

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## Mission and Objectives, Question 3

### Country Narrative

Standard ED-1 states that “medical school faculty must define the objectives of its educational programme.” For purposes of the Standard, educational objectives are defined as “statements of the items of knowledge, skills, behaviors, and attitudes that students are expected to exhibit as evidence of their achievement. They are not statements of mission or broad institutional purpose, such as education, research, health care, or community service. Educational objectives state what students are expected to learn, not what is to be taught.” The Standard continues: “[S]tudent achievement of these objectives must be documented by specific and measurable outcomes (e.g., measures of basic science grounding in the clinical years, examination results, performance of graduates in residency training, performance in licensure examinations, etc.).”

Standard ED-29 requires that the faculty must be responsible for the detailed design and implementation of the components of a coherent and coordinated curriculum that is designed to achieve the school’s overall educational objectives.

Standard ED-5 requires that the “faculty approve a curriculum that provides a general professional education, and fosters in students the ability to learn through self-directed, independent study throughout their professional lives.”

Standard FA-14 requires a medical school to have mechanisms for direct faculty involvement in decisions related to the educational program, including curriculum development and evaluation. The Standard notes that the “quality of an educational programme may be enhanced by the participation of volunteer faculty in faculty governance, especially in defining educational goals and objectives.”

An institutional body (commonly called a curriculum committee) must oversee the educational program. Standard ED-29 notes that an “effective central curriculum authority will exhibit . . . faculty, student, and administrative participation.”

The faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school’s educational objectives will be achieved. See Standard ED-33. The curriculum committee is tasked making sure that each academic period maintains common standards for content, which address the depth and breadth of knowledge required.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 2-4, 15-19 and Medical Education Database 5.B-4 – Section IV: Faculty, Exhibit 15, at Part B, p. 8. CAAM-HP also asks a school to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Question IV.C.8 and IV.C.9, p. 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution’s compliance with standards related to faculty involvement with curriculum development.

### Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to have the faculty define the objectives of the educational program. In addition, the country adheres to standards for including faculty in curriculum development and evaluation. The site visit report (see exhibit 14) for the American University of Antigua does display CAAM- HP’s review and assessment of the objectives of the institution’s educational program.

In addition, the country mentions CAAM-HP's medical education faculty database (exhibit 15) in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However, the information collected through this database was not included.

**Additional Information Requested:**

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

**Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

**Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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**Mission and Objectives, Question 4**

**Country Narrative**

Standard ED-1 defines educational objectives as “statements of the items of knowledge, skills, behaviors, and attitudes that students are expected to exhibit as evidence of their achievement.” The Standard cautions that educational objectives “are not statements of mission or broad institutional purpose, such as education, research, health care, or community service. Educational objectives state what students are expected to learn, not what is to be taught.”

Standard ED-1 further requires that student achievement of educational objectives be documented by specific and measurable outcomes (e.g., measures of basic science grounding in the clinical years, examination results, performance of graduates in residency training, performance in licensure examinations, etc.).

To guide program improvement, Standard ED-42 requires medical schools to evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met. Medical schools must consider student evaluations of their courses and professors and an appropriate variety of outcome measures in assessing program quality. Appropriate outcome measures for evaluating the effectiveness of the educational program include data on student performance, academic progress, program completion rates, acceptance into residency/postgraduate programs, postgraduate performance, and practice characteristics of the medical school's graduates. Medical schools must evaluate the performance of students and graduates in the framework of national and international norms of accomplishment and performance within the wider health care system. See also Standard ED-31, which requires medical schools to engage in curriculum management, to include the evaluation of program effectiveness by outcomes analysis.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 2, 22-23. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section III: Educational Programme (2011), Exhibit 13 at pp.3-4, 34-41, 53-54. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 36-37, during its site visits, CAAM-HP reviews and assesses an institution's compliance with related standards.

**Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to follow Standard ED-1 which defines educational objectives as “statements of the items of knowledge, skills, behaviors, and attitudes that students are expected to exhibit as evidence of their achievement.” The standard also requires that student achievement be evaluated by measureable outcomes. The country also references standard ED-42, which requires medical schools to evaluate the effectiveness of the educational program by documenting the extent to which the objectives has been met.

The country also mentions CAAM-HP's medical education database in its narrative as the means by which an institution addresses these standards. The country's response for this question contains no actual collected data. The country also provided a copy of the institutional database, but it is from the year 2011.

**Additional Information Requested:**

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions

relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

Student achievement of the medical school's educational objectives must be documented by specific and measurable outcomes (e.g., examination results, performance of graduates in residency training, performance on licensure examinations, etc.). See Standard ED-1.

Standard ED-5 requires a medical school to design and its faculty to approve a curriculum that provides a general professional education and fosters in students the ability to continue to learn through self-directed, independent study throughout their professional lives.

Standard ED-24 requires the medical school faculty to establish a system for the evaluation of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviors, and attitudes. Such evaluation should "measure not only retention of factual knowledge, but also development of the skills, behaviors, and attitudes needed in subsequent medical training." The students' ability to use data for solving problems commonly encountered in medical practice should also be evaluated. The Standard specifies that the "sole use of frequent tests which condition students to memorize details for short-term retention only is not considered a good system of evaluation to foster self-initiated learning," which is an essential objective of a program of medical education.

A medical school's faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school's educational objectives must be achieved. See Standard ED-33. The final year of the educational program should complement and supplement the curriculum so that each student will acquire appropriate competence in general medical care regardless of their subsequent career specialty. See *id.*

Standard ED-42 requires medical schools to evaluate the effectiveness of the educational program by determining the extent to which its objectives have been met. Among the kind of outcome measures that serve this purpose are acceptance into residency/post-graduate programs, post-graduate performance, and practice characteristics of graduates.

Standard ED-43 requires medical schools to evaluate the performance of their students and graduates from within a framework of national and international norms of accomplishment and performance within the wider health care system.

The Standards related to Continuing Professional Education ("CPE") address the continued learning needs of medical graduates. A medical school should provide programs for the CPE of its graduates; when appropriate, such programs should be offered in consultation with and with the cooperation of national and regional authorities. See Standard CE-1. Such CPE programs should be of acceptable educational quality and promote quality of care through self-evaluation. See Standard CE-2. They should also be conducted according to relevant standards and criteria developed by the medical school, in keeping with those standards and criteria of relevant national and regional authorities. *Id.*

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 2-4, 13-14, 19, 22-23 and Medical Education Database 5.B-7 – Section VII: Continuing Professional Education, Exhibit 17, at Part B, pp. 2-3. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with related standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools which require medical schools to evaluate the effectiveness of the educational program by documenting the extent to which the objectives has been met. This standard is documented and reviewed by the on-site visit team for the American University of Antigua (exhibit14) demonstrating that the country reviews student outcomes data.

Additional information is collected in the institutional Medical Education and the Medical Education Continuing Professional Education databases. However, the databases submitted contain no actual collected data.

Additional Information Requested:

NCFMEA may wish to request the completed institutional medical education and the completed medical education continuing professional education databases in order to verify the responses to the questions are relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Governance, Question 1**

### **Country Narrative**

Standard IS-1 provides that accreditation will be conferred only on those programs that are legally authorized under applicable law to provide the program(s) of education for which accreditation is sought. The Standard also requires that an educational institution be registered by the government of the jurisdiction in which it operates. CAAM-HP asks a school to address this topic in its Database responses; the Database contains a specific requirement to provide a copy of the charter or any other documentation evidencing a school's legal authority to operate. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part B, p. 2. As part of the accreditation process, a medical school provides CAAM-HP a copy of its charter or other agreement with the government of the country in which it is located as evidence of the medical school's legal authority or license to offer the medical education program. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 15, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standard IS-1.

As set forth in Part I of this application, The Education Act, 2008, Exhibit 1, requires that a medical school offering a program of study leading to the M.D. (or equivalent) degree in Antigua and Barbuda must be registered by the Minister of Education in order to operate. In addition, under The Accreditation (Amendment) Act, 2012, Exhibit 4, no institution that seeks to offer a program of study in medicine may do so without the authorization of the Minister of Education, upon the recommendation of the NAB, and the Minister of Education shall not authorize a program of study in medicine in Antigua and Barbuda unless the program of study is accredited by CAAM-HP. The Accreditation (Amendment) Act, 2012, provides that the Minister of Education may, on the advice of the NAB, authorize provisionally an institution to offer a program of study in medicine pending accreditation by CAAM-HP. Such provisional authorization will be revoked if the institution fails to obtain accreditation by CAAM-HP within twelve months from the date of the provisional authorization.

### **Analyst Remarks to Narrative**

The country adheres to Education Act of 2008 (exhibit 1) which includes a requirement for medical schools to be registered to operate and also adheres to the CAAM-HP IS-1 standard (exhibit 8) that states accreditation will be conferred only on those programs that are legally authorized under applicable law to provide a program of education beyond secondary education. This information verified each year in the submission of the annual database to CAAM-HP. The country provided a blank database and the answers were not complete.

Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database from the country.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

## **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Governance, Question 2**

### **Country Narrative**

A medical school is accountable to CAAM-HP for purposes of accreditation and must adhere to its Standards. See Procedures, Exhibit 9, p.6. Also, a medical school is accountable under its charter to the government of Antigua and Barbuda; particular requirements for operation in the jurisdiction are generally specified in a medical school's government-issued charter. Operation of a medical school absent a grant by the Minister of Education of a permit is an offense against the Laws of Antigua and Barbuda. See The Education Act, 2008, Exhibit 1, Sec. 93. Enforcement of the Laws of Antigua and Barbuda relating to the operation of educational institutions is the responsibility of the Ministry of Education and the nation's Attorney General. Under The Accreditation (Amendment) Act, 2011, Exhibit 3, Sec. 9, the Minister of Education may, on the recommendation of the NAB and in the manner prescribed, cause a medical school to be closed which carries on business without being registered.

The non-governmental governing board of a medical school provides oversight. CAAM-HP Standards state, in relevant part: "The governing body responsible for oversight of the medical school should be composed of persons who have the educational needs of the institution as their first priority and no clear conflict of interest in the operation of the school, its associated hospitals, or any related enterprises." See Standard IS-3. In addition, the Standards require that the "terms of the governing body members should be sufficiently long to permit them to gain an understanding of the programmes of the medical school." See Standard IS-4. Medical school governance structures vary in Caribbean countries depending on a variety of factors.

At present, CAAM-HP does not have a policy requiring that a school's governing board be external to or independent of the medical school. However, in the current standards review process, CAAM-HP is considering adoption of a revised Standard IS-3 to read as follows:

"The governing body responsible for oversight of an institution that offers a medical education programme must have and follow formal policies and procedures to avoid the impact of conflicts of interest of members in the operation of the institution and its associated clinical facilities and any related enterprises. At legally constituted meetings of an institution's board, ex-officio members of the institution's governing board, such as Directors of the Corporation owning the school and academic and administrative officers, must constitute less than half of the representatives participating in the meeting. There must be an appropriate accountability of the management of the medical school to an ultimate responsibility authority external to and independent of the school's administration. This external authority must have sufficient understanding of the medical programme to develop policies in the interest of both the medical school and the public."

This new standard will be discussed at the CAAM-HP Annual General Meeting, July 27-30, 2016.

CAAM-HP asks a school to evaluate its governance structure, including as related to the school's governing board, in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions I.A.2 and 1.A.3, p. 8. Also, CAAM-HP asks a school to report on its governance structure in its Database responses. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part B, p. 3. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section I: Institutional Setting (2011), Exhibit 19.

### **Analyst Remarks to Narrative**

The country's medical school(s) held accountable for the operation and success of the school and its programs to an authority by the CAAM-HP accreditation standards (exhibit 8).

The narrative explains that currently CAAM-HP does not have a standard for the school's governing boards, but is considering adding one that will be effective July 27-30, 2016.

Additional information is requested:

The NCFMEA may wish to confirm the adoption of the new standard requiring that a medical schools governing board be external to and independent of the school's administration and the plans for implementation of this policy.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.



## **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

The standards and requirements regarding how medical schools are to be administered in Antigua and Barbuda are set forth in the Standards under the heading "Institutional Setting, A. Governance and Administration."

Pursuant to Standard IS-2, the manner in which a medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students, and committees must be promulgated in medical school or university by-laws.

Pursuant to Standard IS-3, the governing body responsible for oversight of the medical school should be composed of persons who have the education needs of the institution as their first priority and have no clear conflict of interest in the operation of the school, its associated hospitals, or any related enterprises.

Pursuant to Standard IS-4, the terms of the governing body members should be sufficiently long to permit them to gain an understanding of the program(s) of the medical school.

Pursuant to Standard IS-5, administrative officers and members of the medical school faculty must be appointed by, or on the authority of, the governing body of the medical school or its parent university.

Pursuant to Standard IS-9, the medical school administration should include such associate and assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish the missions of the medical school. The Standard also notes that there should not be excessive turnover or long-standing vacancies in medical school leadership. Medical school leadership is defined to include the dean, vice/associate deans, department chairs, and other positions where a vacancy could negatively impact institutional stability, especially with regard to planning or implementing the educational program. Areas that commonly require administrative support include admissions, student affairs, academic affairs, faculty affairs, postgraduate education, continuing education, hospital relationships, research, business and planning, and fundraising.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part B, pp. 2-5. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section I: Institutional Setting (2011), Exhibit 19, pp. 5-7, 8-9.

CAAM-HP asks a school to assess the organizational stability of the medical school administration in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Question I.A.4, p. 8. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 16-17, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to have proper personnel for administration of medical schools. The assessment of an institution regarding the elements of these standards is evidenced in the site visit report (exhibit 14) for American University of Antigua. A comprehensive response has been provided for this question.

The country also mentions CAAM-HP's database in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However, the database provided is from 2011.

Additional Information Requested:

NCFMEA may wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

## **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

Under Standard IS-6, the dean or chief medical officer of the medical school must have ready access to the administrative head of the school or other school official charged with final responsibility for the school, and to other school officials as are necessary to fulfill the responsibilities of the dean's office.

Standard ER-2 requires that an accredited program have current and anticipated financial resources adequate to sustain a sound program of medical education and to accomplish other institutional goals. Under the Standard, the cost of conducting an accredited program should be supported by diverse sources, including tuition, endowments, support from the parent university, covenants, grants from organizations and individuals, and appropriations by the government. Evidence of compliance with Standard ER-2 includes documentation of adequate financial reserves to maintain the program in the event of unexpected revenue loss along with demonstrated effective fiscal management of the medical school budget. Such information may be submitted to CAAM-HP under confidential cover. Standard ER-3 states that pressure for institutional self-financing must not compromise the educational mission of the institution nor cause it to enroll more students than its resources can accommodate.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part B, pp. 3-4 and Medical Education Database 5.B-5 – Section V: Educational Resources, Exhibit 20, at Part B, pp. 1-2. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section I: Institutional Setting (2011), Exhibit 19 at pp.7 and Section V: Educational Resources (2011), Exhibit 21 at pp.2-3. A school is also asked to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions V.A.1 through V.A.4, p. 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp.16, 49-50, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

CAAM-HP accreditation standards (exhibit 8) require medical schools that the chief academic officer or dean have the authority to administer the academic program and have access to the administrative head of the school or officials charged with the final responsibility for the school and to other school officials as necessary to fulfill the responsibilities of the dean's office. The standards also require that an accredited program have current and anticipated financial resources adequate to sustain a sound program of medical education and to accomplish other institutional goals. The assessment of an institution regarding the elements of these standards is evidenced in the site visit report (exhibit 14) for American University of Antigua.

The country also mentions CAAM-HP's database in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However, the database provided is from 2011.

Additional Information Requested:

NCFMEA may wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

Under Standard IS-7, there must be a clear understanding of the authority and responsibilities for medical school matters among

the administrative officials of the school, the dean of the school, the faculty, and the administrative officials of other components of the medical teaching complex of the university.

Standards ER-2 and ER-3 require that the medical school have financial resources adequate to sustain a sound program of medical education while accomplishing other institutional goals. Standards ER-4 and ER-5 require that a medical school have adequate buildings and equipment appropriate to achieve its educational and other goals. Standards ER-6 through ER-11 require sufficient access to resources and authority needed to carry out clinical teaching activities. Standards ER-12 and ER-13 require that adequate information resources and library services be provided.

CAAM-HP Standard ER-11 identifies the role that department heads and clinical faculty must have with respect to the medical program and clinical affiliates. The Standard requires:

"In the relationship between the medical school and its clinical affiliates, the educational programme for medical students must remain under the control of the school's faculty. Regardless of the location where clinical instruction occurs, department heads and faculty must have authority consistent with their responsibility for the instruction and evaluation of medical students. The responsibility of the clinical facility for patient care should not diminish or preclude opportunities for medical students to undertake patient care duties under the appropriate supervision of medical school faculty and junior staff / residents."

CAAM-HP assesses compliance with Standard ER-11 through discussions with clinical faculty during site visits to affiliated clinical locations. Furthermore, the CAAM-HP self-study document asks medical schools to "describe and evaluate the interaction between the administrators of the hospitals/clinics used for teaching and the medical school administration." It also asks medical schools to "describe and evaluate the level of interaction/cooperation between the staff members of the hospitals/clinics used for teaching and medical school faculty members and department heads[.]" AUA has provided responsive information in its self-study reports. See e.g., Exhibit 22 at 424-425 (addressing compliance with Standard ER-11).

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part B, pp. 3-4 and Medical Education Database 5.B-5 – Section V: Educational Resources, Exhibit 20, at Part B, pp. 1-9. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section I: Institutional Setting (2011), Exhibit 19 at pp.7 and Section V: Educational Resources (2011), Exhibit 21. A school is also asked to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions V.A.1 through V.A.4, p. 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 16-17, 49-53, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools to ensure that the proper resources are available for operations and for instruction of students. The country provided a copy of the AUA self-study (exhibit 22) that asks for the institution to describe and evaluate the interaction between the administrators of the hospitals/clinics used for teaching and the medical school administration. However, this self-study is from 2011. The country also mentions CAAM-HP's database in its narrative as a mechanism it uses to elicit information related to its standards in this area. However, the database provided is from 2011.

Additional Information Requested:

NCFMEA may wish to request an updated annual institutional database and a copy of the self-study that is more recent in order to ensure all of the questions asked in 2011 are still reflected in the current database and self-study.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

As set forth in Standard IS-5, the Chief Academic Officer, administrative officers, and members of a medical school faculty must be appointed by or on the authority of the governing body of the medical school or its parent university.

Under Standard IS-8, the dean or chief academic officer must be qualified by education and experience to provide leadership in medical education, in scholarly activity, and in the care of patients.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part B, pp. 3-4. In addition, the site visit team determines the adequacy of the chief academic officer's qualifications and experience. Determinations are based on information solicited through the database document (e.g., curriculum vitae), the team members' professional expertise, and the team's interactions with the chief academic officer during the site visit. Criteria such as the individual's medical qualifications, experience in teaching, patient care experience, research and publications, and professional affiliations are taken into account. AUA has provided information relating to standard IS-8 in its Medical Education Database submission. See e.g., Database Section I: Institutional Setting (2011), Exhibit 19 at pg. 8. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 16-17, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standards IS-5 and IS-8.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for the chief academic official of the medical schools to be qualified by education and experience and to provide leadership in medical education, in scholarly activity, and in the care of patients. The country also mentions CAAM-HP's database in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However, the database provided is from 2011. CAAM-HP has also provided a copy of the medical education database; however the information is not complete.

#### **Additional Information Requested:**

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

CAAM-HP does not prescribe the manner in which a medical education program must select a chief academic official. However, such process must result in a chief academic official who meets CAAM-HP's standards, meaning the person must be "qualified by education and experience to provide leadership in medical education, scholarly activity, and he/she or his/her deputy in the care of patients" as set forth in the Standards (i.e., IS-8). CAAM-HP asks a school to address the chief academic official's qualifications in its Database responses. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part B, p.4. AUA has provided information relating to standard IS-8 in its Medical Education Database submission. See e.g., Database Section I: Institutional Setting (2011), Exhibit 19, at pg. 8. Site visit teams are able to assess whether the chief academic official is qualified to occupy his or her position based in part on a medical education program's Database responses about the experience and qualifications of its chief academic official.

Under Standard IS-5, the chief academic officer must be appointed by or on the authority of the governing body of the medical school or its parent university. The process to select the chief academic official must result in a chief academic official who meets CAAM-HP standards, particularly IS-8, which requires the chief academic official to be "qualified by education and experience to provide leadership in medical education, scholarly activity, and he/she or his/her deputy in the care of patients" as set forth in the Standards. If a site visit team finds deficiencies with respect to a medical school's compliance with IS-8, the team would evaluate the factors that contributed to selection of an unqualified chief academic official, including the selection process.

As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit

14, pp. 16-17, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standards IS-5 and IS-8.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for the chief academic official of the medical schools to be qualified by education and experience and to provide leadership in medical education, in scholarly activity, and in the care of patients. However, CAAM-HP does not have a standard that gives specifics on the selection of the individual for this role. The country also mentions CAAM-HP's database in its narrative as the primary mechanism it uses to collect information and review qualifications for the chief academic official. However, the database provided is from 2011. CAAM-HP has also provided a copy of the medical education database; however the information is not complete.

The country provided a copy of the site visit report for American University of Antigua (exhibit 14) which documents its review under IS-8 that the present Dean and Provost's qualifications were reviewed.

#### **Additional Information Requested:**

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Faculty**

### **Country Narrative**

Standard FA-7 requires that medical school faculty must make decisions regarding student admissions, promotion, and graduation.

Standard FA-13 requires that the dean and a committee of faculty should determine medical school policies. The committee, which should consist of the heads of major departments, may be organized in any manner that brings reasonable and appropriate faculty influence into the governance and policy-making processes of the medical school.

Standard FA-8 requires that a medical school possess clear policies for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean/Chief Academic Officer.

Standard FA-14 requires that a medical school must have mechanisms for direct faculty involvement and decision-making relating to its educational program(s). Important areas where direct faculty involvement is expected include admissions, curriculum development and evaluation, and student promotions. This Standard also requires that faculty should be involved in decisions about any other mission-critical areas specific to the schools. Strategies for assuring direct faculty participation may include peer selection or other mechanisms that bring a broad faculty perspective to the decision-making process, independent of departmental or central administration points of view. The quality of an educational program may be enhanced by the participation of volunteer faculty and faculty governance, especially in defining educational goals and objectives.

Standard ED-1 requires that medical school faculty define the objectives of the educational program. Such objectives should state what students are expected to learn, not what is to be taught. Objectives for clinical education, including quantified criteria for the types of patients, the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met are also required. See Standard ED-2.

Pursuant to Standard ED-5, the faculty must approve a curriculum that provides a general professional education and fosters in students the ability to learn through self-directed, independent study throughout their professional lives.

Pursuant to Standard ED-29, the faculty must be responsible for the detailed design and implementation of the components of the curriculum. The educational program as a whole must be overseen by an institutional body such as a curriculum committee

consisting of faculty, students, and administrative representatives. It is expected to lead, direct, coordinate, control, plan, evaluate, and report on the program. See Standard ED-31. The faculty committee responsible for the curriculum must monitor the content provided in each discipline, giving careful attention to the impact on students of the amount of work required. See Standards ED-33 and ED-34.

Standard FA-15 requires that faculty should meet often enough for all faculty members to have the opportunity to participate in the discussion and establishment of medical school policies and practices.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 2-4, 15-19 and Medical Education Database 5.B-4 – Section IV: Faculty, Exhibit 15, at Part B, pp. 5-6, 8-9.

CAAM-HP asks a school to address these topics in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions III.A.1, p. 10; III.D.11 and III. D.12, p. 11; IV.B.4 through IV.B.7, p. 12; IV.C.8, p. 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with relevant standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools which require medical schools to have faculty involvement with decisions regarding admissions, hiring, retention, promotion, and discipline of faculty, and all phases of the curriculum including the clinical education portion. The site visit report (exhibit 14) for the American University of Antigua includes a review of faculty involvement.

Additional information is collected in the institutional Medical Education and the Medical Education Continuing Professional Education databases. However, it does not contain actual collected data.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Remote Sites, Question 1**

### **Country Narrative**

CAAM-HP's accreditation process encompasses complete education programs (basic sciences and clinical sciences) regardless of the distance to remote sites. As explained in CAAM-HP's accreditation guidelines:

"The 'scope of recognition' for CAAM-HP, as recognised by the participating countries of the region, is the accreditation of medical, dental, veterinary and degree nursing education programmes that are provided in the participating countries. Several schools offer multiple parallel segments of their education programmes, sometimes by way of separate campuses where students may complete portions of their study, or through distinct 'tracks' within educational programmes where students at a single location may learn similar content using varying educational methods. Schools may also offer programmes or parts of programmes in countries outside of the participating countries. By restricting the scope of recognition to complete education programmes, CAAM-HP is able to focus its assessment activities on comprehensive and comparable units of analysis, independent of the administrative structures of the schools that provide them. Thus, it does not confer accreditation on programmes of one or two-year duration, except as elements of a complete educational programme. Nor does it normally accredit programmes provided outside the participating countries even if the school responsible for the programme operates in the region." See Accreditation Guidelines for New and Developing Schools, Exhibit 23, p. 2.

As described in the CAAM-HP Accreditation Guidelines for New and Developing Schools, a medical education program consists

of education in both basic sciences (pre-clinical) and clinical sciences. See Exhibit 23 at p. 2. CAAM-HP does not allow the basic sciences portion of the program to be taken outside the country in which the medical school is located. With respect to all CAAM-HP accredited medical schools, the preclinical education program occurs only in the country in which the medical school is located. CAAM-HP may approve a program of medical education that offers the basic sciences portion of the program in the country in which the school is located and the clinical sciences portion of the program mainly at affiliated hospitals in the United States. For example, AUA conducts the two-year preclinical portion of the medical education program in Antigua, where it is located, and the clinical science portion of the medical education program primarily in the United States. CAAM-HP also approves a program of medical education conducted entirely in the country in which the medical school is located (e.g., the University of the West Indies).

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP Guidelines for New and Developing Schools (exhibit 23) which includes a requirement that states the basic sciences portion of the program cannot be taken outside the country in which the medical school is located.

### **Analyst Remarks to Response**

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## **Remote Sites, Question 2**

### **Country Narrative**

As set forth in the Standards, when a medical school offers all or part of its medical education program at geographically separate locations, there must be comparable educational experience and equivalent methods of evaluation across all alternative instructional sites within a given discipline.

Standard ED-7 sets forth in detail the requirements to be applied to the evaluation of the medical school to ensure that the quality of its education program at geographically separate sites is comparable to that at the main campus and that students are evaluated in a comparable manner at all sites. For example, Standard ED-7 sets forth:

- Course duration or clerkship length should be identical, unless a compelling reason exists for varying the length of the experience;
- The instruments and criteria used for student evaluation, as well as policies for the determination of grades, should be the same for all alternative sites;
- Faculty at each site should be sufficiently knowledgeable in the subject matter to provide effective instruction and should possess a clear understanding of the objectives of the educational program and the evaluation methods used to determine achievement of those objectives;
- Opportunities to enhance teaching and evaluation skills should be available for faculty at all instructional sites;
- While the types and frequency of problems or clinical conditions seen at alternate sites may vary, each course or clerkship must identify any core experiences needed to achieve its objectives and ensure that students receive sufficient exposure to such experiences;
- The proportion of time spent in inpatient and ambulatory settings may vary according to local circumstance, but in such cases the course or clerkship director must ensure that limitations in learning environments do not impede the accomplishment of objectives;
- The course or clerkship director should orient all participants, both teachers and learners, about the educational objectives and the assessment system used;
- Course or clerkship directors should review student evaluations of their experiences at alternative sites to identify any persistent variations in educational experiences or evaluation methods.

Several other Standards provide additional detail to operationalize the effective administration of the requirements set forth in Standard ED-7. For example:

Standard ED-35 requires the medical school's academic officers to be responsible for the conduct and quality of the educational program and for assuring the adequacy of faculty at all educational sites.

Standard ED-36 states that the academic officer in charge of each geographically separate site must be administratively responsible to the Chief Academic Officer of the medical school.

Standard ED-37 requires the faculty in each discipline at all sites to be functionally integrated through appropriate administrative mechanisms. Medical schools should demonstrate the means by which faculty participate in student education consistent with the objectives and performance expectations established by course or clerkship leadership. Mechanisms to achieve appropriate functional integration may include regular meetings, electronic communication, periodic visits to all sites by course or clerkship leadership, and sharing of course or clerkship evaluation data and other types of feedback regarding faculty performance of their educational responsibilities.

Standard ED-38 requires that there be a single standard for promotion and graduation of students across all geographically

separate sites.

Standard ED-39 requires the “parent” school to assume ultimate responsibility for the selection and assignment of all medical students in the case when geographically separated campuses are operated.

Standard ED-40 states that students assigned to all campuses should receive the same rights and support services.

Standard ED-41 states that students should have the opportunity to move among the component programs of the school.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 4-5, 20-22. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., Database Section III: Educational Programme (2011), Exhibit 13. CAAM-HP also asks a school to assess its practices in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions III.B.5, p. 10 and III.D.13, p. 11. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution’s compliance with relevant standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for the remote locations of the medical schools to be of comparable standard to those offered on the main campus. The country provided a copy of the site visit report (exhibit 14) for American University of Antigua that documents there is a Director of Education who reports to the Executive Dean at each affiliated hospital where there are AUA clerkships. Each core clerkship also has a Clinical Chair responsible for the quality of the educational provision in that clerkship.

The country also mentions CAAM-HP’s database in its narrative as a mechanism it uses to review that remote locations are meeting appropriate standards. However, the database provided is from 2011. CAAM-HP has also provided a copy of the medical education database; however the information is not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Program Length, Question 1**

### **Country Narrative**

Pursuant to Standard ED-4, the degree program of medical education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part A, item (a), p. 1 and Part B, p. 3. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 33, during its site visits, CAAM-HP reviews and assesses an institution’s compliance with Standard ED-4.

### **Analyst Remarks to Narrative**

The country states in its narrative that it follows CAAM-HP’s requirement of program length which requires at least four years duration and 130 weeks of instruction (ED-4 Standards). Institutions must respond to a question regarding program length in the annual medical education database and this information is verified through the on-site inspection.

### **Analyst Remarks to Response**



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## **Curriculum, Question 1**

### **Country Narrative**

Standard ED-6 states that the “curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health and disease.” CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, p.4. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 35, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standard ED-6.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to have a curriculum that incorporates the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health and disease. The site visit report (exhibit 14) for the American University of Antigua displays that CAAM- HP provided a detailed assessment of the school's curriculum.

The country also mentions CAAM-HP's database in its narrative as a mechanism it uses to elicit information related to its standards in this area. However, it is blank.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Curriculum, Question 2**

### **Country Narrative**

Under Standard, ED-6, the curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health and disease. The curriculum must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on care. Id.

The curriculum must include behavioral and socio-economic subjects, in addition to the basic sciences and clinical disciplines. See Standard ED-9. Pursuant to this Standard, subjects widely recognized as important components of the general professional education of a physician should be included in the medical education curriculum. The depth of coverage of the individual topics will depend on the school's educational goals and objectives. I

Pursuant to Standard ED-10, the curriculum must include the contemporary content of those disciplines that have been traditionally titled among anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, community and preventative medicine, as well as ethics, law, and international codes of conduct.

Pursuant to Standard ED-11, instruction within the basic sciences should include laboratory or other practical exercises that entail accurate observations of biomedical phenomena.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 4, 6-7. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section III: Educational Programme (2011), Exhibit 13, pp. 8-9, 13-16.

As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 34-35, during its site visits, CAAM-HP reviews and assesses an institution's compliance with relevant standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools for establishing curriculum. This includes concepts in the basic and clinical sciences, therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on care.

As noted for the previous question, the site visit report (exhibit 14) for the American University of Antigua does display that CAAM-HP provided a detailed assessment of the school's curriculum. The country also mentions CAAM-HP's medical education database in its narrative as a mechanism it uses to elicit information related to its standards in this area. However, it is not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Curriculum, Question 3**

### **Country Narrative**

Pursuant to Standard IS-12, students should have the opportunity to participate in research and other scholarly activities of the faculty.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part A, item (d). CAAM-HP also asks a school to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions I.B.3 through I.B.5, pp. 8-9. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section I: Institutional Setting (2011), Exhibit 19, pp. 12. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 18, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standard IS-12.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes the requirement for medical schools to encourage making available sufficient opportunities for medical students to participate in research and other scholarly activities of the faculty. As noted for the previous question, the site visit report (exhibit 14) for the American University of Antigua does display that CAAM-HP reviewed the school's curriculum and provided a detailed assessment of the school's curriculum.

The country also mentions CAAM-HP's database in its narrative as a primary mechanism it uses to elicit information related to its standards in this area. However, it is not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

##### **Country Narrative**

Pursuant to Standard IS-11, the program of medical education should be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

Pursuant to Standard ED-11, instruction within the basic sciences should include laboratory or other practical exercises that entail accurate observations of biomedical phenomena.

Pursuant to Standard ED-15, critical analyses of data must be a component of all segments of the curriculum.

Pursuant to Standard ED-21, the curriculum must include elective courses to supplement required courses. While electives permit students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests, they should also provide opportunities for students to pursue individual academic interests.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-1 – Section I: Institutional Setting, Exhibit 18, at Part B, p. 6, and Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 7, 9, 12. CAAM-HP also asks a school to assess the structure of its educational program in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions III.B.3 and III.B.4, p. 10. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with relevant standards.

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

The country adheres to the CAAM-HP accreditation standards (exhibit 8). While the standard does not reference or use the term service learning, it does include the requirement for medical schools to ensure that active learning and opportunities for lifelong learning occur. The site visit report (Exhibit 14) for the American University of Antigua documents CAAM-HP's review and assessment of this requirement.

The country also mentions CAAM-HP's database in its narrative as a primary mechanism it uses to elicit information related to its standards in this area. However, the responses for the database questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

##### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

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

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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#### **Curriculum, Question 5**

##### **Country Narrative**

Based on comments from members of the NCFMEA, including at the Spring 2016 NCFMEA Meeting, CAAM-HP understands that the NCFMEA expects medical students to have exposure to health care delivery in the context of community-based settings. While the term "service learning" is not used in the Caribbean region to capture this idea, the concept is being applied. The concepts of providing opportunities for medical students to participate in service-learning activities are outlined in Standards ED-10, ED-12, and ED-13, which address primary care and other community aspects of care as requirements of the medical program.

CAAM-HP's Advisory Committee, which has responsibility for the standards review process currently underway, has

recommended a new Education Programme standard be adopted, which reads as follows:

"The medical school should ensure that the medical education programme provides sufficient opportunities, encourages and supports medical students' participation in service-learning and community service activities. Service-learning is defined as a structured learning experience that combines community service with preparation and reflection."

CAAM-HP will discuss this new standard at its Annual General Meeting, July 27-30, 2016.

### **Analyst Remarks to Narrative**

The country's narrative states that CAAM-HP does not currently have a standard for addressing this topic. However, CAAM-HP is having conversations relative to this guideline and have proposed a new standard based on this topic for consideration at its July 27-30, 2016 meeting.

Additional information is requested:

The NCFMEA may wish to confirm if the adoption of the new standard requiring that service learning opportunities are available for its medical students.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Curriculum, Question 6**

### **Country Narrative**

Pursuant to Standard ED-10, the curriculum must include the contemporary content of those disciplines that have been traditionally titled among anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, community and preventative medicine, as well as ethics, law, and international codes of conduct.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, p. 7. . AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section III: Educational Programme (2011), Exhibit 13, at Part B, p. 16. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 35, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standard ED-10.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes ED-10 and the requirement for medical schools to include in the curriculum contemporary content of those disciplines that have been traditionally titled among anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, community and preventative medicine, as well as ethics, law, and international codes of conduct. However, it remains unclear how CAAM-HP consistently ensures that each medical school is providing its students with up-to-date content in its basic sciences curriculum. As discussed in the previous curriculum questions the site visit report (exhibit 14) for the American University of Antigua does display that CAAM- HP reviewed the school's curriculum and provided a detailed assessment in the site visit report.

The country also mentions CAAM-HP's medical education database in its narrative as a mechanism it uses to elicit information related to its standards in this area. However, the responses for the database questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. The committee may wish to also ask how CAAM-HP consistently ensures that each medical school is providing its students with up-to-date content in its basic sciences curriculum.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

## **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Curriculum, Question 7**

### **Country Narrative**

Introductory education within the basic sciences should include laboratory or other practical exercises that entail accurate observations of biomedical phenomena. See Standard ED-11. Critical analyses of data must be a component of all segments of the curriculum, pursuant to Standard ED-15.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 7, 9. AUA has provided information relating to these topics in its Medical Education Database submission. See e.g., AUA Database Section III: Educational Programme (2011), Exhibit 13, at Part B, p. 16, 20. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 35-36, during its site visits, CAAM-HP reviews and assesses an institution's compliance with relevant standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes ED-10 and the requirement for medical schools to include a laboratory portion of the basic sciences curriculum. The site visit report (exhibit 14) for the American University of Antigua does display that CAAM-HP reviewed the school's curriculum and provided a detailed assessment in the site visit report.

The country also mentions CAAM-HP's database in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However, the responses for the questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Clinical Experience, Question 1**

### **Country Narrative**

Pursuant to Standard ED-13, clinical experience in primary care, internal medicine, obstetrics and gynecology, child health/pediatrics, psychiatry, and surgery must be included as part of the curriculum. Student clinical experience must be based on out-patient, in-patient, and emergency settings.

Standard ED-2 requires that the objectives of a medical school for clinical education include quantified criteria for the types of patients, the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met. The Standard further requires that each course or clerkship that requires physical or simulated patient interactions should specify the number and kinds of patients that students must see in order to achieve the objectives of the learning experience. They should also specify the extent of student interaction with the patients and the venue(s) in which the interactions will occur, irrespective of the student's religious beliefs and with full respect for the autonomy of the patient. A corollary requirement of the Standard is that courses and clerkships will monitor and verify, by appropriate means, the number and variety of patient encounters in which patients participate so that adjustments in the criteria can be made if necessary without sacrificing educational quality.

The clinical sciences component must cover all organ systems and include the important aspects of preventative, emergency, acute, chronic, continuing, rehabilitative, family medicine and end-of-life care. See Standard ED-12.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 2-3, 8. AUA has provided information related to Standards ED-2, ED-12, and ED-13 in its Medical Education Database submission. See e.g., Database Section III: Educational Programme (2011), Exhibit 13 at pp. 4-5 (providing information relevant to standard ED-2), 17 (providing information relevant to standard ED-12), and 17-18 (providing information relevant to standard ED-13). During site visits CAAM-HP evaluated whether AUA was in compliance with each of those standards, specifically through visits to clinical training sites. See Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 31, 35.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to have clinical experience that occurs in out-patient, in-patient, and emergency settings. In addition, the standards require objectives of a medical school for clinical education include quantified criteria for the types of patients, the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met.

The data base also provides evidence of CAAM-HP's review of the information provided in the data base as part of the accreditation review process. However the responses for these questions are blank.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Clinical Experience, Question 2**

### **Country Narrative**

The Standards state: “[Graduates] should be capable of serving patients in resource poor conditions as well as in the modern hospital or clinic setting. Graduates should be skilled in making clinical diagnoses and undertaking basic treatment of those conditions that do not require specialist skills, but must know how to access specialist skills and facilities when required. The graduate doctor must also be capable of absorbing postgraduate training and after a period of supervised practise to enter independent practise in CARICOM countries. Graduates must have the capacity and desire for life-long learning so they can practise in circumstances where knowledge, health conditions and cultures are different or change over time. Since the further professional education of graduate doctors, before they are accepted to practise independently, varies from country to country, CAAM-HP may make recommendations as to the licensing requirements for graduate doctors who wish to practise in CARICOM countries. This acknowledges that most of the doctors currently being trained in the CARICOM region are being trained to enter countries where the professional requirements for further training towards independent practise may not be the same as those within CARICOM countries. For example, the assessment examination (USMLE 1 and 2) used by the USA to determine whether a graduate from a school in a CARICOM country, or other foreign locations, is capable of entering residency programmes in the USA is not considered by the competent CARICOM body, the Caribbean Association of Medical Councils (CAMC), to be a sufficiently thorough process to assess a doctor who wishes to enter independent practise in CARICOM countries. The standards are therefore written to assure governments, students and the public that graduates of medical schools in CARICOM countries attain educational standards that allow them to adapt to practise anywhere in the world.” See Standards, Introduction, Exhibit 8, pp. 1-2.

Standard ED-5 requires that “[t]he medical school must design and the faculty approve a curriculum that provides a general professional education, and fosters in students the ability to learn through self-directed, independent study throughout their professional lives.” Standards ED-2, ED-10, ED-12, ED-13, ED-14, and ED-16 also address matters related to this topic.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 3-4, 7-9. As demonstrated in the Report of a Full Accreditation Survey of the

American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with relevant standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools to design and the faculty approves a curriculum that provides a general professional education, and fosters in students the ability to learn through self-directed, independent study throughout their professional lives.

The country also mentions CAAM-HP's database in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However the responses for these questions are blank.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Clinical Experience, Question 3**

### **Country Narrative**

Standard ED-2 requires that the objectives of a medical school for clinical education include quantified criteria for the types of patients, the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met. The Standard further requires that each course or clerkship that requires physical or simulated patient interactions should specify the number and kinds of patients that students must see in order to achieve the objectives of the learning experience. They should also specify the extent of student interaction with the patients and the venue(s) in which the interactions will occur, irrespective of the student's religious beliefs and with full respect for the autonomy of the patient. A corollary requirement of the Standard is that courses and clerkships will monitor and verify, by appropriate means, the number and variety of patient encounters in which patients participate so that adjustments in the criteria can be made if necessary without sacrificing educational quality.

Standard ED-13 requires a medical education program to give students clinical experience in primary care, internal medicine, obstetrics and gynecology, child health/pediatrics, psychiatry, and surgery.

Standard ED-14 requires that educational opportunities be available in multi-disciplinary content areas, such as emergency medicine and geriatrics.

Standard ER-6 requires that the medical school have, or be assured use of, appropriate resources for the instruction of its medical students. Clinical resources should be sufficient to ensure breadth and quality of both ambulatory and bedside teaching. Such resources include adequate numbers and types of patients (acuity, case mix, age, gender, etc.) as well as physician resources for the treatment of illness, the prevention of disease, and the promotion of health.

When national and regional examinations are given at the request of government authorities (in order to license graduates), Standard CE-5 requires that such "examinations should cover the diagnosis, prevention and treatment of conditions which occur in the region and may include the diagnosis of transmissible disorders that occur internationally."

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 2-3, 8-9; and Medical Education Database 5.B-7 – Section VII: Continuing Professional Education, Exhibit 17, at Part B, p. 3. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with relevant standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools

clerkship. One of those requirements being, clerkships that require physical or simulated patient interactions should specify the number and kinds of patients that students must see in order to achieve the objectives of the learning experience. This is done in multiple disciplines and through various types of instructions so that students may be exposed to a wide variety of opportunities.

The country also mentions CAAM-HP's medical education database and continuing education database in its narrative as mechanisms it uses to elicit information related to its standards in this area. However the responses for these questions are blank.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database and a continuing professional database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Supporting Disciplines**

### **Country Narrative**

Standard ED-14 requires that educational opportunities be available in multidisciplinary content areas, such as emergency medicine and geriatrics, and in the disciplines that support the practice of medicine, such as diagnostic imaging and clinical pathology.

The clinical curriculum of a medical school must include elective courses to supplement required courses. See Standard ED-21.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 8-9, 12. AUA has provided information related to Standard ED-14 in its Medical Education Database submission. See e.g., Database Section III: Educational Programme (2011), Exhibit 13 at pp. 18-19. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standard ED-14.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to have educational opportunities be available in multidisciplinary content areas. The site visit report (exhibit 14) for the American University of Antigua does display that CAAM-HP reviewed the school's curriculum and provided a detailed assessment in the site visit report.

The country also mentions CAAM-HP's database in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However, the answers to the questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Ethics, Question 1**

### **Country Narrative**

Required curricular content includes instruction on ethics, law, and international codes of conduct. See Standard ED-10.

Standard ED-20 mandates that a medical school must teach medical ethics with respect for religion and other human values and their relationship to law and governance of medical practice. Under the Standard, students must be required to exhibit scrupulous ethical principles in caring for patients and, in relating to patients' families and others involved in patient care, students must strive to encompass community concerns. Each school must ensure that students receive instruction in medical ethics, human values, and communication skills before engaging in patient care activities. As students take on increasingly more active roles in patient care during their progression through the curriculum, adherence to ethical principles must be observed, evaluated, and reinforced through formal instructional efforts. Scrupulous ethical principles imply the characteristics of honesty, integrity, maintenance of confidentiality, and respect for patients, patients' families, other students, and other health professionals. Standard ED-20 also requires that in student-patient interactions there should be a system for identifying possible breaches of ethics in patient care through such means as faculty/resident observation of the encounter, patient reporting, or some other appropriate method.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 7, 11-12. AUA has provided information related to Standards ED-10 and ED-20 in its Medical Education Database submission. See e.g., Database Section III: Educational Programme (2011), Exhibit 13 at pp. 16, 25-26. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 35, 37, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to teach medical ethics with respect for religion and other human values and their relationship to law and governance of medical practice. The site visit report (exhibit 14) for the American University of Antigua does display that CAAM-HP reviewed the school's curriculum and provided a detailed assessment in the site visit report.

The country also mentions CAAM-HP's database in its narrative as the primary mechanism it uses to elicit information related to its standards in this area. However, the responses to the questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Communication Skills, Question 1**

### **Country Narrative**

As set forth in Standard ED-16, a medical school must provide specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, other health professionals, team work, and resolution of conflict.

Standard ED-20 requires that each school ensure that students receive instruction in communication skills before engaging in patient care activities.

Standard ED-26 requires that a medical school demonstrate that it engages in ongoing assessment of students to ensure that they

have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school's additional objectives, including assessment of students' problem solving, clinical reasoning, and communication skills in relation to both individuals and communities.

As set forth in Standard ED-27, the directors of all courses and clerkships of a medical school seeking accreditation must have designed and implemented a system of formative and summative evaluation of student achievement in each course and clerkship. Adherence to this Standard ensures that students have sufficiently developed communication skills.

Standard ED-28 states that narrative descriptions of student performance including personal qualities and interactions should be included as part of evaluations in all required courses and clerkships where teacher-student interaction permits this form of assessment.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 9, 11-12, 14-15. AUA has provided relevant information in its Medical Education Database submission. See e.g., Database Section III: Educational Programme (2011), Exhibit 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools regarding the communication skills of its students. The site visit report for the American University of Antigua (exhibit 14) which demonstrates a review of the institutions objectives as it relates to this guideline.

The country also mentions CAAM-HP's medical education database in its narrative as a mechanism it uses to elicit information related to its standards in this area. However the responses for these questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

Pursuant to Standard FA-14, a medical school should have mechanisms for direct faculty involvement in decisions related to the educational program, including curriculum development and evaluation.

As set forth in Standard ED-29, within a medical school, there must be an integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The faculty must be responsible for the detailed design and implementation of the components of the curriculum. An institutional body (commonly, a curriculum committee) must oversee the educational program as a whole. An effective central curriculum authority will exhibit: faculty, student, and administrative participation; expertise in curriculum design, pedagogy, and evaluation methods; and empowerment to work in the best interest of the institutional programs without regard for parochial or departmental pressures.

Standard ED-32 requires that the academic faculty of a medical school must have sufficient resources and authority to fulfill the responsibilities for the management and evaluation of the curriculum. The Standard provides that the kind of resources needed by the Chief Academic Officer to ensure effective delivery of the educational program include: adequate numbers of teachers who have the time and training necessary to achieve the program's objectives; appropriate and adequate teaching space for the methods of pedagogy employed; appropriate educational infrastructure (e.g., computers, audio-visual aids, laboratories, etc.);

educational support services such as examination grading, classroom scheduling, and faculty training; and support services for the efforts of the curriculum management body and for any interdisciplinary teaching efforts that are not supported at a departmental level.

Pursuant to Standard ED-32, the Chief Academic Officer must have explicit authority to ensure the implementation and management of the educational program and to facilitate change when modifications to the curriculum are deemed to be necessary.

Standard ED-33 requires that the faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school's educational objectives will be achieved. The committee working in conjunction with the Chief Academic Officer of the school should assure that each academic period of the curriculum maintains common standards for content. Such standards should address the depth and breadth of knowledge required for a general professional education in medicine, currency and relevance of content, and the extent of redundancy needed to reinforce learning of complex topics. The final year should complement and supplement the curriculum so that each student will acquire appropriate competence in general medical care regardless of their subsequent career specialty.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 15-19 and Medical Education Database 5.B-4 – Section IV: Faculty, Exhibit 15, at Part B, p. 8. CAAM-HP also asks a school to assess its curriculum management practices in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions III.D.11 and III.D.12, p. 11. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools that the faculty be involved in the curriculum evaluation process. The country has provided a copy of the site visit report for the American University of Antigua (exhibit 14) which demonstrates a review of the institutions objectives as it relates to this guideline.

The country also mentions CAAM-HP's medical education and faculty databases in its narrative as a mechanism it uses to elicit information related to its standards in this area. However the responses for these questions are blank.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

As set forth in Standard ED-29, within a medical school, there must be an integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

Pursuant to Standard ED-30, a medical school's curriculum must be designed to achieve the school's overall educational objectives. The Standard specifies that to do so, a curriculum should include: logical sequencing of the various segments of the curriculum; content that is coordinated and integrated within and across the academic periods of study (horizontal and vertical integration); the development of specific course or clerkship objectives; and methods of pedagogy and student evaluation that are appropriate for the achievement of the school's educational objectives.

Standard ED-31 sets forth that curriculum management should involve leading, directing, coordinating, controlling, planning, evaluating, and reporting and that evidence of effective curriculum management should include: evaluation of program effectiveness by outcomes analysis; monitoring of contents and workload in each discipline, including the identification of

omissions and unwanted redundancies; and review of the stated objectives of individual courses and clerkships as well as methods of pedagogy and student evaluation to assure congruence with institutional educational objectives and ongoing review and updating of content and assessment of course and teacher quality.

Pursuant to Standard ED-32, the Chief Academic Officer must have explicit authority to ensure the implementation and management of the educational program and to facilitate change when modifications to the curriculum are deemed to be necessary.

No entity in Antigua and Barbuda mandates that the evaluation of the curriculum of all medical schools be provided by a centralized authority or body.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 15-19. AUA has provided relevant information in its Medical Education Database submission. See e.g., Database Section III: Educational Programme (2011), Exhibit 13, pp. 33-42. CAAM-HP also asks a school to evaluate the effectiveness of its educational program in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions III.C.9 and III.C.10, p. 11; III.E.14 and III.E.15, pp. 11-12. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 39-40, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country states that no entity in Antigua and Barbuda mandates that the evaluation of the curriculum of all medical schools be provided by a centralized authority or body. However, the country does adhere to a number of CAAM-HP accreditation standards (exhibit 8) in response to this question that appear to support the guidelines for evaluation of the medical curriculum. The country has provided a copy of the site visit report for the American University of Antigua (exhibit 14) which demonstrates a review of the institutions objectives as it relates to this guideline.

The country also mentions CAAM-HP's medical education and AUA databases in its narrative as a mechanism it uses to elicit information related to its standards in this area. However the responses for the medical education database questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education and faculty databases that has data included in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

Pursuant to ED-24, a medical school faculty must establish a system for the evaluation of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviors, and attitudes. Evaluation of student performance should measure not only retention of factual knowledge, but also development of the skills, behaviors, and attitudes needed in subsequent medical training and practice. The use of data for solving problems commonly encountered in medical practice should be evaluated.

As set forth in Standard ED-29, within a medical school, there must be an integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

Pursuant to Standard ED-30, a medical school's curriculum must be designed to achieve the school's overall educational objectives. The Standard specifies that to do so, a curriculum should include: logical sequencing of the various segments of the

curriculum; content that is coordinated and integrated within and across the academic periods of study (horizontal and vertical integration); the development of specific course or clerkship objectives; and methods of pedagogy and student evaluation that are appropriate for the achievement of the school's educational objectives.

Standard ED-31 sets forth that curriculum management should involve leading, directing, coordinating, controlling, planning, evaluating, and reporting and that evidence of effective curriculum management should include: evaluation of program effectiveness by outcomes analysis; monitoring of contents and workload in each discipline, including the identification of omissions and unwanted redundancies; review of the stated objectives of individual courses and clerkships as well as methods of pedagogy and student evaluation to assure congruence with institutional educational objectives and ongoing review and updating of content and assessment of course and teacher quality.

Pursuant to Standard ED-32, the Chief Academic Officer must have explicit authority to ensure the implementation and management of the educational program and to facilitate change when modifications to the curriculum are deemed to be necessary.

Standard ED-31 states that evidence of effective curriculum management includes "[e]valuation of programme effectiveness by outcomes analysis." See also Standards ED-42 and ED-43. Pursuant to Standard ED-42, to guide program improvement, a medical school must evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met. In addressing program quality, a medical school must consider student evaluations of their courses and instructors as well as an appropriate variety of outcome measures. Among the outcome measures that serve this purpose are data on student performance, academic progress and program completion rates, acceptance into residency and postgraduate programs, postgraduate performance, and practice characteristics of graduates. Pursuant to Standard ED-43, medical schools must evaluate the performance of their students and graduates in the framework of national and international norms of accomplishment and performance within the health care system.

CAAM-HP asks a school to address these topics in its Database responses. For example, with regard to ED-42, the Medical Education Database requests information about which items from among a list of indicators the medical school uses to evaluate educational program effectiveness. These include, among others, performance-based assessment of clinical skills, results of national examinations, student advancement, and graduation rates, licensure rates, and specialty certification rates. For each checked item, the medical school is asked to indicate how the data are collected, what groups or individuals review the data, and how the information is used for purposes of curriculum review and revision. The medical school is also asked to provide evidence that the educational program objectives in the domain of knowledge, skills, behaviors, and attitudes are being achieved. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 15-19. CAAM-HP also asks a school to evaluate the effectiveness of its educational program in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions III.C.9 and III.C.10, p. 11; III.E.14 and III.E.15, pp. 11-12. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for a medical school's curriculum. Such as the requirement to evaluate of the effectiveness of the curriculum based on outcomes data. It appears that student achievement outcomes are left to the discretion of the individual medical school, and that the information relative to this is collected in the Medical Education Database, as well as the institution's self-study prior to the site visit. These include, among others, performance-based assessment of clinical skills, results of national examinations, student advancement and graduation rates, licensure rates, and specialty certification rates. The country has provided a copy of the site visit report for the American University of Antigua (exhibit 14) which demonstrates a review of the institutions objectives as it relates to this guideline.

The country also mentions CAAM-HP's medical education in its narrative as a mechanism it uses to elicit information related to its standards in this area. However the responses for the medical education database questions are not complete.

### **Additional Information Requested:**

NCFMEA may wish to request a completed medical education annual database and faculty database in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Admissions, Recruiting, and Publications, Question 1**

### **Country Narrative**

Standard MS-5 mandates that medical schools must select students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians in the social as well as the scientific sense. Standard MS-6 provides that the selection of individual students should not be influenced by political or personal financial reasons. Standard MS-7 provides that medical schools should have policies and practices ensuring the gender, cultural, racial, cultural, and economic diversity of their students.

CAAM-HP requests data from schools about the mean scores for all examinations taken by students in the entering first year class, which includes MCAT scores. See Medical Education Database 5.B.-2 – Section II. Medical Students, Exhibit 24, at Part A, p. 1. A CAAM-HP-accredited school in Antigua requires all matriculated students to have taken the MCAT and the results are reported annually to CAAM-HP. The school may use such scores in connection with monitoring performance. Based on studies that question the efficacy of MCAT scores as a predictor of success, the school does not factor in MCAT scores when making admission decisions.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part A, items (a), (b), (e), and (f), pp. 1-2 and Part B, p. 5. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25, pp. 8-9. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 22, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to collect data on its entering class including MCAT scores. However, it is stated in the narrative that based on studies that question the efficacy of MCAT scores as a predictor of success, schools do not factor in MCAT scores when making admission decisions.

In addition, CAAM-HP does not specify any particular type of preadmissions exams for use in admissions decision. It appears admission requirements are determined by the individual medical school. The site visit report (exhibit 14) for the American University of Antigua discusses the schools admissions policy at that particular institution.

Additional Information Requested:

NCFMEA may wish for more information regarding the collection of data for the evaluation of the quality of the school's admission practices.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

As set forth in Standard MS-1, a medical school should require as conditions for admission an undergraduate degree or an adequate level of preparation in the sciences. Students granted admission into a medical school should have a general education that includes the social sciences, history, arts, and languages in order for development of physician competencies outside of the scientific knowledge domain.

A medical education program establishes its own admissions standards; neither CAAM-HP nor the government of Antigua and Barbuda have established a national admissions standard. CAAM-HP requires the faculty of a medical education program to make decisions regarding admission, promotion, and graduation of its medical students. See Standard FA-7.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, p. 3. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25, p. 3. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 19, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

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

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to set its own standards for admissions. The site visit report (exhibit 14) for the American University of Antigua demonstrates a review of admissions occurred during the visit.

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

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

#### **Country Narrative**

Standard MS-2 requires that the faculty of each school must develop criteria and procedures for the selection of students that are readily available to potential applicants and to their collegiate advisors.

Pursuant to Standard MS-3, the final responsibility for selecting students to be admitted for medical study should reside with a duly constituted faculty committee. Persons or groups external to the medical school may assist in the evaluation of applicants but should not have decision-making authority. The catalogue or informational materials must enumerate the school's criteria for selecting students and describe the admissions process.

Pursuant to Standard MS-8, a medical school must develop and publish technical standards for the admission of handicapped applicants.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, pp. 3-6. CAAM-HP also asks a school to assess its admissions practices in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Question II.A.1, p. 9. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25, pp. 4-6, 9. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 19-20, 22-23, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

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

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to set its own standards for admissions. Specifically, standard MS-3, the final responsibility for selecting students to be admitted for medical study should reside with a duly constituted faculty committee. The site visit report (exhibit 14) for the American University of Antigua demonstrates a review of admissions occurred during the visit.

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

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

#### **Country Narrative**

As set forth in Standard MS-4, each medical school should have a pool of applicants sufficiently large and possessing the published qualifications to fill its entering class. The size of the entering class and of the medical student body as a whole should be determined not only by the number of qualified applicants but by the adequacy of critical resources, namely: finances; size of the faculty and the variety of academic fields they represent; library and informational systems resources; number and size of classrooms, student laboratories, and clinical training sites; patient numbers and varieties; student services; instructional equipment; and space for the faculty.

The same Standard requires that class size considerations should also include: any need to share resources to education graduate students or other students within the university; the size and variety of programs of graduate medical education; and responsibilities for continuing education, patient care, research, the size of the community, and the sensibility of the individual patient.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, pp. 4-5. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25, pp. 6-7. CAAM-HP also asks a school to assess its admissions practices in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions II.A.1 and II.A.2, p. 9. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 19-20, 20-22, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standard MS-4.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to set its own standards for size of the applicant pool and entering class. Specifically, Standard MS-4, requires that each medical school should have a pool of applicants sufficiently large and possessing the published qualifications to fill its entering class.

The site visit report for the American University of Antigua (exhibit 14) demonstrates how the onsite team reviewed the institution for the appropriateness of admissions relative to this guideline.

### **Analyst Remarks to Response**

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

### **Country Narrative**

As set forth in Standard MS-9, a medical school's catalogue or equivalent informational material must describe the requirements for the M.D. (or equivalent) degree to be awarded by the school and all associated joint degree programs. It must provide the most recent academic calendar for each curricular option and describe all required courses and clerkships offered by the school. The Standard requires that a medical school's publications, advertising, and student recruitment material should present a balanced and accurate representation of the mission and objectives of the program.

As per Standard MS-3, the school's catalogue or informational materials must enumerate the school's criteria for selecting students and describe the admissions process.

Pursuant to Standard MS-22, health services and disability insurance must be available to all students, with options to include dependents. Students must have access to preventative and therapeutic health services.

Standard MS-26 requires a medical school to define and publicize the standards of conduct for the teacher-learning relationship and to develop written policies for preventing and addressing violations of those standards. Mechanisms for reporting violation of these standards, such as harassment or abuse, should assure that complaints can be registered and investigated without fear of retaliation. The policies also should specify mechanisms for the prompt handling of such complaints, preventing inappropriate behavior, and corrective measures to be employed where such behavior occurs.

Standard MS-27 requires a medical school to publicize to all faculty and students its standards and procedures for the evaluation, advancement, and graduation of its students.

Standard MS-28 requires that there be a fair and formal process for taking any action that adversely affects the status of a student. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the student to respond, and an opportunity to appeal and adverse decision related to promotion, graduation, dismissal, or other disciplinary action.

With respect to requirements for publishing information about the language(s) of instruction, all countries except one (i.e., Suriname) over which CAAM-HP has jurisdiction are former British colonies in which English is the official and primary spoken language. CAAM-HP has never considered it necessary to require institutions to indicate the language of instruction, because English is the only language of instruction.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, pp. 3-4, 6, 13. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with relevant standards.

To date, CAAM-HP has not found it necessary to require a medical school to include in its catalog or equivalent informational



materials information about tuition and fees as all schools do provide this information on their websites and in their catalogs. For example, AUA provides information on tuition and fees on its website at: <https://www.auamed.org/admissions/tuition-and-financial-services/#financial-aid>. However, in the current standards review process, the Advisory Committee has recommended that current Standard MS-9 be expanded to include the following: "Publications must include annual costs for attendance, including tuition and fees." CAAM-HP will discuss this new standard at its Annual General Meeting, July 27-30, 2016.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to ensure that catalogues, publications, and other marketing materials used by the medical school to promote its educational program are balanced and accurately representation of the mission and objectives of the program. While it appears that the country has standards and processes that are relative to the majority of this guideline, it remains unclear if the medical school publishes and makes available to its medical students the annual costs for attendance, including tuition, and fees.

The site visit report for the American University of Antigua (exhibit 14) demonstrates how the onsite team reviewed the institution for appropriateness of admissions relative to this guideline.

Additional information is requested:

The NCFMEA may wish to further question the country regarding the determination that current standards address reporting of the annual costs for attendance, including tuition, and fees.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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

### **Country Narrative**

Standard MS-30 requires that students must be allowed to review and challenge their academic records. Standard MS-29 requires that student records must otherwise be confidential and available only to members of the faculty and administration with the need to know, unless released by the student or as otherwise governed by laws concerning confidentiality in the jurisdiction in which the medical school operates. CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, pp. 13-14. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25, pp. 28-30. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p.30, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

The Education Act, 2008, Exhibit 1, Sec. 22(3), states that every school in Antigua and Barbuda shall provide to a student who is 18 years of age or older a periodic or termly report of the student's academic performance and conduct, in such form and containing such information as the Director of Education may determine. It further states, in Sec. 22(5), that a student who is 18 years of age or older may examine and copy a student's record or request a certified copy of such record. Upon examination, if a student is of the opinion that the student's record contains inaccurate or incomplete information, the student is entitled to request the school's leadership to "rectify the record." See *id.*, Sec. 22(8). If the school refuses to do so, the student may appeal the matter to the Director of Education and, if dissatisfied, to the Education Appeal Tribunal. See *id.*, Secs. 22(9) – 22(10).

Except for a student's own access to review his or her record, the record is "privileged for the information and use of school and departmental officials as required for the performance of their functions and is not available to any other person without the written permission of . . . the student." See The Education Act, 2008, Exhibit 1, Sec. 22(6). Any person who discloses information from a student's record commits an offense under the Laws of Antigua and Barbuda and is "liable on summary conviction to a fine of not more than one thousand dollars." See *id.*, Sec. 22(11).

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to ensure that students have access to their records and that they are kept confidential. Specifically, Standard MS-30 requires that students must be allowed to review and challenge their academic records. Standard MS-29 requires that student records must

otherwise be confidential and available only to members of the faculty and administration with the need to know, unless released by the student or as otherwise governed by laws concerning confidentiality in the jurisdiction in which the medical school operates.

The site visit report (exhibit 14) for the American University of Antigua does comment on the confidentiality of student records and that students have access to their records. Additionally, the Education Act of 2008 (exhibit 1) requires that students have access to their records.

## **Analyst Remarks to Response**

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### **Student Achievement, Question 1**

#### **Country Narrative**

Pursuant to ED-24, the medical school faculty must establish a system for the evaluation of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviors, and attitudes. Evaluation of student performance should measure not only retention of factual knowledge, but also development of the skills, behaviors, and attitudes needed in subsequent medical training and practice. The ability to use data for solving problems encountered in medical practice should be evaluated. The sole use of frequent tests which require students to memorize details for short-term retention only is not considered a sufficient system of evaluation to foster self-initiated learning.

Pursuant to ED-27, the directors of all courses/clerkships must design/implement a system of formative and summative evaluation of student achievement in each course/clerkship.

Pursuant to MS-27, the medical school must publicize to all faculty and students its standard procedures for the evaluation, advancement, and graduation of its students and for disciplinary action.

Pursuant to ED-38, there must be a single standard for promotion and graduation of students across geographically separate campuses.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, p. 13; and Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, p. 13, 15, 21. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

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

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools to evaluate student achievement outcomes established by the medical school. The CAAM-HP standards ask that the medical schools employ a variety of measures of knowledge, skills, behaviors, and attitudes. There are several other CAAM-HP accreditation standards all of which discuss requirements relative to student achievement including the criteria for satisfactory academic progress and the requirements for graduation.

The site visit report for the American University of Antigua (exhibit 14) discusses student achievement under the evaluation of student achievement section and the educational program section and includes an assessment of the multiple methods employed to evaluate student achievement.

The country also mentions CAAM-HP's medical education program and medical education student databases in its narrative as a mechanism it uses to elicit information related to its standards in this area. However the responses for the database questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education and student databases that has data included in order to verify the responses to the questions relevant to this standard.

#### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

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

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Student Achievement, Question 2**

### **Country Narrative**

The Government of Antigua and Barbuda relies on CAAM-HP to evaluate student achievement in the context of accreditation, continuing accreditation, and licensure processes, all in accord with published standards. Those are the national requirements with respect to evaluation of student achievement. Medical schools are free to establish their own methods of evaluating student achievement, so long as such methods satisfy relevant Standards, including those identified here.

Pursuant to Standard ED-1, educational objectives (i.e., statements of the items of knowledge, skill, behaviors, and aptitudes that students are expected to exhibit as evidence of their achievement) must be documented by specific and measurable outcomes—that is, measures of basic science grounding in the clinical years, examination results, performance of graduates in residency training, performance in licensure examinations, etc.

Standard ED-24 charges the medical school faculty with the responsibility to establish a system for the evaluation of student achievement that employs a variety of measures of knowledge, skills, behaviors, and attitudes. Under the Standard, evaluation of student performance should measure not only retention of factual knowledge but also development of skills, behaviors, and attitudes needed in subsequent medical training and practice. The ability to use data for solving problems commonly encountered in medical practice is to be evaluated. The Standard makes clear that the sole use of frequent tests which condition students to memorize details for short-term retention only is not considered an acceptable system of evaluation to foster self-initiated learning.

As per Standard ED-25, a school's Chief Academic Officer, curriculum leaders, and faculty should understand or have access to individuals who are knowledgeable about methods for measuring student performance. Under this Standard, a medical school should provide opportunities for faculty members to develop their skills in such methods.

Likewise, pursuant to Standard ED-26, there must be ongoing assessment that assures that students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school's educational objectives. There must be evaluation of problem solving, clinical reasoning, and communication skills in relation to both individuals and communities.

Under Standard ED-27, it is specified that directors of all courses and clerkships should design and implement a system of formative and summative evaluations of student achievement in each course or clerkship. Those directly responsible for the evaluation of student performance should understand the uses and limitations of various test formats, criterion-referenced versus norm-referenced grading, reliability and validity of issues, formative versus summative assessment, and objective versus subjective formats. Each student should be evaluated early enough during a unit of study to allow time for remedial work, if necessary. Courses or clerkships that are short in duration may not have sufficient time to provide structured activities for formative evaluation. In such cases, some alternative means, such as self-testing or teacher consultation, that will allow students to measure their progress in learning should be provided.

Standard ED-28 provides that narrative descriptions of student performance including personal qualities and interactions should be included as part of the evaluation in all required courses and clerkships where teacher/student interaction permits this form of assessment.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 2, 13-15. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section III: Educational Programme (2011), Exhibit 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools to evaluate student achievement and require that medical schools establish principles and methods to evaluate student achievement and monitor the progress of students throughout their educational program. The site visit report for the American University of Antigua (exhibit 14) discusses student achievement demonstrating the evaluation of a medical school relative to this question.

The country also mentions CAAM-HP's database in its narrative as a primary mechanism it uses to elicit information related to its standards in this area. However the responses for the database questions are not complete.

**Additional Information Requested:**

NCFMEA may wish to request a completed medical education and faculty databases that has data included in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Student Achievement, Question 3**

### **Country Narrative**

Pursuant to Standard ED-24, the medical school faculty must establish a system for the evaluation of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviors, and attitudes. The CAAM-HP Standard states that the "sole use of frequent tests which condition students to memorize details for short-term retention only, is not considered a good system of evaluation to foster self-initiated learning." See Standard ED-24.

Pursuant to Standard ED-26, there must be ongoing assessment that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school's educational objectives; there must be evaluation of problem solving, clinical reasoning, and communication skills, in relation to both individuals and communities. See Standard ED-27.

Pursuant to Standard ED-37, each student should be evaluated early enough during a unit of study to allow time for remedial work. Courses or clerkships that are short in duration may not have sufficient time to provide structured activities for formative evaluation, but should provide some alternate means (such as self-testing or teacher consultation) that will allow students to measure their progress in learning.

Pursuant to Standard ED-38, there must be a single standard for promotion and graduation of students across geographically separate campuses.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 13-15, 21. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section III: Educational Programme (2011), Exhibit 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

As noted previously, the country does not set any national requirements by which medical schools are to evaluate student achievement. However, the medical schools must adhere to the CAAM-HP standards which require ongoing assessment that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school's educational objectives. Also required is evaluation of problem solving, clinical reasoning, and communication skills, in relation to both individuals and communities. The site visit report for the American University of Antigua (exhibit 14) discusses student achievement demonstrating the evaluation of a medical school relative to this question.

The country also mentions CAAM-HP's database in its narrative as a primary mechanism it uses to elicit information related to its standards in this area. However, the responses for the database questions are not complete..

**Additional Information Requested:**

NCFMEA may wish to request a completed medical education and faculty databases that has data included in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database

that is more recent to determine whether the questions asked in 2011 are still reflected in the current database.

## **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

## **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Student Achievement, Question 4**

### **Country Narrative**

CAAM-HP extensively monitors and appraises performance outcomes, although it has not set metric standards in that regard. Under the Standards, medical schools are free to establish their own methods of evaluating student achievement. As Antigua and Barbuda has determined to adopt the Standards and Procedures of CAAM-HP with respect to the accreditation of medical schools, Antigua and Barbuda does not set specific national requirements by which medical schools are to evaluate student achievement, nor has it established students' performance outcomes measures, benchmarks, or requirements for schools to determine whether to grant accreditation or approval to that school.

CAAM-HP considers examination-results data as part of its assessment of whether a medical program has evidence that its objectives are being met. Outcomes data of in-course examinations, both promotional and non-promotional, and degree-granting examinations must be documented in the Institutional Database and in the Annual Medical Schools Questionnaire of accredited institutions. See e.g., AUA Database Section III: Educational Programme, Exhibit 12, and AUA Annual Medical Schools Questionnaire, Exhibit 26. The data on degree-granting examinations will, where appropriate, be compared to international norms of accomplishment including USMLE Step 1 and 2. Such examination results and trends in such results will be taken into account by CAAM-HP in coming to its accreditation decisions. Failure to progress in the course, to graduate, or to achieve satisfactory results on international assessments at rates of 50% or less will be considered poor outcomes that can affect accreditation decisions and status.

If a medical school's data reflect failure rates that raise concerns, CAAM-HP would seek from the school an explanation for those results, including whether those results are due to low admissions requirements (e.g., MCAT scores), poor quality teaching (e.g., qualification and experience of faculty), and/or inadequate facilities and resources. CAAM-HP supports the general trend to assess outcomes data as part of the quality assurance process, while it also recognizes ongoing discourse regarding the specific role outcomes data should play in that process and the extent to which outcomes data should be part of a holistic quality assurance review or a determinative factor in final accreditation decisions.

### **Analyst Remarks to Narrative**

Antigua and Barbuda does not set specific national requirements by which medical schools are to evaluate student achievement, nor has it established students' performance outcomes measures, benchmarks, or requirements for schools to determine whether to grant accreditation or approval. to that school, However, the country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools to evaluate student achievement outcomes established by the medical school.. The CAAM-HP standards ask that the medical schools employ a variety of measures of knowledge, skills, behaviors, and attitudes. It is also stated in the narrative that CAAM-HP considers examination results as part of the review of the medical school and will take follow up action to discuss with a school if this information reflects a concern.

A copy of the annual report for the American University of Antigua (exhibit 26) discusses and evaluates student achievement. The country also mentions CAAM-HP's medical education program database in its narrative as a mechanism it uses to elicit information related to its standards in this area. However the responses for the databases questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education and student databases that has data included in order to verify the responses to the questions relevant to this standard.

## **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The

Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Student Achievement, Question 5**

### **Country Narrative**

Pursuant to Standard ED-42, medical schools must evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met. In assessing program quality, schools must consider student evaluations of their courses and teachers, and an appropriate variety of outcome measures.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, p.22. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section III: Educational Programme (2011), Exhibit 13, pp. 53-54. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p. 43, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standard ED-42.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools to evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met. While this differs from what the guideline states about collecting student feedback, the AUA site visit report (exhibit 14) does state places where student input was collected both during the visit and as part of the clerkship evaluation.

The data base also provides evidence of CAAM-HP's review of the information provided in the data base as part of the accreditation review process. However the responses for these questions are blank.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Student Services, Question 1**

### **Country Narrative**

Under Standard MS-15, a medical school must have a system of academic advising for students that integrates the efforts of faculty members, course directors, and student affairs officers with the school's counseling services. Standard MS-16 requires that the school have a system to assist students in career choice and applications to internship, residence, and post-graduate programs and to guide students in choosing elective courses. Pursuant to Standard MS-17, if students are permitted to take electives at other institutions, there is to be a system centralized in the dean's office to review a student's proposed extramural program prior to approval and to ensure the return of a performance appraisal by the host program. Standard MS-18 cautions that the process of applying for internship or residency programs should not disrupt the education of the students.

Under Standard MS-19, medical schools must provide students with effective financial aid and debt management counseling. In providing financial aid services and debt management counseling, schools should pay close attention and alert students to the impact of their total indebtedness.

The subjects of health services and personal counseling provided to students are covered by Standards MS-20 through MS-24. These Standards require that each school must have a confidential system of personal counseling for its students that includes programs to promote student well-being and facilitates students' adjustment to the physical and emotional demands of medical school. See Standard MS-20. The Standards also require that no confidential report from the counseling or health service may be used in the academic evaluation or promotion of students. See Standard MS-21. The Standards require that health services and disability insurance be available to all students with options to include their independents. See Standard MS-22. Students are to have access to preventative and therapeutic health services . Id.

Under Standard MS-23, medical schools should follow the Ministry of Health of Antigua and Barbuda guidelines in determining the minimum immunizations for medical students in the location(s) where they study, including electives. Medical schools must develop and publish policies and guidelines, including appropriate immunizations, to protect students from the transmissible and environmental hazards students may face in healthcare settings. See Standard MS-24. Policies addressing students' exposure to infections and environmental hazards should include: education about methods of prevention; procedures for care and treatment after exposure, including definition of financial responsibility; and the effects of infectious and environmental disease or disability on student learning activities. See Standard MS-24. Pursuant to Standard MS-24, all registered students (including visiting students) need to be informed of these policies before undertaking any educational activities that would place them at risk.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, pp. 8-12. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25, pp. 13-25. CAAM-HP also asks a school to assess student services in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions II.B.5 through II.B.8, pp. 9-10. Specifically, the CAAM-HP self-study document asks medical schools to “[e]valuate the level of tuition and fees in relation to the size of graduates’ accumulated debt, and to the level of financial aid needed and available. What is the school doing, including counseling, to minimize student indebtedness?” AUA has responded to this question in its revised self-study documents. See e.g., Exhibit 22 at pp. 380-381. AUA has also discussed its tuition and fees, available financial aid, and available counseling and financial literacy programming. In its self-study, AUA reported that “University Housing is available for all incoming first year students.” See e.g., id., Exhibit 22 at pg. 387.

As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 24-29, during its site visits, CAAM-HP reviews and assesses an institution’s compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools to provide services that support its students.

While it appears in the AUA site visit report (exhibit14) that the team was scheduled to meet with a variety of student support services, it is not explicit in its notes about meeting with those associated with counseling/mental health services as it is with the financial, academic, debt management, and career counseling services. The data base also provides evidence of CAAM-HP's review of the information provided in the data base as part of the accreditation review process. However the responses for these questions are not complete.

#### **Additional Information Requested:**

NCFMEA may wish to request a completed medical education annual database that has actual data included in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database. Finally, NCFMEA may want to seek clarification as to whether the site visit team was able to review the counseling services available for students at AUA.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Student Services, Question 2**

### **Country Narrative**

Standard MS-30 requires that students must be allowed to review and challenge their academic records. Standard MS-29 requires that student records must otherwise be confidential and available only to members of the faculty and administration with the need to know, unless released by the student or as otherwise governed by laws concerning confidentiality in the jurisdiction in which the medical school operates. CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, pp. 13-14. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25, pp. 28-30. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, p.30, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

The Education Act, 2008, Exhibit 1, Sec. 22(3), states that every school in Antigua and Barbuda shall provide to a student who is 18 years of age or older a periodic or termly report of the student's academic performance and conduct, in such form and containing such information as the Director of Education may determine. It further states, in Sec. 22(5), that a student who is 18 years of age or older may examine and copy a student's record or request a certified copy of such record. Upon examination, if a student is of the opinion that the student's record contains inaccurate or incomplete information, the student is entitled to request the school's leadership to "rectify the record." See *id.*, Sec. 22(8). If the school refuses to do so, the student may appeal the matter to the Director of Education and, if dissatisfied, to the Education Appeal Tribunal. See *id.*, Secs. 22(9) – 22(10).

Except for a student's own access to review his or her record, the record is "privileged for the information and use of school and departmental officials as required for the performance of their functions and is not available to any other person without the written permission of . . . the student." See The Education Act, 2008, Exhibit 1, Sec. 22(6). Any person who discloses information from a student's record commits an offense under the Laws of Antigua and Barbuda and is "liable on summary conviction to a fine of not more than one thousand dollars." See *id.*, Sec. 22(11).

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools that requires that students must be allowed to review and challenge their academic records. The country also cites the Education Act of 2008 (exhibit 1) that requires students must have access to their records. The site visit report for the American University of Antigua (exhibit 14) discusses how the student records are stored and who has access to that information.

The country also mentions CAAM-HP's database in its narrative as a mechanism it uses to elicit information related to its standards in this area. However the responses for the database questions are not complete.

### **Additional Information Requested:**

NCFMEA may wish to request a completed medical education and faculty databases that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Student Complaints, Question 1**

### **Country Narrative**

As per the Procedures, Exhibit 9, p. 21 and Appendix H, CAAM-HP will accept and investigate complaints about program quality that, if substantiated, may constitute non-compliance with accreditation standards. Pursuant to CAAM-HP Procedures: "Any person concerned about the quality of an undergraduate education programme accredited by the CAAM-HP may contact the CAAM-HP Secretariat to discuss lodging or lodge a complaint. Only those complaints will be investigated that, if substantiated, may constitute non-compliance with accreditation standards. The CAAM-HP will not intervene on behalf of an individual personal complaint regarding, for example, matters of admission, appointment, promotion, or dismissal of faculty or students unless the matter is deemed to represent a breach of accreditation standards." See Procedures, Exhibit 9, Appendix H.

Pursuant to the Procedures, the "CAAM-HP Secretariat will make an initial determination of whether the complaint contains issues



relating to the programme's compliance with accreditation standards. If the CAAM-HP Secretariat determines that the complaint does raise such issues, the secretariat will contact the dean, including the letter of complaint and corroborating information, and citing the information that the dean should provide in response. A response from the dean will ordinarily be requested within four (4) weeks. The initial letter of complaint, including the corroborating materials, and the response from the dean will be reviewed by an ad hoc subcommittee on Complaints that is appointed by the secretariat in consultation with the Chair." See id. If the subcommittee determines that some areas of non-compliance with Standards exist, it will present its findings and recommendations to CAAM-HP at CAAM-HP's next regularly scheduled meeting. See id.

Standard MS-26 requires each medical school to define and publicize the standards for conduct for teacher-learner relationships and develop written policies for preventing and addressing violations of those standards. Mechanisms for reporting violations of those standards, such as incidents of harassment or abuse, should assure that complaints can be registered and investigated without fear of retaliation. The policies also should specify mechanisms for the prompt handling of such complaints, preventing inappropriate behavior, and corrective measures to be employed where such behavior occurs.

Standard MS-28 requires that a medical school must have a fair and formal process for taking any action that adversely affects the status of a student. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, and opportunity for the student to respond and to appeal any adverse decision related to promotion, graduation, dismissal, or other disciplinary action.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, pp. 12-13. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section II: Medical Students (2011), Exhibit 25, pp. 26-28. CAAM-HP also asks a school to assess its practices in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions II.C.9 and II.C.10, p. 10. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 29-30, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

Antigua and Barbuda does not have a written procedure for addressing student complaints that is separate from the procedures set forth by each school and CAAM-HP. However, incident to the responsibilities and powers vested in the Minister of Education by The Education Act, 2008, the Minister of Education has the power and responsibility to revoke the authority granted to an institution to operate in Antigua and Barbuda if, in the opinion of the Minister, such institution has ceased to be conducted in accordance with the requirements of The Education Act, 2008, or any regulations propagated thereunder. See The Education Act, 2008, Exhibit 1, Sec. 109, p. 65.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools including that a medical school must have a fair and formal process for taking any action that adversely affects the status of a student. The site visit report for the American University of Antigua (exhibit 14) discusses how the student complaint process was reviewed. The country also provide exhibit 9 which discusses its procedures for complaint processing.

The country also mentions CAAM-HP's database in its narrative as a primary mechanism it uses to elicit information related to its standards in this area. However the responses for the databases questions are blank.

### **Additional Information Requested:**

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Student Complaints, Question 2**

### **Country Narrative**

As per the Procedures, Exhibit 9, p. 21 and Appendix H, CAAM-HP will accept and investigate complaints about program quality that, if substantiated, may constitute non-compliance with accreditation standards. Pursuant to CAAM-HP Procedures: "Any person concerned about the quality of an undergraduate education programme accredited by the CAAM-HP may contact the CAAM-HP Secretariat to discuss lodging or lodge a complaint. Only those complaints will be investigated that, if substantiated, may constitute non-compliance with accreditation standards. The CAAM-HP will not intervene on behalf of an individual personal complaint regarding, for example, matters of admission, appointment, promotion, or dismissal of faculty or students unless the matter is deemed to represent a breach of accreditation standards." See Procedures, Exhibit 9, Appendix H.

Pursuant to the Procedures, the "CAAM-HP Secretariat will make an initial determination of whether the complaint contains issues relating to the programme's compliance with accreditation standards. If the CAAM-HP Secretariat determines that the complaint does raise such issues, the secretariat will contact the dean, including the letter of complaint and corroborating information, and citing the information that the dean should provide in response. A response from the dean will ordinarily be requested within four (4) weeks. The initial letter of complaint, including the corroborating materials, and the response from the dean will be reviewed by an ad hoc subcommittee on Complaints that is appointed by the secretariat in consultation with the Chair." See Procedures, Exhibit 9, Appendix H. If the subcommittee determines that some areas of non-compliance with Standards exist, it will present its findings and recommendations to CAAM-HP at CAAM-HP's next regularly scheduled meeting. See id.

To date, CAAM-HP has received no formal complaints from any AUA students.

Antigua and Barbuda does not have a written procedure for addressing student complaints that is separate from the procedures set forth by each school and CAAM-HP. However, incident to the responsibilities and powers vested in the Minister of Education by The Education Act, 2008, the Minister of Education has the power and responsibility to revoke the authority granted to an institution to operate in Antigua and Barbuda if, in the opinion of the Minister, such institution has ceased to be conducted in accordance with the requirements of The Education Act, 2008, or any regulations propagated thereunder. See The Education Act, 2008, Exhibit 1, Sec. 109, p. 65.

### **Analyst Remarks to Narrative**

The country states that Antigua and Barbuda does not have a written procedure for addressing student complaints that is separate from the procedures set forth by each school and CAAM-HP. However CAAM-HP does review issues that are brought to its attention and it also states that no complaints have been received from students from AUA.

However, it is unclear how medical students are notified of their right to submit complaints about program quality directly to CAAM-HP. As well, it is unclear if CAAM-HP requires school mechanisms for the handling of complaints to include the contact information for CAAM-HP, so that students can submit complaints not resolved at the institutional level.

Additional Information Requested:

The NCFMEA may wish to ask for additional clarity about the complaint notification process and the mechanisms for handling those complaints not resolved at the institution.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Finances, Question 1**

### **Country Narrative**

Medical schools in Antigua and Barbuda may be either publicly or privately owned. In either case, as set forth in Standard ER-2, the current and anticipated financial resources of the medical school must be adequate to sustain a sound program of medical education and to accomplish other institutional goals. The costs of conducting an accredited program leading to an M.D. (or equivalent) degree should be supported from diverse sources, including tuition, endowments, support from the parent university, covenants, grants from organizations and individuals, and appropriations by government. Evidence for compliance with this

Standard will include documentation of adequate financial reserves to maintain the educational program in the event of unexpected revenue losses and demonstration of the effective fiscal management of the medical school budget. This information may be submitted to CAAM-HP under confidential cover. Typically, larger schools provide such information prior to a site visit, but smaller schools may provide the information during the site visit.

Pursuant to Standard ER-3, pressure for institutional self-financing must not compromise the educational mission of the medical school nor cause it to enroll more students than its resources can accommodate. Reliance on student tuition should not be so great that the quality of the program is compromised by the need to enroll or retain inappropriate numbers of students or students who qualifications are substandard.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-5 – Section V: Educational Resources, Exhibit 20, at Part B, pp. 1-2. As part of the accreditation review, AUA has provided to CAAM-HP its Consolidated Financial Statements with Auditors' Reports. See e.g., AUA Medical Education Database Section V: Educational Resources (2011), Exhibit 21 at pg. 3 (responding to a request that the school “[p]rovide the audited financial statements of account for the last three years”). CAAM-HP also asks a school to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions V.A.1 through V.A.4, p. 13. AUA responded to these questions, such as in its revised self-study document submitted shortly before the 2011 site visit, see Exhibit 22 at pp. 412, 419-420. Further, all CAAM-HP accredited programs are required to submit to CAAM-HP a completed Annual Medical School Questionnaire, in which questions 13-15 request information on number of students admitted, source(s) of funding, and tuition and fees for the current year and two prior years. See Exhibit 26. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 49-50, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

The government of Antigua and Barbuda requires schools to provide certain financial information when registering with the government. See The Education Act, 2008, Exhibit 1, at § 98.

Pursuant to Standard MS-4, the size of the entering class and of the medical student body as a whole should be determined not only by the number of qualified applicants but also by the adequacy of critical resources (e.g., finances, size of the faculty, library and information systems resources, number and size of classrooms, patient numbers and variety, student services, instructional equipment, etc.). After conducting a site visit of a new school, CAAM-HP will determine if the school must reduce the number of students that they plan to enroll owing to any deficiencies in their resources. If needed, CAAM-HP may impose an enrollment cap on a school that is currently operating in order to ensure there are sufficient resources for its operation. CAAM-HP can evaluate the adequacy of critical resources through unannounced visits as well.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-2 – Section II: Medical Students, Exhibit 24, at Part B, pp. 4-5. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 20-22, during its site visits, CAAM-HP reviews and assesses an institution's compliance with Standard MS-4.

The government of Antigua and Barbuda does not limit the size of an educational program; it relies upon CAAM-HP to take such actions as needed.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes requirements for medical schools to be reviewed based on financial obligations. The site visit report for the American University of Antigua (exhibit 14) discusses how a review of this information was conducted. In addition, the country provided additional evidence (the self-study document) which also demonstrates that the American University of Antigua provided financial information for review by CAAM-HP as part of the accreditation review process. Further articulated is that financial information is collected through the use of the annual medical education program database, however the information is not complete.

### **Additional Information Requested:**

NCFMEA may wish to request a completed medical education and faculty database that has data included in order to verify the responses to the questions relevant to this standard.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Facilities, Question 1**

### **Country Narrative**

As per Standard ER-4, a medical school in Antigua and Barbuda must have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals. These include: offices for faculty, administrators, and support staff; teaching laboratories and other space appropriate for conduct of research and space for humane care of animals when animals are used in teaching or research; student classrooms and laboratories; lecture halls sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including student study space; and space for library and information access.

As per Standard ER-6, a medical school must have, or be assured use of, appropriate resources for the clinical instruction of its medical students. Clinical resources should be sufficient to ensure breadth and quality of ambulatory and bedside teaching, including adequate numbers and types of patients as well as physical resources for treatment of illness, prevention of disease, and promotion of health.

As per Standard ER-7, a hospital or other clinical facility that serves as a major site for medical student education must have appropriate instructional facilities and information resources, including areas for individual student study, for conferences, and for large group presentations such as lectures. Library holdings and access to other library systems must either be present or readily available in the immediate vicinity. Sufficient computers, call rooms, and lockers should be available for student use.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-5 – Section V: Educational Resources, Exhibit 20, at Part B, pp. 2-3. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section V: Educational Resources (2011), Exhibit 21, pp. 3-43. CAAM-HP also asks a school to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions II.C.11, p. 10; III.A.2, p. 10; V.B.5 through V.B.6 and V.C.7, p. 13. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 50-51, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

Determinations as to whether the above Standards are satisfied is to be made by site visits to the facilities of each medical school to be evaluated for accreditation by CAAM-HP, as set forth in the "Guidelines for Accreditation Survey Visits on behalf of the CAAM-HP" (CAAM-HP-4.1-2012), Exhibit 27.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools including that a medical school has the appropriate resources for the clinical instruction of its medical students or that the medical school has assured access to the appropriate resources. This includes clinical locations as well. The site visit report (exhibit 14) for the American University of Antigua assesses the facilities at the medical school relative to the education program.

The data base also provides evidence of CAAM-HP's review of the information provided in the data base as part of the accreditation review process. However the responses for these questions are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database that has data included in it so that they can verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent so that they are able to ensure all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Facilities, Question 2**

### **Country Narrative**

Pursuant to Standard ER-4, a medical school in Antigua and Barbuda must have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals. These include: offices for faculty, administrators, and support staff; teaching laboratories and other space appropriate for conduct of research and space for humane care of animals when animals are used in teaching or research; student classrooms and laboratories; lecture halls sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including student study space; and space for library and information access.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-5 – Section V: Educational Resources, Exhibit 20, at Part B, p. 2-3. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section V: Educational Resources (2011), Exhibit 21, pp. 3-7. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 50, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes requirements for medical schools that meet the guidelines under part (c). However it remains unclear if there are standards relative to part (d) regarding if the medical school is encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

The country also mentions CAAM-HP's database in its narrative as a primary mechanism it uses to elicit information related to its standards in this area. However the responses for the databases questions are not complete.

### **Additional Information Requested:**

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Faculty, Question 1**

### **Country Narrative**

The requirements for accreditation of medical schools related to the size of the faculty and the qualifications for appointment to the faculty are set forth in Standards FA-1 through FA-12. These Standards provide that recruitment and development of the medical school's faculty should take into account its mission, the diversity of its student body, and the population that it serves. See Standard FA-1. The Standards further provide that there must be a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs of the educational program and the other missions of the medical school. See Standard FA-2. In this regard, the Standards provide that in determining the number of faculty needed for the educational program, medical schools should consider that faculty may have educational and other responsibilities in academic programs other than medicine. In the clinical sciences, the number and kind of faculty appointed should also relate to the amount of patient care, health promotion, and prevention activities required to conduct meaningful clinical teaching across the continuum of medical education .ld.

The Standards also provide that persons appointed to faculty positions must have demonstrated achievement commensurate with their academic rank, see Standard FA-3, and that members of the faculty should have the capability and continuing commitment to be effective teachers. See Standard FA-4. Effective teaching requires knowledge of the discipline and understanding of curriculum design and development, curriculum evaluation, and methods of instruction. Faculty members involved in teaching, course planning, and curriculum evaluation should possess or have ready access to expertise in teaching methods, curriculum development, program evaluation, and student evaluation. Such expertise may be supplied by an office of medical education or by

faculty/staff members with background in educational science. Faculty involved in the development and implementation of a course, clerkship, or other large curricular unit should be able to design the learning activities and corresponding evaluation methods (student and program) in a manner consistent with the school's stated objectives and sound educational principles. Among the lines of evidence indicating compliance with this Standard are the following: documented participation of the faculty in professional development activities related specifically to teaching and evaluation; attendance at international, regional, or national meetings on educational affairs; and evidence that the faculty members' knowledge of their discipline is current. See Standard FA-4.

As per Standard FA-5, physicians appointed to the faculty from outside of the school on a part-time basis or as volunteers should be effective teachers, serve as role models for students, and provide insight into contemporary methods of providing patient care, prevention of illness, and promotion of health in the community.

Standard FA-6 requires that faculty members should have a commitment to continuing with scholarly productivity characteristic of an institution of higher learning.

CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database 5.B-4 – Section IV: Faculty, Exhibit 15, at Part B, pp. 1-5.

CAAM-HP also asks a school to assess and evaluate itself with regard to these topics in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions IV.A.1 through IV.B.7, p. 12. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 43-47, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes several requirements for medical schools to have faculty that is of sufficient size, breadth, and depth to provide the scope of the educational program offered. In addition, the site visit report (exhibit 14) for the American University of Antigua does comment on faculty.

The country also mentions CAAM-HP's medical education database in its narrative as a mechanism it uses to elicit information related to its standards in this area, but the responses for the database questions were not complete.

Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database from the country.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Faculty, Question 2**

### **Country Narrative**

Standard FA-9 requires that a medical school should have policies that deal with circumstances in which the private interests of faculty members or staff may be in conflict with their official responsibilities. Standard FA-8 requires that there be clear policies for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean/Chief Academic Officer.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-4 – Section IV: Faculty, Exhibit 15, at Part B, p. 6. CAAM-HP also asks a school to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Question IV.B.5, p. 12. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 45-46, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to have

policies on for prevention of faculty conflict of interest. The site visit report (exhibit 14) for the American University of Antigua does discuss and assess the school's faculty.

The country also mentions CAAM-HP's medical education database in its narrative as a mechanism it uses to elicit information related to its standards in this area, but the answers were not complete. Additionally, an institution is required to address faculty conflicts of interest in its self-study.

Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database from the country.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Library**

### **Country Narrative**

The Standards relating to the quality of a medical school's library are set forth in Standards ER-12 through ER-13. Standard ER-12 provides that a medical school must have access to a well-maintained library and information facility sufficient in size, breadth of holdings, and information technology to support its education and other missions. This Standard also provides that there should be physical or electronic access to leading biomedical, clinical, and other relevant periodicals, the current numbers of which should be readily available. The library and other learning resource centers must be equipped to allow students to access information electronically, as well as to use self-instructional materials.

Standard ER-13 requires that the medical school's library and information service staff must be responsive to the needs of the faculty, junior staff/residents, and students of the medical school. Professional staff should supervise the library and informational services and provide instruction in their use. The library and information services staff should be familiar with current international, regional, and national information resources and data systems and with contemporary information technology. Both school officials and library/information services staff should facilitate access of faculty, residents, and medical students to information resources, addressing their needs for information during extended hours and at dispersed sites.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-5 – Section V: Educational Resources, Exhibit 20, at Part B, pp. 7-9. AUA has provided relevant information in its Medical Education Database submission. See e.g., AUA Database Section V: Educational Resources (2011), Exhibit 21, pp. 52-58. CAAM-HP also asks a school to address this topic in its self-study report. See Guide to the Institutional Self Study for Programmes of Education in Medicine, Exhibit 16, at Questions V.D.10 through V.D.13, p. 14. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 52-53, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to assess the quality of a medical school's library including sufficiency of resources and professional staff. The site visit report (exhibit 14) for the American University of Antigua demonstrates a review of the library.

The country also mentions CAAM-HP's medical education and institutional databases in its narrative as mechanisms it uses to elicit information related to its standards in this area. However, the medical education database is blank. Additionally, an institution is required to address library and other learning resource centers in its self-study.

Additional Information Requested:

NCFMEA may wish to request a completed medical education annual database in order to verify the responses to the questions relevant to this standard. NCFMEA may also wish to request an updated annual institutional database that is more recent to determine whether all of the questions asked in 2011 are still reflected in the current database.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Clinical Teaching Facilities, Question 1**

### **Country Narrative**

As set forth in Standard ER-9, there must be a written and signed affiliation agreement between the medical school and its clinical affiliates that defines, at a minimum, the responsibilities of each party related to the educational program for medical students. Under the Standard, written agreements are necessary between the medical school and hospitals or clinics that are used regularly as in-patient care sites for core clinical clerkships. Additionally, affiliation agreements may be warranted with other clinical sites that have a significant role in the clinical education program.

The Standard also requires that affiliation agreements address, at a minimum, the following areas: the assurance of student and faculty access to appropriate resources for medical school education; the primacy of the medical school over academic affairs and the education/evaluation of students; the role of the medical school in appointment/assignment of faculty members with responsibility for medical student teaching; and specification of responsibility for treatment and follow-up when students are exposed to infectious or environmental hazards or other occupational injuries.

Under Standard ER-10, if the department heads of the school are not the clinical service chiefs, the affiliation agreements must confirm the authority of the department head to assure faculty and student access to appropriate resources for medical student education. Pursuant to Standard ER-10, CAAM-HP should be advised of anticipated changes in affiliation status of a program's clinical facilities.

Likewise, under Standard ER-11, in the relationship between the medical school and its clinical affiliates, the educational program for medical students must remain under control of the school's faculty. Regardless of the location where the clinical instruction occurs, department heads and faculty must have authority consistent with their responsibility for the education and evaluation of medical students. The responsibility of the clinical faculty for patient care should not diminish or preclude opportunity for medical students to undertake patient care duties under the appropriate supervision of medical school faculty and junior staff/residents.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-5 – Section V: Educational Resources, Exhibit 20, at Part B, pp. 6-7. CAAM-HP reviews affiliation agreements executed by each school to ensure such agreements are consistent with the Standards; it does not formally approve affiliation agreements. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 51-52, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards. As indicated in the Report, the site visit team found AUA was in "partial compliance" with Standard ER-9 because "[t]he team was supplied with written agreements for many but not all hospitals."

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes a requirement for medical schools to develop affiliation agreements with clinical teaching sites. However, the country has not provided an example of an agreement. The site visit report (exhibit 14) for the American University of Antigua demonstrates a review of an agreement, but notes that there were a few missing from some hospitals.

The country also mentions CAAM-HP's medical education and institutional databases in its narrative as a mechanism it uses to elicit information related to its standards in this area. However, the medical education database question responses are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database and an example copy of an affiliation agreement.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**



The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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### **Part 3: Accreditation/Approval Processes and Procedures**

#### **Onsite Review, Question 1**

##### **Country Narrative**

CAAM-HP conducts an on-site review at a medical school prior to granting it accreditation. The on-site review includes a review of the school's admissions process, its curriculum, its faculty, the achievement of its students and graduates, and the facilities and academic support services available to students. See the Guide to the Institutional Self-Study for Programmes of Education in Medicine (the CAAM-5.1-2012), Exhibit 16 and the Procedures, Exhibit 9.

Exhibit 28 is an Overview of CAAM-HP Surveyor's Orientation.

Exhibit 29 is an example of CAAM-HP's Schedule for a Full Accreditation Survey of one of the medical schools that has undergone CAAM-HP's accreditation process.

Exhibit 30 and Exhibit 14 are Site Visit Reports of 2011 and 2014 compiled by the respective teams following site visits to AUA.

CAAM-HP's on-site reviews encompass the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the medical school as well as (required) clinical clerkship sites affiliated with the medical school. Exhibit 27 is CAAM-HP's Guidelines for Accreditation Survey Visits on behalf of the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (the CAAM-4.1-2012). See p. 12, which describes how the site visit schedule should be determined if geographically remote sites will be visited. Please see also CAAM-HP's Procedures, Exhibit 9. See p. 14, which requires a medical school to notify CAAM-HP when a new geographically remote program or campus is to be established; in such cases, a limited survey visit may be conducted.

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

The country states that CAAM-HP follows a process for conducting an onsite review prior to granting accreditation. This is documented in site visit reports for AUA (exhibit 14 and 30). The site visit reports documents that the team reviewed admission processes, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students. The country has also provided CAAM-HP's guidelines for site visits (exhibit 27) and their orientation guide for the reviewers (exhibit 28).

The country states in their narrative that they follow the CAAM-HP's on-site review process so that it encompasses the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the medical school as well as (required) clinical clerkship sites affiliated with the medical school.

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

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#### **Onsite Review, Question 2**

##### **Country Narrative**

CAAM-HP's on-site reviews encompass the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the medical school as well as (required) clinical clerkship sites affiliated with the medical school. Exhibit 27 is CAAM-HP's Guidelines for Accreditation Survey Visits on behalf of the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (the CAAM-4.1-2012). See p. 12, which describes how the site visit schedule should be determined if geographically remote sites will be visited.

With respect to the quality of teaching sites, the Standards by which the quality of the sites are evaluated, and who is responsible for ensuring that quality, Standards ER-6 through ER-8 provide that a medical school must have, or be assured use of, appropriate resources for the clinical instruction of its medical students. See Standard ER-6. Under that Standard, clinical resources should be sufficient to ensure breadth and quality of both ambulatory and bedside teaching. Such resources include adequate numbers and types of patients (acuity, case mix, age, gender, etc.) as well as physical resources for the treatment of illness, the prevention of disease, and the promotion of health.

Standard ER-7 requires that a hospital or other clinical facility that serves as a major site for medical student education must have appropriate instructional facilities and information resources. Appropriate instructional facilities include areas for individual student study, conferences, and large group presentations such as lectures. Sufficient information resources, including library holdings and access to other library systems, must either be present in the facility or readily available in the immediate vicinity. A sufficient number of computers are needed that allow access to the internet and to other educational software, and call rooms and lockers or other secure spaces to store personal belongings should be available for student use.

Pursuant to Standard ER-8, required clerkships should be conducted in healthcare settings where staff in accredited programs of graduate medical education, under faculty guidance, participate in teaching the medical students.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-5 – Section V: Educational Resources, Exhibit 20, at Part B, pp. 3-6. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 51, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards.

### **Analyst Remarks to Narrative**

The country states in their narrative that they follow the CAAM-HP's on-site review process so that it encompasses the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the medical school as well as (required) clinical clerkship sites affiliated with the medical school.

The country adheres to the CAAM-HP accreditation standards (exhibit 8) which includes requirements for medical schools to ensure the quality of the clinical teaching sites. This information is reviewed through the onsite visit (exhibit 14) and also through the submission of the annual database. However the question responses in the database are not complete.

Additional Information Requested:

NCFMEA may wish to request a completed annual medical education database from the country.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Onsite Review, Question 3**

### **Country Narrative**

CAAM-HP's on-site reviews encompass the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the medical school as well as (required) clinical clerkship sites affiliated with the medical school. Exhibit 27 is CAAM-HP's Guidelines for Accreditation Survey Visits on behalf of the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (the CAAM-4.1-2012). See p. 12, which describes how the site visit schedule should be determined if geographically remote sites will be visited. Exhibit 23 contains CAAM-HP's Guidelines for New and Developing schools, which requires—as an essential prerequisite for obtaining initial or provisional accreditation—schools to identify their clinical teaching sites. Clinical site visits occur during every accreditation and reaccreditation review, and may be scheduled during the period of accreditation. See Example of CAAM-HP's Schedule for a Full Accreditation Survey, Exhibit 29. CAAM-HP's procedures also provide that CAAM-HP may conduct a limited site review at a specified time if circumstances so warranted. See Procedures of CAAM-HP, Exhibit 9 at p.12.

At its meeting held July 23-25, 2015, CAAM-HP “agreed to adopt as CAAM-HP policy, the NCFMEA requirement that all clinical sites receive on-site visits.” See Exhibit 31 - Extract from Draft Minutes of Meeting, paragraph 6, subparagraph 6.1. Sites not visited during the full accreditation exercise will be visited during the period of accreditation granted to the school. CAAM-HP provided written notification of the new policy and its August 1, 2015 effective date to all CAAM-HP accredited medical schools. In addition, CAAM-HP has posted on its website its policy for review of clinical sites. See <http://www.caam-hp.org/documents/New%20Policy%20for%20Review%20of%20Clinical%20Sites.pdf>. The posted policy is at Exhibit 32. The policy explains that “[t]he CAAM-HP, at its meeting held July 23-25, 2015, discussed the requirement of the [U.S. Department of Education's] National Commission on Foreign Medical Education and Accreditation (NCFMEA) for visits to clinical sites. The NCFMEA requires that all clinical sites for a school under review be visited during the accreditation period, irrespective of the

number of students at any given site. . . . CAAM-HP has formally adopted as policy, the requirement that all clinical sites receive on-site visits, with immediate effect.”

It is important to point out, however, that in the Caribbean region there are medical schools at varying stages of development. For example, the region is home to large and long-established medical schools as well as small new and developing medical schools. As a result, it is difficult to specify a single time frame applicable to all schools. In accordance with CAAM-HP Procedures, the larger and older medical schools have to date been accredited for four to five years and the smaller schools accredited for two years. Furthermore, the small schools use fewer clinical affiliates thus making it possible to carry out visits to the clinical affiliates within a two-year period. Additionally, it must be borne in mind that some of the larger schools have more than one intake of students per year thus it is unlikely that students will not be present at a core clinical site during the period of accreditation.

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

The country has provided documentation demonstrating that it has a standard for conducting site visits to clinical clerkship sites. However, it was noted that the country did not provide written policy which specifically addresses the variety of sites described in paragraphs (c) (i) (ii) and (iii), and that CAAM-HP accreditation standards do not address these sites. The country states that this is a hard task because of the vast differences of the clinical sites in which oversees.

Additional Information is requested:

The NCFMEA may wish to further question the country regarding CAAM-HP's plans, if any, to adopt written policies, which specifically addresses the requirements of this question.

#### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

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

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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### **Onsite Review, Question 4**

#### **Country Narrative**

Pursuant to Standard ER-6, a medical school must have, or be assured use of, appropriate resources for clinical instruction. A hospital or other clinical facility that serves as a major site for medical student education must have appropriate instructional facilities and information resources. See Standard ER-7. Pursuant to Standard ER-9, there must be a written and signed affiliation agreement between the medical school and its clinical affiliate that defines, at a minimum, the responsibilities of each party related to the educational program for medical students, and the following areas:

- The assurance of student and faculty access to appropriate resources for medical student education.
- The primacy of the medical school over academic affairs and the education /evaluation of students.
- The role of the medical school in appointment / assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when students are exposed to infectious or environmental hazards or other occupational injuries.

CAAM-HP reviews affiliation agreements during an accreditation site visit to assess whether they comply with CAAM-HP standards. CAAM-HP will make findings regarding affiliation agreements if it has concerns regarding any such agreement's compliance with relevant standards, and it will take appropriate action based on such findings, as it would any finding.

During a site visit, CAAM-HP site visitors also interview medical students and staff and review the independent student analysis to determine the total number of students at individual teaching sites, regardless of the medical school of origin, and to assess whether the site has facilities and resources sufficient for that total number of students. Please see response to Clinical Teaching Facilities, Question 1 for additional information regarding review of affiliation agreements. As demonstrated in the Report of a Full Accreditation Survey of the American University of Antigua College of Medicine, Exhibit 14, pp. 51-52, during its site visits, CAAM-HP reviews and assesses an institution's compliance with these standards. As indicated in the Report, the site visit team found AUA was in "partial compliance" with Standard ER-9 because "[t]he team was supplied with written agreements for many but not all hospitals."

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

The country states in its narrative that CAAM-HP reviews affiliation agreements during the onsite review and takes the necessary action based on such findings. The country provided a copy of the onsite visit report (exhibit 14) from AUA that states reviews of these agreements was conducted. However, the country did not provide any additional documentary evidence of an affiliation agreement at a medical school operating in Antigua and Barbuda.

Additional information is requested:

The NCFMEA may wish to further question the country regarding providing documentation that would demonstrate the review and assessment of affiliation agreements for medical schools operating in Antigua and Barbuda.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Onsite Review, Question 5**

### **Country Narrative**

CAAM-HP has standard operating procedures to address matters pertinent to the NCFMEA Guideline, Part 3 Accreditation/Approval Processes and Procedures, Section 1(e). Specifically, CAAM-HP does not accredit multiple schools or their operations at a single clinical site at one time. Each school is accredited individually, and a site visit team interviews only the students of the school under review when it visits a school and its clinical affiliates. For example, during the first half of 2013 CAAM-HP paid two visits to one hospital in Chicago that has a single coordinator responsible for the educational experience of students from multiple schools; the site visit team conducted interviews with students of the school under review and not with students from all schools that use the location. Site visitors do not evaluate a clinical site with regard to students of medical schools that are not within the jurisdiction of CAAM-HP.

CAAM-HP recognizes, though, that with a number of schools within its jurisdiction using the same facilities for clinical training and in light of the requirement that all clinical sites be visited, it may become necessary to make simultaneous assessments on behalf of more than one school. Consideration is being given to this during the review and revision of CAAM-HP's standards and procedures.

CAAM-HP's policies do not specify that clinical programs must be offered in conjunction with the education programs offered to students enrolled in medical schools in the approved foreign country or in the United States in light of the Caribbean context. In the Caribbean region, i.e., the CARICOM community over which CAAM-HP has jurisdiction, there are three (3) different types of institutions offering medical education programs:

(1) The regional university (University of the West Indies), that offers a five-year medical education program in Jamaica, Bahamas, Barbados, and Trinidad. The clinical education programs are conducted in country at the University Hospital of the West Indies in Jamaica, and government public hospitals and community health facilities through a Memorandum of Understanding with the respective governments (i.e., Jamaica, Bahamas, Barbados, and Trinidad).

(2) National universities in Guyana and Suriname—the University of Guyana and University of Suriname, respectively—which offer five-year programs with clinical rotations in the countries' government public hospitals through affiliation agreements with the respective governments.

Schools located in countries listed in (1) and (2) above have no need to have clinical rotations done in the United States or any other NCFMEA-approved foreign country.

(3) Medical schools in Anguilla, Antigua and Barbuda, Aruba, Belize, Curacao, Dominica, Grand Cayman, Grenada, St. Kitts & Nevis, St. Lucia, and St. Vincent that in general enroll students from North America. These schools offer a four-year medical education program with the basic sciences at the main campus located in the Caribbean and clinical rotations at United States-based hospitals through clinical affiliation agreements. In CAAM-HP's experience to date, it is the desired intention of these schools to offer clinical rotations in the United States.

It is CAAM-HP's opinion that the matter of clinical programs being offered in conjunction with the educational programs offered to

students enrolled in medical schools in the approved foreign country or in the United States could conflict with the requirement that supervision of student learning experiences must be provided through required courses/clerkships by members of the medical school's faculty. See Standard MS-23.

CAAM-HP acknowledges that NCFMEA has asked that it revise its policies to require that the clinical education programs it accredits must be offered in conjunction with the educational programs offered to students enrolled in medical schools in the approved foreign country or in the United States, as required under this section.

### **Analyst Remarks to Narrative**

The country explains in its response that CAAM-HP does not review multiple schools or their operations during a visit to a single clinical site. The country states that CAAM-HP accredits each school individually and a site visit team interviews only the students of the school under review when it visits a school and its clinical affiliates. In the narrative, it is acknowledged that NCFMEA has previously asked CAAM-HP about its establishing a policy relative to this guideline. However, it appears that because of what CAAM-HP cites as a conflicting standard, MS-23 they have chosen not to. There is a requirement that student learning experiences are provided through required courses/clerkships by members of the medical school's faculty.

Additional information is needed:

The NCFMEA may wish to further question the country regarding CAAM-HP's plans, if any, to establish written policy addressing this question.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

As set forth in the Procedures, Exhibit 9, p. 15, CAAM-HP's Secretariat recruits and trains a suitable group of surveyors who are knowledgeable about medical education. The Secretariat maintains an updated roster of experienced and competent educators and practitioners in the respective disciplines from which to select appropriate ad hoc team members. Deans of schools are given particular consideration for team membership.

The Procedures also set forth (p. 15) that the Secretariat staff conducts accreditation orientation sessions for surveyors at times that will be publicized well in advance. See Overview of CAAM-HP Surveyor's Orientation, Exhibit 28. In addition, interactive workshops are offered as required for in-depth training of prospective surveyors, focusing on the interpretation of standards and the assessment of compliance. The survey team must include experienced surveyors as well as other qualified professionals who would have participated in a CAAM-HP training workshop.

CAAM-HP's Secretariat is responsible for appointing survey teams. Each survey team is appointed on an ad hoc basis. The composition of a survey team is determined by the characteristics of the school to be visited. CAAM-HP's Secretariat includes a representative cross-section of basic science and clinical educators and practitioners in each ad hoc survey team. Survey teams include one member of CAAM-HP or of the Secretariat. Survey team appointments are in keeping with CAAM-HP's Conflict of Interest Guidelines. See Procedures, Exhibit 9, p. 8. To avoid potential conflicts of interest, the dean of a school to be visited is asked to review the composition of the proposed survey team and to inform the Secretariat of any potential problems.

A full survey visit typically involves five persons, including a chair; a secretary; two or more members, one of whom should be a basic scientist faculty member or educational scientist and one of whom should be a clinician/practitioner; and a CAAM-HP member who is an educational administrator/senior faculty member and has not previously participated in a site visit. A limited or focused visit will be conducted by experienced surveyors, typically including three team members.

As stated in Article 1, Use of Terms, of the Agreement Establishing The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions ("Agreement"), "Contracting Party" means a Member State or an Associate Member State of the Community for which this Agreement is in force. "Community" means the Caribbean Community (CARICOM), including the CARICOM Single market and Economy established by the Revised Treaty of Chaguaramas signed at Nassau, the Bahamas, on

July 5, 2001. Member States that to date have signed the Agreement are Antigua & Barbuda, The Bahamas, Barbados, Belize, Grenada, Guyana, Jamaica, St Kitts & Nevis, Suriname, and Trinidad & Tobago. Since the establishment of CAAM-HP in 2004, the persons whom the Contracting Parties have appointed to CAAM-HP have been the Chief Medical Officers of the Member States that have signed the Agreement. Chief Medical Officers are the most senior medical professionals in the Member States' ministries of health.

### **Analyst Remarks to Narrative**

The country has provided the CAAM-HP procedures document (exhibit 9) that outlines the details relative to the individuals who serve on the decision- and policy-making body and describes the training they receive. This includes the composition, selection, length of terms, and other details about the members who serve in these roles. The country has also provided a copy of the orientation document (exhibit 28) that gives information about the training. However, it is not clear from the documentation provided if the training information (exhibit 28) is only for those who are conducting the site visits or if it is utilized more broadly.

Additional Information Requested:

NCFMEA may wish to ask additional questions about the training for those who serve on the decision and policy making bodies.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Re-evaluation and Monitoring, Question 1**

### **Country Narrative**

As per CAAM-HP's Procedures, Exhibit 9, p. 11, an education program once accredited remains accredited until CAAM-HP terminates the program formally or the program itself terminates its accreditation status. Notwithstanding the foregoing, accreditation by CAAM-HP does not end merely because a certain period of time has passed. Programs typically are subject to review on a six-year cycle. CAAM-HP may determine that an earlier review is necessary; in that case, the accreditation status does not change until a formal action is taken by CAAM-HP.

As described in the Procedures, there are several "states of accreditation"; although six years is the maximum period for accreditation, CAAM-HP may decide that a school must be monitored during shorter intervals. See Procedures, Exhibit 9, p. 23-25. For example, a school with provisional accreditation will be accredited for a period of two years up to a maximum of the length of the academic program. See Procedures, Exhibit 9, p. 24.

All schools are expected to submit to CAAM-HP Annual Progress Reports demonstrating that areas of concern/weaknesses are being addressed. In the event such reports are not submitted or submitted outside of the timeframe stipulated, CAAM-HP may determine that a sanction should be imposed.

### **Analyst Remarks to Narrative**

The country states in its narrative that typically the maximum grant of accreditation is for a period of six years. This is supported by the CAAM-HP's procedures document (exhibit 9). Various accreditation statuses (accreditation without conditions, initial provisional accreditation, accreditation with conditions, provisional accreditation, and accreditation on probation) are clear as are the parameters for the length of each grant of accreditation which may be shorter periods of time. As stated in many of the other guidelines, CAAM-HP also collects information from the medical schools on an annual basis that is reviewed for compliance with their standards.

### **Analyst Remarks to Response**

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## **Re-evaluation and Monitoring, Question 2**

### **Country Narrative**

As set forth in the Procedures, each accredited medical school is required to complete annual questionnaire surveys that are carried out under the auspices of CAAM-HP. The Annual Medical School Questionnaire collects academic and enrollment data and is the administrative responsibility of the Secretariat staff who will review the questionnaires to keep the content consistent with

other CAAM-HP survey documents and bring any significant changes to the notice of the Chair of CAAM-HP. Data received from CAAM-HP annual questionnaires are compiled into a statistical summary report for CAAM-HP members and otherwise made available to relevant schools and the public. A copy of the CAAM-HP Annual Medical School Questionnaire completed by AUA is attached as Exhibit 26.

CAAM-HP has accreditation standards that require medical schools to have a student complaint process at the school level. Pursuant to MS-26, a medical school must define and publicize the standards of conduct for the student-teacher relationship and develop written policies for preventing and addressing violations of those standards. The policies should also specify mechanisms for the prompt handling of such complaints, preventing inappropriate behavior, and the corrective measures to be employed where such behavior occurs. Pursuant to MS-28, there must be a fair and formal process for taking any action that adversely affects the status of a student. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the student to respond, and an opportunity to appeal any adverse decision related to promotion, graduation, dismissal or other disciplinary action.

As per the Procedures, Exhibit 9, p. 21 and Appendix H, CAAM-HP will accept and investigate complaints about program quality that, if substantiated, may constitute non-compliance with accreditation standards.

Site visitors are made aware of any complaints before their visit. A site visit team will need to discuss in their site visit report any complaints raised by students during their review, including those that rise to the level of breaching Standards.

### **Analyst Remarks to Narrative**

The country's narrative explains that they follow the CAAM-HP complaint policies as documented in the agency's procedures (exhibit 9). This helps to ensure a mechanism for addressing issues as they are presented.

Additionally, the country follows CAAM-HP's guidelines for submission of annual questionnaire survey (example in exhibit 26). The documentation submitted in this report helps to monitor the accredited medical school during the accreditation/recognition period.

### **Analyst Remarks to Response**

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## **Substantive Change**

### **Country Narrative**

Pursuant to Standard ED-8, accredited programs must notify CAAM-HP of plans for any major modification of the curriculum. The notification should include the explicitly-defined goals of the change, the plans for implementation, and the methods that will be used to evaluate the results. Planning for curriculum change should consider the incremental resources that will be required, including physical facilities and space, faculty/resident support, demands on library facilities and operations, information management needs, and computer hardware. In view of the increasing pace of discovery of new knowledge and technology in medicine, CAAM-HP encourages experimentation that aims at increasing the efficiency and effectiveness of medical education. As part of its planned standards revision process, described earlier, CAAM-HP expects to consider the establishment of timeframes within which a medical education program must notify CAAM-HP of plans to undergo a substantive change.

Pursuant to Standard ER-1, CAAM-HP must be notified of plans for or the implementation of any substantive change in the number of students enrolled or in the resources of the institution, including the faculty, physical facilities, or the budget.

As set forth in the Procedures, accreditation is awarded to a program of medical education based on the judgment of CAAM-HP that there is an appropriate balance between student enrollment and the total resources of the institution, including the faculty, physical facilities, and available funding. See Procedures, Exhibit 9, p.14. Plans to significantly alter the educational program; a significant change in student enrollment; or a change in institutional resources, so that the balance between enrollment and resources is altered, may trigger a request for additional written information or an unplanned accreditation review or survey visit of a previously accredited medical school. See Procedures, Exhibit 9, p.14.

Accredited institutions are required to notify CAAM-HP if there is a planned change in program ownership or governance. See Procedures, Exhibit 9, p. 41. In such cases, the school is asked to supply a written report that will be reviewed by CAAM-HP. A limited survey visit also may be conducted. The report and visit allow CAAM-HP to determine whether reasonable compliance with accreditation standards can be assured and the current status and term of accreditation continued under the new ownership or governance. The same procedures apply whether a new geographically remote program or campus is to be established.

CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 5-6 and Medical Education Database 5.B-5 – Section V: Educational

Resources, Exhibit 20, at Part B, p. 1.

CAAM-HP standards contemplate that a medical education program will notify CAAM-HP in advance of any planned substantive changes. CAAM-HP then determines whether additional action is required, which may affect the timeframe within which the medical school may implement the change. CAAM-HP appreciates the benefit that specified deadlines may provide to medical education programs and CAAM-HP to facilitate timely review and implementation of appropriately assessed substantive changes. As described previously, an Advisory Committee is in the process of reviewing and recommending changes to existing CAAM-HP standards. The Advisory Committee currently is considering a proposed amendment to Standard ER-1 as follows: "CAAM-HP must be notified one year in advance of plans or the implementation of any substantive change in the number of students enrolled or in the resources of the institution, including the faculty, physical facilities, or the budget."

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

The country explains that it utilizes the CAAM-HP procedures (exhibit 9) for substantive change processing. This includes notifications that are required under this guideline. However, CAAM-HP does not have a standards currently, do not have a written policy stipulating any timeframes within which a medical education program must notify CAAM-HP of substantive changes. The country states in its narrative that CAAM-HP is considering adopting a standard for a one year time period.

Additional Information Requested:

The NCFMEA may desire to raise the question as to whether standards will be adopted to address this question.

#### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

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

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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### **Conflicts of Interest, Inconsistent Application of Standards, Question 1**

#### **Country Narrative**

Antigua and Barbuda's policies regarding bias and conflict of interest by persons involved in the accreditation, evaluations, and decision-making processes are those established by CAAM-HP for such purposes. Appendix C of the Procedures, Exhibit 9, p. 28, sets forth the Conflict of Interest Guidelines and Statement for CAAM-HP Members, Staff, and Surveyors.

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

The country informs the NCFMEA that it follows the conflict of interest policies of its medical school accreditor (CAAM-HP). CAAM-HP's conflict of interest policy addresses the requirements of this question and is found in the Procedures of the CAAM-HP document (exhibit 9). The policy applies to CAAM-HP members, agency staff, and site team reviewers. However, the country has not provided any additional documentation demonstrating the application of this policy.

Additional Information Requested:

The committee may wish to ask for documentation demonstrating the application of this policy.

#### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

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

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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### **Conflicts of Interest, Inconsistent Application of Standards, Question 2**

#### **Country Narrative**



In order to ensure that the standards for accreditation/approval of medical schools are applied consistently to all schools that seek accreditation/approval, survey teams include one member of CAAM-HP and/or of the Secretariat.

### **Analyst Remarks to Narrative**

The country informs the NCFMEA that to ensure accreditation standards are applied consistently site survey teams include one member of the CAAM-HP and/or the Secretariat. However no documentation was provided demonstrating the application of this practice or whether this is a standard or a process that is followed.

Additional Information Requested:

NCFMEA may wish to ask for clarification regarding if the involvement in medical schools by someone from CAAM-HP and/or the Secretariat is a standard or process. Additionally, the committee may wish to ask for documentation demonstrating the application of this practice.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

The site visit team, following deliberations during their visit, will detail in their written report the medical education program's level of compliance with each individual accreditation standard. See Guide for Writing a Report on a Visit of a Survey Team, Exhibit 33, p. 4; Procedures, Exhibit 9, p. 15.

### **Analyst Remarks to Narrative**

The country adheres to the CAAM-HP procedures (exhibit 9) and the Guide for Writing a Report on a Visit of a Survey Team document (exhibit 33) for providing guidance to medical schools for following the CAAM-HP standards. Additionally, included in these documents are references to training for team members to ensure consistency in reviews. The documents for training were included in the section regarding competency of team members.

### **Analyst Remarks to Response**

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## **Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

CAAM-HP does not base any part of its accreditation on benchmarks, such as licensing rates or established minimum levels of performance of graduates of its accredited medical schools.

In CAAM-HP's experience, data such as performance in postgraduate residency programs, licensure exams, specialty exams/certifications or other forms of evaluation usually confirm deficiencies that are readily apparent from the accreditation process. Additionally, school supplied data are insufficient to serve as a determinative factor in accreditation decisions. CAAM-HP has asked schools to collect this data systematically.

CAAM-HP recognizes and supports the importance of benchmarks as part of the quality assurance process and will give this further consideration during the standards revision process. At the July 23-25, 2015 meeting, CAAM-HP considered the matter of the introduction of quantitative standards. The meeting discussed some implications for the collection and accuracy of data. The meeting participants agreed that the quantitative standards should be further considered within the context of the overall review of the standards for medical education programs. See Exhibit 31 - Extract from Draft Minutes of Meeting, paragraph 9.

### **Analyst Remarks to Narrative**

The county states in its narrative that it does not consider the performance of a medical school's graduates when making accreditation decisions. In the response to the following question, the agency states that it has not found such data useful in that they usually confirm deficiencies that are already apparent. CAAM-HP notes that they are continuing conversations relative to this topic.

Additional Information Requested:

NCFMEA may wish to request additional details about the conversations relative to accreditation decisions and the performance of medical school graduates.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Accrediting/Approval Decisions, Question 3**

### **Country Narrative**

CAAM-HP does not at present base any part of its accreditation decision-making on benchmarks, such as licensing rates or established minimum levels of performance of graduates of its accredited medical schools. Accredited schools are required to submit to CAAM-HP an Annual Medical School Questionnaire, which requests data on the placement for residency of the last graduating class. CAAM-HP comments on such data.

In CAAM-HP's experience, data such as performance in postgraduate residency programs, licensure exams, special exams/certifications or other forms of evaluation usually confirm deficiencies that are readily apparent from the accreditation process. Additionally, school-supplied data related to postgraduate performance are insufficiently consistent to serve as a determinative factor in accreditation decisions. CAAM-HP has asked schools to collect this data systematically. CAAM-HP recognizes supports the importance of outcomes measures as part of the quality assurance process and will give this further consideration during the standards review process.

### **Analyst Remarks to Narrative**

As stated in the country's narrative CAAM-HP contends that based on its experience school-supplied data related to postgraduate performance are insufficient to serve as a determinative factor in accreditation decisions. The country states that CAAM-HP does ask schools to collect outcomes data, but continues to indicate that student outcomes data is currently not a determinative factor in accreditation decisions.

Additional information is requested:

The NCFMEA may wish to request further information regarding the degree to which student outcomes data is considered when making accreditation decisions.

### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

### **Analyst Remarks to Response**

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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## **Accrediting/Approval Decisions, Question 4**

### **Country Narrative**

In CAAM-HP's experience, data such as performance in postgraduate residency programs, licensure exams, special exams/certifications or other forms of evaluation usually confirm deficiencies that are readily apparent from the accreditation process. CAAM-HP has asked schools to collect this data systematically.

Standards ED-42 and ED-43, and their related Database requests, require schools to provide data on the performance of graduates in licensure examinations and placement in postgraduate training programs. See Medical Education Database 5.B-3 – Section III: Educational Programme, Exhibit 12, at Part B, pp. 22-23. CAAM-HP is considering steps to incorporate more

systematically and comprehensively outcomes-data analysis as part of the accreditation decision-making process.

CAAM-HP supports the general trend to assess outcomes data as part of the quality assurance process, while it also recognizes ongoing discourse regarding the specific role outcomes data should play in that process and the extent to which outcomes data should be part of a holistic quality assurance review or a determinative factor in final accreditation decisions. At the July 23-25, 2015 meeting, CAAM-HP considered the matter of the introduction of quantitative standards. The meeting discussed some implications for the collection and accuracy of data. The meeting participants agreed that the quantitative standards should be further considered within the context of the overall review of the standards for medical education programs. See Exhibit 31 - Extract from Draft Minutes of Meeting, paragraph 9. Steps to incorporate more systematically and comprehensively outcomes-data analysis as part of the accreditation decision-making process will be included in the revised standards.

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

CAAM-HP requires medical schools to provide data on the performance of graduates, on licensure examinations, and placement in postgraduate training programs. However, the CAAM-HP does not currently mandate any student performance benchmarks that must be met in order for the medical school to attain accreditation. The country states in its narrative that CAAM-HP supports the trend to assess outcomes data as part of the quality assurance process; however, no indication has been made regarding CAAM-HP's plans, if any to establish student outcomes benchmarks for the student outcomes data it requires medical schools to report in its data base.

Additional information is requested:

The NCFMEA may wish to request additional information regarding the extent to which student outcomes data has been discussed by CAAM-HP.

#### **Country Response**

The Government of Antigua and Barbuda awaits a response from CAAM-HP regarding this request for additional information. The Government will provide a response to the NCFMEA promptly upon receipt of such information from CAAM-HP.

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

The country did not provide additional documentation. Additional information is still requested.

**Staff Conclusion:** Additional Information requested

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