

U.S. Department of Education Staff

Redetermination for Antigua & Barbuda

Prepared September 2019

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. A redetermination of the agency was held at the Fall 2016 NCFMEA meeting. At that time, it was determined that the committee had a number of remaining questions and a request was made for a special report. The agency presented its special report in Fall 2017. The subject of this analysis is the country's redetermination for comparability.

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.

- NCFMEA may wish to request additional information about the specific ways in which the importance of licensure is discussed with students.
- NCFMEA may wish to follow up with the country on this standard after the institutions next review in 2022.
- NCFMEA may wish to follow up with the country on this standard after the institutions next review in 2022.
- NCFMEA may wish to ask the country about its admission selection procedures.
- Antigua and Barbuda does not set specific national requirements by which medical schools are to evaluate student achievement. NCFMEA may wish to request additional documentation demonstrating how CAAM-HP reviews the information relative to this guideline.
- NCFMEA may wish to request additional information regarding the country's review of the medical school for processes for mental health counseling.
- NCFMEA may wish to ask additional questions regarding how CAAM-HP is made aware of changes occurring at clinical sites which also require changes to existing affiliation agreements, and how the CAAM-HP ensures that the clinical sites are not making changes that negatively affect the medical education program.
- NCFMEA may wish to inquire about the frequency of future visits since some clinical sites had have not been visited since 2011.
- NCFMEA may wish to inquire about the sites that continue to be active and the protocols for re-evaluation of these sites.
- NCFMEA may wish to question CAAM-HP further ask about this guideline as it relates to the CAAM-HP standards.
- NCFMEA may wish to inquire about the training that is conducted for site visitors.
- NCFMEA may wish to request information following the Board's decision.
- NCFMEA may wish to follow up with the country on CAAM-HP's application of this standard after the institution's next review in 2022.

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Staff Analysis

Part 1: Eligibility

Basic Eligibility Requirements, Q1

Country Narrative

Yes. The American University of Antigua (AUA) College of Medicine enrolls American students. In the Spring 2019 semester, 1150 US citizens were enrolled in the programme. Please see Exhibit 1, AUA US Students, for 10 sample US passport copies and enrollment verification.

The University of Health Sciences Antigua (UHSA) is another medical school operating in Antigua. This school enrolls American Students. However, information provided in this application refers only to the AUA.

Analyst Remarks to Narrative

The country has stated in their narrative that they have American students at the American University of Antigua (AUA).

Basic Eligibility Requirements, Q2

Country Narrative

American University of Antigua (AUA) College of Medicine has been approved by the US Department of Education since 2017. See Exhibit 2, Foreign School Program Participation Agreement.

Analyst Remarks to Narrative

The country indicates that the medical college at AUA has been approved as an FSA participant since 2017. Documentation of the FSA program participation agreement was included (exhibit 2).

Basic Eligibility Requirements, Q3

Country Narrative

Yes. The country agrees to submit timely data requests and monitoring reports as the NCFMEA may specify.

Analyst Remarks to Narrative

The country has agreed to submit timely updates and monitoring reports as requested by NCFMEA.

Basic Eligibility Requirements, Q4

Country Narrative

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

Analyst Remarks to Narrative

The country has agreed to the six year timeframes for comparability reviews outlined by the NCFMEA guidelines.

Basic Eligibility Requirements, Q5

Country Narrative

Yes. The country agrees to observation of its accrediting entity's quality assurance activities by NCFMEA members and Department staff as deemed appropriate.

Analyst Remarks to Narrative

The country has agreed to allow observations of its accrediting activities by the NCFMEA and Department staff, as appropriate.

Basic Eligibility Requirements, Q6

Country Narrative

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

Analyst Remarks to Narrative

The country has agreed to keep Department staff updated with current contact information for country representatives and other relevant parties.

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

Approval of Medical Schools, Question 1

Country Narrative

In accordance with The Education Act, 2008, Exhibit 3, the authority to approve or deny the operation of medical schools in Antigua and Barbuda is vested in the Minister of Education. 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 both public and private schools, including medical schools.

Analyst Remarks to Narrative

The Minister of Education has the authority for approval of medical schools in Antigua and Barbuda, based on the Education Act of 2008. Documentation provided (exhibit 3) demonstrates that the Minister of Education certifies and license public and private schools.

Approval of Medical Schools, Question 2

Country Narrative

In accordance with The Education Act, 2008, Exhibit 3, the Minister of Education 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, the Minister shall generally renew for five years a permit held by a private medical school that applies for renewal in writing, within the applicable time limit, and provides the information and documents required by the Minister. See Sec. 104, pp. 63-64. The Minister is also authorised to establish or disestablish public schools when necessary. See Sec. 5, p. 19. The Minister and other authorised 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 during the hours of operation. See Sec. 108, p. 64 and Sec. 159, p. 89.

Analyst Remarks to Narrative

The Minister of Education has the authority to regulate the operation of public and private schools, as established by the Education Act of 2008. This is the entity that gives authority to the institutions to operate and conducts inspection renewal reviews every five years in efforts to ensure ongoing monitoring.

Approval of Medical Schools, Question 3

Country Narrative

In accordance with 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 3, 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. If the proprietor fails to comply with the notice, the Minister shall cancel the permit and registration of the institution. See Sec. 110, p. 65. Such cancelation is subject to an appeal process, the determination of which shall be final and binding. See

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. See Sec. 112, p. 66. The Minister also has the power to establish or disestablish public institutions. See Sec. 5, p. 19.

Analyst Remarks to Narrative

The Minister of Education has the ability to establish and/or revoke the authority of public and private institutions (including medical schools) to operate based on the Education Act of 2008 (exhibit 3) . 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.

Accreditation of Medical Schools

Country Narrative

The Accreditation Act, 2006, Exhibit 4, established the National Accreditation Board (NAB) and vested the NAB with the responsibilities and powers: to accredit postsecondary institutions and programmes of study, including medical schools that offer educational programmes leading to the M.D. (or equivalent) degree in Antigua and Barbuda; to provide for the process and mechanism of accrediting such institutions and programmes of study; and to provide for other related matters. The Accreditation (Amendment) Act, 2011, Exhibit 5 and the Accreditation (Amendment) Act, 2012, Exhibit 6, 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 recognised under the Revised Treaty of the Chaguaramas Establishing the Caribbean Community including the CARICOM Single Market and Economy, 1993, Exhibit 7. 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 2004, CARICOM established the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) as a legally constituted body empowered to determine and prescribe standards, and to accredit programmes of medical, dental, veterinary, and other health professions education on behalf of the contracting parties in CARICOM. See Exhibit 8, Agreement Establishing the CAAM-HP. The Caribbean Accreditation Authority (Medicine and Other Health Professions) Act, 2009, Exhibit 9, gave effect within Antigua and Barbuda to the Agreement Establishing the CAAM-HP.

In April 2011, the Antigua and Barbuda NAB, having:

- consulted with the Minister of Education and the Minister of Health;
- considered the 2011 Revised Standards for the Accreditation of Medical Schools in the Caribbean Community (CARICOM), Exhibit 10 and Procedures of the CAAM-HP, Exhibit 11;
- recognised that those Standards and Procedures, and the means by which the CAAM-HP effectuates them, require that medical schools meet the standards of structure, function, and performance that assure that graduates of schools that the 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 the CAAM-HP's Standards and Procedures for the accreditation of educational programmes 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 the CAAM-HP's accreditation process and procedures for accreditation of medical school programmes leading to the M.D. (or equivalent) degree. More detail on the relationship between the CAAM-HP accreditation process and the NAB authorisation process is provided in the answer to question (c), below.

In 2011, the World Federation for Medical Education (WFME) granted recognition to the 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. The CAAM-HP was the first accrediting agency to be recognized through such process, and such recognition came after a formal review of the 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." More information about this international recognition is presented in Exhibit 12, WFME Recognition Letter.

Analyst Remarks to Narrative

Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) has an agreement with the country to serve as the accrediting body for medical schools leading to a M.D. degree or equivalent in Antigua and Barbuda (exhibit 8).

Medical schools wishing to operate in Antigua and Barbuda must first attain CAAM-HP accreditation prior to National Accreditation Board accreditation and recommendation to the Minister of Education for approval of the program. The standards and procedures for the recognition process are included in exhibit 10.

Accreditation of Medical Schools, Question 2

Country Narrative

The NAB, in keeping with 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 the CAAM-HP and must obtain and maintain that body's accreditation. The Accreditation (Amendment) Act, 2012, Exhibit 6, affirms that no institution seeking to offer a medical school programme leading to the M.D. (or equivalent) degree shall do so without the authorisation of the Minister, upon advice and recommendation of the NAB, and that no institution shall receive such authorisation unless the program of study has been accredited by the CAAM-HP. The Caribbean Accreditation Authority (Medicine and Other Health Professions) (Amendment) Act, 2012, formally authorises the CAAM-HP to accredit programmes 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 (as amended) of 2012 regulations (exhibit 6).

Part 3: Accreditation/Approval Standards

Mission and Objectives, Question 1

Country Narrative

Yes, the CAAM-HP requires medical schools to have an educational mission that serves the public interest. As the CAAM-HP had set out in its 2011 Revised Standards for the Accreditation of Medical Schools in the Caribbean Community, Exhibit 10, 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 clinical 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 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 circumstances." See Standards, Section III, Educational Programme, Exhibit 10.

Standard ED-18 [now ED-24] requires that faculty and students demonstrate an understanding of the manner in which people of diverse culture 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 [now ED-25] requires medical schools to recognize and address appropriately 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

More specifically, CAAM-HP has incorporated the requirement for a medical school to have an educational mission that serves the public interest in its 2017 Revised Standards for the Accreditation of Medical School in the Caribbean Community (CARICOM) 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 evaluating the effectiveness of the educational programme. Such a mission statement should include a component related to serving the public."

See Exhibit 18, 2017 Medical Education Database, Section I: Institutional Setting, Part B (a). It should be noted, however, that AUA will be evaluated against this requirement during the next full site visit which is expected in 2021. The last site visit to AUA took place in 2017 and the school had prepared its submission for accreditation before the 2017 Standards were approved.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) 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 review of this standard was explained beginning on page 100, ED-Standard 18.

Mission and Objectives, Question 2

Country Narrative

Standard ED-1 states that "the 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, behaviours and attitudes that students are expected to exhibit as evidence of their achievement. They are not statements of mission or broad institutional purposes 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, "student 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 [now FA-12] requires a medical school to have mechanisms for direct faculty involvement in decisions related to the educational programme, 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."

Standard ED-29 [now ED-34] 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;
- 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 programme effectiveness through outcome analysis. See Standard ED-31 [now ED-35]. 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 [now ED-3] 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 [now ED-5] requires that the objectives of the educational programme 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 programme takes place are also expected to exhibit familiarity with the overall objectives for the education of medical students. See also Standard ED-22 [now ED-27] which requires that faculty, residents/junior staff, graduate students and postdoctoral fellows serving as teacher or teaching assistants are familiar with the educational objectives of the course or clerkship and should be prepared or received training for their roles in teaching and evaluation.

Standard ED-26 [now ED-31] requires that a medical school conduct ongoing assessments that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviours 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 programme improvement, Standard ED-42 [now ED-45] requires medical schools to evaluate the effectiveness of the educational programme by documenting the extent to which its objectives have been met. Medical schools must consider student evaluations of their courses and teachers and an appropriate variety of outcome measures in assessing programme quality. Appropriate outcome measures for evaluating the effectiveness of the educational programme include data on student performance, academic progress, programme completion rates, acceptance into residency/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 norm of accomplishment and performance within the wider health care system.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13 at Part B and AUA's Medical Education Database, pages 141-166, Section IV: Faculty, Exhibit 13 at Part B. The 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 15 at Questions III. A.1; III.D.11 and III.D.12; IV.C.8 and IV.C.9.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) which includes a requirement for medical schools to have the faculty define the objectives of the educational program (ED standard-34). In addition, the country adheres to standards for including faculty in curriculum development and evaluation (ED Standard 35). The country has provided documentation of a completed medical education annual database (exhibit 13) in order to verify the responses to the questions relevant to this standard.

Mission and Objectives, Question 3

Country Narrative

Standard ED-1 states that "the 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, behaviours and attitudes that students are expected to exhibit as evidence of their achievement. They are not statements of mission or broad institutional purposes 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, “student 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 [now ED-34] 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 [now ED-7] requires that “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 [now ED-12] requires a medical school to have mechanisms for direct faculty involvement in decisions related to the educational programme, 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 programme. Standard ED-29 [now ED-34] 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA’s Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13 at Part B and AUA’s Medical Education Database, pages 141-166, Section IV: Faculty, Exhibit 13 at Part B. The 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 15, at Question IV. C.8 and IV.C.9.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) which includes a requirement for medical schools to have 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. The country has provided documentation (exhibit 13) demonstrating how they collect this information from the medical school to ensure that the standards are being met.

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 programme improvement, Standard ED-42 [now ED-45] requires medical schools to evaluate the effectiveness of the educational programme 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 programme quality. Appropriate outcome measures for evaluating the effectiveness of the educational programme include data on student performance, academic progress, programme completion rates, acceptance into residency/postgraduate programmes, 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 [now ED-35], which requires medical schools to engage in curriculum management, to include the evaluation of programme effectiveness by outcomes analysis.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) 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 measurable outcomes. The country also references standard ED-45, 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 has provided a copy of the medical education database (exhibit 13) demonstrating how this information is collected.

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 [now ED-7] 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 [now ED-29] 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, behaviours, and attitudes. Such evaluation should "measure not only retention of factual knowledge, but also development of the skills, behaviours, 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 programme 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 programme should complement and supplement the curriculum so that each student will acquire appropriate competence in general medical care regardless of their subsequent career specialty.

Standard ED-42 [now ED-45] requires medical schools to evaluate the effectiveness of the educational programme 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 programmes, post-graduate performance, and practice characteristics of graduates.

Standard ED-43 [now ED-46] 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 CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) which includes a requirement for medical schools to have an appropriate curriculum and to measure not only retention of factual knowledge, but also development of the skills, behaviors, and attitudes needed in subsequent medical training. While this may be lead to licensure for the student, the standards do not appear to reinforce the need to qualify for licensure. Department staff recognizes that students may take a variety paths post graduation (such as research that may not require licensure), but in light of the guideline, NCFMEA may wish to request additional information about the specific ways in which the importance of licensure is discussed with students.

Country Response

The standards do not include a requirement for medical schools to reinforce the need for students to qualify for licensure.

Analyst Remarks to Response

The country has restated that CAAM-HP's standards do not include a requirement for medical schools to reinforce the need for students to qualify for licensure. As previously stated, NCFMEA may wish to request additional information about the specific ways in which the importance of licensure is discussed with students.

Staff Conclusion: Additional Information requested

Governance, Question 1

Country Narrative

Standard IS-1 provides that accreditation will be conferred only on those programmes that are legally authorized under applicable law to provide the programme(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. The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13, at Part B. As part of the accreditation process, a medical education programme provides the CAAM-HP a copy of its charter or other legal instrument in order to demonstrate that the programme has legal authority to operate.

In the case of AUA, the medical school is legally authorised to provide a programme of medical education under the Agreement and Charter for American University of Antigua College of Medicine, Exhibit 16. The school is also registered with the National Accreditation Board; see Exhibit 17, AUA Registration Certificate.

Please note the addition of a specific requirement to provide a copy of the charter or any other documentation evidencing a school's legal authority to operate. See CAAM-HP Medical Education Database, Section I: Institutional Setting, Exhibit 18, at Part B, IS-1 (c). This requirement was introduced after AUA's 2017 submission to CAAM-HP for a site visit.

Private/for-profit institutions will be required to obtain a charter from the government of the territory in which the school is located following advice from CAAM-HP that such institutions have met the minimum requirements to operate and been given Candidacy Status. See Procedures of the CAAM-HP, Appendix A, Exhibit 11.

Analyst Remarks to Narrative

The country adheres to CAAM-HP IS-1 standard 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 (exhibit 13) to CAAM-HP. The country has also provided documentation of the medical school charter (Exhibit 16).

Governance, Question 2

Country Narrative

A medical school is accountable to the CAAM-HP for purposes of accreditation and must adhere to its Standards. See Procedures, Exhibit 11. 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.

The non-governmental governing board of a medical school provides oversight. In CAAM-HP's 2011 Revised Standards for the Accreditation of Medical Schools, Exhibit 10, the 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 [now IS-4]. 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 [now IS-5]. Medical school governance structures vary in Caribbean countries depending on a variety of factors.

In its 2017 Revised Standards for the Accreditation of Medical Schools, Exhibit 19, CAAM-HP does have a policy requiring that a school's governing board be external to or independent of the medical school which reads 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."

However, AUA was not assessed against this new requirement since it was approved after the school's accreditation submission to CAAM-HP in 2017.

The 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 15, at Questions I.A.2 and 1.A.3. Also, as per Exhibit 18, CAAM-HP Medical Education Database, Section I: Institutional Setting, Part B, the CAAM-HP asks a school to report on its governance structure. See also AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13 at Part B.

Analyst Remarks to Narrative

In 2017, CAAM-HP changed its standards (exhibit 10) to create a policy that does require medical schools to have governing bodies that are independent of the medical school itself. The country has further stated that the medical school in the country has not been reviewed relative to this new standard. NCFMEA may wish to inquire when the next review of the medical school will occur so that the new standard may be reviewed and assessed.

Country Response

The next accreditation review of AUA will be in 2022 (not 2021) when the current period of accreditation comes to an end. Reference is made to Exhibit 40, AUA's 2018 Accreditation Determination.

Analyst Remarks to Response

In response to the draft staff analysis, the country has stated the new standards will not be reviewed with the school until 2022. Without the review of this information, there is not a method for confirming application of this standard. NCFMEA may wish to follow up with the country on the application of this standard after the institutions next review in 2022.

Staff Conclusion: Additional Information requested

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."

In keeping with Standard IS-2 [now IS-3], 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.

In keeping with Standard IS-3 [now IS-4], 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.

In keeping with Standard IS-4 [now IS-5], the terms of the governing body members should be sufficiently long to permit them to gain an understanding of the programme(s) of the medical school.

In keeping with Standard IS-5 [now IS-6], 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.

In keeping with Standard IS-9 [now IS-10], 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 programme. 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13, at Part B. Also, the 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 15, at Question I.A.4.

Analyst Remarks to Narrative

The country has provided documentation of CAAM-HP's standards (exhibit 10) regarding the administration of the medical school relative to its mission and objectives and in accord to serve the students in a manner that is appropriate. This information is captured in the annual medical database (exhibit 13) collected from each institution and reviewed for adhere to the agency's standards.

Administrative Personnel and Authority, Question 2

Country Narrative

Under Standard IS-6 [now IS-7], 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 programme have current and anticipated financial resources adequate to sustain a sound programme of medical education and to accomplish other institutional goals. Under the Standard, the cost of conducting an accredited programme 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 programme in the event of unexpected revenue loss along with demonstrated effective fiscal management of the medical school budget. Such information may be submitted to the 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.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13, at Part B and AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B. 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 15 at Questions V.A.1 through V.A.4.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that 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 agency has provided documentation of how it collects this information in its annual database (exhibit 13) from the medical school beginning on page 167.

Administrative Personnel and Authority, Question 3

Country Narrative

Under Standard IS-7 [now IS-8], 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 programme 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.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13 at Part B and AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B. 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 15, at Questions V.A.1 through V.A.4.

Further to CAAM-HP Standard ER-11, it identifies the role that department heads and clinical faculty must have with respect to the medical programme 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."

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that require medical schools/accredited programs to have current and anticipated financial resources adequate to sustain a sound program of medical education and to accomplish other institutional goals. The agency has provided documentation of how it collects this information in its annual database (exhibit 13) from the medical school beginning on page 167.

Chief Academic Official, Question 1

Country Narrative

As set forth in Standard IS-5 [now IS-6], 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 [now IS-9], 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13, at Part B.

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.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) 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. It is stated that the CAAM-HP confirms the adequacy of this information during the site visit, however documentation of the site visit was not provided. NCFMEA may wish to request a site visit report to confirm that this information has been reviewed.

Country Response

The accreditation review team that visited AUA in 2017 did assess the qualifications of the Chief Academic Official. Reference is made to pages 17 and 66 of Exhibit 25 of the June 2019 Submission for Redetermination of Comparability, AUA Site Visit Report 2017.

Analyst Remarks to Response

In response to the draft staff analysis, CAAM-HP has provided a copy of the site visit report used to verify the role of the Chief Academic Official.

Staff Conclusion: Comprehensive response provided

Chief Academic Official, Question 2

Country Narrative

The CAAM-HP does not prescribe the manner in which a medical education programme must select a chief academic official. However, such process must result in a chief academic official who meets the 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 [now IS-9]).

The CAAM-HP asks a school to address the chief academic official's qualifications in its Database responses. See AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13, at Part B. In addition, 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 programme'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.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) 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 agency has provided documentation (exhibit 13) demonstrating how the medical school responds to standards regarding the chief academic official's qualifications.

Faculty

Country Narrative

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

Standard FA-13 [now FA-11] 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 [now FA-12] requires that a medical school must have mechanisms for direct faculty involvement and decision-making relating to its educational programme(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 programme 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 programme. 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.

In keeping with 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.

In keeping with Standard ED-29, the faculty must be responsible for the detailed design and implementation of the components of the curriculum. The educational programme as a whole must be overseen by an institutional body such as a curriculum committee consisting of faculty, students, and administrative representatives. The curriculum committee is expected to lead, direct, coordinate, control, plan, evaluate, and report on the programme. 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 [now FA-13] 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B and AUA's Medical Education Database, pages 141-166, Section IV: Faculty, Exhibit 13, at Part B. The CAAM-HP also 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 15, at Questions III.A.1; III.D.11 and III.D.12; IV.B.4 through IV.B.7; IV.C.8.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) 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 country states that the medical school reports on this information in its self-study, but has only provided a copy of the guide to the self-study and not a completed document. NCFMEA may wish to request a completed self-study for demonstration of how this standard is reviewed.

Country Response

AUA, in its Institutional Self-study Summary (ISS), addressed these topics. Reference is made to pages 49-54 of Exhibit 41, AUA 2017 ISS.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the self-study that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Remote Sites, Question 1

Country Narrative

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

"The 'scope of recognition' for the 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, that is, in the case of offshore schools, clinical clerkships may be offered outside of the country in which the school is located. The basic sciences portion of the programme cannot be taken outside the country in which the medical school is located.

By restricting the scope of recognition to complete education programmes, the 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 Exhibit 29, Accreditation Guidelines for New and Developing Schools.

In the case of AUA, the entire preclinical programme is conducted in Antigua and clinical teaching is conducted in affiliated hospitals in the USA. CAAM-HP evaluates both the preclinical and clinical components during a site visit.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP Guidelines for New and Developing Schools (exhibit 29) 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. Additionally, CAAM-HP does explain that different aspects of the curriculum, such as the clerkships may be offered outside of the country of the home institution.

Remote Sites, Question 2

Country Narrative

Yes. AUA's medical education programme is offered at geographically separated locations. While the basic sciences are

conducted in one location, the clinical portion is conducted at several sites in the USA. As set forth in the Standards, when a medical school offers all or part of its medical education programme 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 [now ED-9] sets forth in detail the requirements to be applied to the evaluation of the medical school to ensure that the quality of its education programme 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 [now ED-9] 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 programme 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 [now ED-9]. For example:

Standard ED-35 requires the medical school's academic officers to be responsible for the conduct and quality of the educational programme 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 programmes of the school.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B. The 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 15, at Questions III.B.5 and III.D.13.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) which includes several requirements for the remote

locations of the medical schools to be of comparable standard to those offered on the main campus. While the country has included documentation of how the medical school reports on the status of these sites, the country has not provided documentation demonstrating its review of these sites. NCFMEA may wish to request copies of the site visit reports for all of the remote locations ensuring that CAAM-HP has conducted an appropriate review for locations that are geographically separate from the campus.

Country Response

CAAM-HP, up to 2017 when the last full accreditation review of AUA was undertaken, had visited all clinical sites used by AUA. These sites were visited during the site visits of 2011, 2014 and 2017 as well as during the periods of accreditation in 2014, 2015 and 2016. Reference is made to the following exhibits of the June 2019 Submission for Redetermination of Comparability:

Exhibit 23, AUA Site Visit Report, 2011

- ? Wyckoff Medical Center, New York
- ? Richmond University Medical Center, New York
- ? Interfaith Medical Center, New York
- ? Jackson Park Hospital, Chicago

Exhibit 24, AUA Site Visit Report, 2014

- ? DeKalb Medical Center, Atlanta
- ? Herbert Wertheim College of Medicine
- ? Florida International University, Miami
- ? Kingsbrook Jewish Medical Center, Brooklyn

Exhibit 26, Clinical Site Visit Report, 2014

- ? Northside Medical Center, Youngstown, Ohio

Exhibit 27, Clinical Site Visit Report, 2015

- ? Sheppard Pratt Hospital
- ? St Elizabeth's Hospital
- ? Maryland General Hospital
- ? Harbor Hospital
- ? Northwest Hospital Willoughby Beach Paediatrics

Exhibit 28, Clinical Site Visit Report, 2016

- ? Southside Hospital, Bayshore
- ? St Joseph's Hospital, Yonkers
- ? St Elizabeth's Medical Center, Utica
- ? Ellis Hospital, Schenectady
- ? Institute of Family Health, Kingston

Exhibit 25, AUA Site Visit Report, 2017

- ? Florida International University, Hialeah Hospital and
- ? University of Maryland at Midtown Hospital, Baltimore

Analyst Remarks to Response

In response to the draft staff analysis, it has been stated that all of the clinical sites used in the country have been visited. The agency has included a sample site visit report.

Staff Conclusion: Comprehensive response provided

Program Length, Question 1

Country Narrative

Under Standard ED-4 [now ED-6], the degree programme 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.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part A, item (a), p. 1 and Part B.

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 calendar years duration and 130 weeks of instruction (ED-4 Standard). 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. A response to the program length section from the medical school was included in exhibit 13.

Curriculum, Question 1

Country Narrative

Standard ED-6 [now ED-8] 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." The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) 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. While the country has provided a copy of the annual database that explains how the institution reviews the curriculum, it has not included a copy of the site visit report demonstrating that the CAAM-HP reviews the medical school's information and verifies for compliance with the CAAM-HP standards. NCFMEA may wish to request documentation (e.g. site visit report) demonstrating a review of curriculum relative to CAAM-HP's standards.

Country Response

The accreditation review team that visited AUA in 2017 did evaluate compliance with these standards. Reference is made to pages 35 and 68 of Exhibit 25 of the June 2019 Submission for Redetermination of Comparability, AUA Site Visit Report 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 2

Country Narrative

Under Standard ED-6 [now ED-8], 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.

The curriculum must include behavioral and socio-economic subjects, in addition to the basic sciences and clinical disciplines. See Standard ED-9 [now ED-14]. In accordance with 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.

Under Standard ED-10 [now ED-15], 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.

In keeping with Standard ED-11 [now ED-16], instruction within the basic sciences should include laboratory or other practical exercises that entail accurate observations of biomedical phenomena.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

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. While the country has provided a copy of the annual database that explains how the institution reviews the curriculum, it has not included a copy of the site visit report demonstrating how the agency verifies or explained how the medical school information is verified for compliance with the agency's standards. NCFMEA may wish to request documentation (e.g. site visit report) demonstrating a review of CAAM-HP's standards for curriculum.

Country Response

The accreditation review team that visited AUA in 2017 did evaluate compliance with these standards. Reference is made to pages 35-37 and 68-69 of Exhibit 25 of the June 2019 Submission for Redetermination of Comparability, AUA Site Visit Report 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 3

Country Narrative

In accordance with Standard IS-12 [now IS-13], students should have the opportunity to participate in research and other scholarly activities of the faculty.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13, at Part A, item (d). The 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 15, at Questions I.B.3 through I.B.5.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) 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. Documentation of the annual medical database (exhibit 13) demonstrates that the medical school has provided these opportunities for its students.

Curriculum, Question 4

Country Narrative

In keeping with Standard IS-11 [now IS-12], the programme of medical education should be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

In keeping with Standard ED-11 [now ED-16], instruction within the basic sciences should include laboratory or other practical exercises that entail accurate observations of biomedical phenomena.

In keeping with Standard ED-15 [now ED-20], critical analyses of data must be a component of all segments of the curriculum.

In keeping with Standard ED-21 [ED-26], 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 3-24, Section I: Institutional Setting, Exhibit 13, at Part B, and AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B. The CAAM-HP also asks a school to assess the structure of its educational programme in its self-study report. See Guide to the Institutional Self-study for Programmes of Education in Medicine, Exhibit 15, at Questions III.B.3 and III.B.4.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) that requires the medical schools to ensure that active learning and opportunities for lifelong learning occur for its students. Documentation of the annual medical database (exhibit 13) demonstrates that the medical school has provided these opportunities for its students.

Curriculum, Question 5

Country Narrative

Prior to the revision of the Standards in 2017, the term “service-learning” was not used in the region; however, the concept was being applied.

Students have the opportunity to study in practical ways the health care delivery system and social services of the country in which their medical school is located. Clerkship students are able to apply what they have learned about community-based care, rehabilitation of patients, and the role of the practicing physician in community health care and promotion. They also develop their ability to collect relevant information through observation and practical participation in health activities in the community and are encouraged to reflect upon their experiences. Please refer to Standard ED-13.

The service is addressed in ED-10 (Exhibit 10) as a basic science to be introduced in the early years of the curriculum; in ED-12 (Exhibit 10) exposure to family medicine takes the student into a primary care setting which in the Caribbean may be in community clinics in both rural and urban settings. In ED-13 (Exhibit 10) primary care is listed on a par with the traditional major disciplines of Medicine and Surgery.

More specifically however, CAAM-HP’s has incorporated in its 2017 Revised Standards for Medicine a standard on service-learning 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.

See Exhibit 19, 2017 Revised Standards for the Accreditation of Medical Schools in the Caribbean Community (CARICOM), Section III, Educational Programme, ED-13. AUA has not yet been assessed against this standard because the school’s submission for the last CAAM-HP accreditation survey preceded approval of this standard.

Analyst Remarks to Narrative

In the 2017 Revised Standards (exhibit 10), there is now a standard that ensures that medical schools provide opportunities for service learning. While it was happening in practice prior to 2017, it has now been formalized in the CAAM-HP standards. The medical school has not yet been reviewed for this standard. NCFMEA may wish to request additional information about when the timing of a review that includes this standard will occur.

Country Response

The next accreditation review of AUA will be in 2022 (not 2021) when the current period of accreditation comes to an end. At that time, AUA will be assessed against the 2017 Revised Standards. Reference is made to Exhibit 40, AUA’s 2018 Accreditation Determination.

Analyst Remarks to Response

In response to the draft staff analysis, the country has stated the new standards will not be reviewed with the school until 2022. Without the review of this information, there is not a method for confirming application of this standard. NCFMEA may wish to follow up with the country on this standard after the institutions next review in 2022.

Staff Conclusion: Additional Information requested

Curriculum, Question 6

Country Narrative

In accordance with Standard ED-10 [now ED-15], 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.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA’s Medical Education Database, pages

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) which includes ED-15 and the requirement for medical schools to include in the curriculum contemporary content of those disciplines that have been traditionally titled 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. The country has included a copy of the annual database (exhibit 13) from the medical school that shows how they collect information to ensure that this requirement is being met.

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 [now ED-16]. Critical analyses of data must be a component of all segments of the curriculum, in accordance with Standard ED-15 [now ED-20].

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards (exhibit 10) which includes ED-16 and the requirement for medical schools to include a laboratory portion of the basic sciences curriculum. The country has included a copy of the annual database (exhibit 13) from the medical school which demonstrates how they collect information regarding this standard.

Clinical Experience, Question 1

Country Narrative

In accordance with Standard ED-13 [now ED-18], 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.

In accordance with Standard ED-14 [now ED-19], educational opportunities must be available in multi-disciplinary 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.

Standard ED-2 [now ED-3] 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 [now ED-17].

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

CAAM-HP accreditation standards (exhibit 10) which require for medical schools to have clinical experience that occurs in out-patient, in-patient, and emergency settings. In addition, the standards 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 annual database (exhibit 13) also provides evidence of CAAM-HP's review of the information relative to this standard.

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 2011 Revised Standards, Introduction, Exhibit 10.

Standard ED-5 [now ED-7] requires that “the 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 [now ED-3], ED-10 [now ED-15], ED-12 [now ED-17], ED-13 [now ED-18], ED-14 [now ED-19], and ED-16 [now ED-22] also address matters related to this topic.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA’s Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13 at Part B.

Analyst Remarks to Narrative

CAAM-HP accreditation standards (exhibit 10) requires 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 has provided a copy of the annual database (exhibit 13) as the primary mechanism it uses to elicit information related to its standards in this area.

Clinical Experience, Question 3

Country Narrative

Standard ED-2 [now ED-3] 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 [now ED-18] requires a medical education programme to give students clinical experience in primary care, internal medicine, obstetrics and gynecology, child health/pediatrics, psychiatry, and surgery. The Standard further requires that students’ experience must be based in outpatient, inpatient and emergency settings.

Standard ED-14 [now ED-19] 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B and AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13.

Analyst Remarks to Narrative

CAAM-HP accreditation standards (exhibit 10) requires medical schools to establish clerkships. 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. Documentation about the compliance of the standards for these clerkships is collected in the annual medical school database (exhibit 13).

Supporting Disciplines

Country Narrative

Standard ED-14 [now ED-19] 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 [now ED-26].

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

CAAM-HP accreditation standards (exhibit 10) require for medical schools to have educational opportunities be available in multidisciplinary content areas, such as in emergency medicine, geriatrics, diagnostic imaging and clinical pathology. This information is reported in the annual database (exhibit 13) from the medical school.

Ethics, Question 1

Country Narrative

Required curricular content includes instruction on ethics, law, and international codes of conduct. See Standard ED-10 [now ED-15].

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.

[Reference is made in the narrative of the 2017 Revised Standards, under Educational Programme, Section B, Structure, 2. Content as follows:

"The medical school must teach medical ethics with respect for religious and other human values and their relationship to law and governance of medical practise. Students must be required to exhibit scrupulous ethical principles in caring for patients, and in relating to patients' families, others involved in patient care and to the community." See Exhibit 19]

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

CAAM-HP accreditation standards (exhibit 19) requires medical schools to teach medical ethics with respect for religion and other

human values and their relationship to law and governance of medical practice. Documentation of the annual database (exhibit 13) that asks for medical institutions to report on the status of this standard.

Communication Skills, Question 1

Country Narrative

In keeping with Standard ED-16 [now ED-22], 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 [now ED-31] 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 [now ED-32], 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 [now ED-33] 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to have skills that it utilizes for assessment and review of the communication skills of its students. These standards include ED-31 that talks to skills, behaviors, and attitudes of the school's objectives. Documentation of how the medical school meets this standard is included in the annual medical school database (exhibit 13).

Design, Implementation, and Evaluation, Question 1

Country Narrative

In keeping with Standard FA-14 [now FA-12] a medical school should have mechanisms for direct faculty involvement in decisions related to the educational programme, including curriculum development and evaluation.

In keeping with Standard ED-29 [now ED-34], 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 programme 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 programmes without regard for parochial or departmental pressures.

Standard ED-32 [now ED-36] 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 programme include: adequate numbers of teachers who have the time and training necessary to achieve the programme'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.

In keeping with Standard ED-32 [now ED-36], the Chief Academic Officer must have explicit authority to ensure the implementation

and management of the educational programme 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B and AUA's Medical Education Database, pages 141-166, Section IV: Faculty, Exhibit 13, at Part B. The 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 15, at Questions III.D.11 and III.D.12.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires the medical school's faculty to be involved in the curriculum evaluation process. The country has provided a copy of the annual medical school database (exhibit 13) that demonstrates a review of the institutions objectives as it relates to this guideline.

Design, Implementation, and Evaluation, Question 2

Country Narrative

In accordance with Standard ED-29 [now ED-34], within a medical school, there must be an integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

In accordance with 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 [now ED-35] requires that curriculum management should involve leading, directing, coordinating, controlling, planning, evaluating, and reporting and that evidence of effective curriculum management should include: evaluation of programme 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.

In accordance with Standard ED-32 [now ED-36], the Chief Academic Officer must have explicit authority to ensure the implementation and management of the educational programme and to facilitate change when modifications to the curriculum are deemed to be necessary.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B. The CAAM-HP also asks a school to evaluate the effectiveness of its educational programme in its self-study report. See Guide to the Institutional Self-study for Programmes of Education in Medicine, Exhibit 15, at Questions III.C.9 and III.C.10; III.E.14 and III.E.15.

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 10) in response to this question that appear to support the guidelines for evaluation of the medical curriculum. This information is collected through the annual database (exhibit 13) submission from the medical school.

Design, Implementation, and Evaluation, Question 3

Country Narrative

ED-24 [now ED-29] states that “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, behaviours and attitudes.

Evaluation of student performance should measure not only retention of factual knowledge, but also development of the skills, behaviours and attitudes needed in subsequent medical training and practice. The use of data for solving problems commonly encountered in medical practice should be evaluated.”

In keeping with Standard ED-29 [now ED-34], within a medical school, there must be an integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.

In keeping with 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 [now ED-35] 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 programme 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.

In keeping with Standard ED-32 [now ED-36], the Chief Academic Officer must have explicit authority to ensure the implementation and management of the educational programme and to facilitate change when modifications to the curriculum are deemed to be necessary.

Standard ED-31 [now ED-35] states that evidence of effective curriculum management includes “[e]valuation of programme effectiveness by outcomes analysis.” See also Standards ED-42 [now ED-45] and ED-43 [now ED-46].

ED-42 reads as follows: To guide programme improvement, medical schools must evaluate the effectiveness of the educational programme by documenting the extent to which its objectives have been met.

In assessing programme quality, schools must consider student evaluations of their courses and teachers, and an appropriate variety of outcome measures.

Among the kinds of outcome measures that serve this purpose are data on student performance, academic progress and programme completion rates, acceptance into residency / postgraduate programmes, postgraduate performance, and practice characteristics of graduates.

Under ED-42 [now-ED 45], a school is asked to address the following in its Medical Education Database:

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

- Student scores on internally developed examinations
- Performance-based assessment of clinical skills (e.g., OSCEs)
- Results of CAMC, USMLE, PLAB or other national examinations
- Student evaluation of courses and clerkships
- Student advancement and graduation rates
- Specialty choice of graduates
- Assessment of residency performance of graduates
- Licensure rates of graduates
- Specialty certification rates
- Practice location of graduates
- Practice type of graduates
- Other (specify)

b. For each checked item, indicate

1. How the data are collected (including response rates for questionnaires)

2. What groups or individuals review the data (e.g., curriculum committee, department chairs)
3. How the information is used for curriculum review and change

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

In addition, ED-43 [now ED-46] states that: 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B. The CAAM-HP also asks a school to evaluate the effectiveness of its educational programme in its self-study report. See Guide to the Institutional Self-study for Programmes of Education in Medicine, Exhibit 15, at Questions III.C.9 and III.C.10; III.E.14 and III.E.15.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires the medical school's curriculum to be designed to achieve the school's overall educational objectives. 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 annual medical school database (exhibit 13). 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.

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.

The CAAM-HP requests data from schools about the mean scores for all examinations taken by students in the entering the first year class.

American University of Antigua believes there is no correlation between MCAT scores and becoming a licensed, successful, and caring physician. In accordance with our holistic approach to evaluating students, AUA will not consider MCAT scores in its admissions decisions.

Nevertheless, AUA does require that students sit the MCAT and provide us with their scores as a condition for admission. We have this requirement because the United States Department of Education regulations mandate that International schools whose students receive federal financial aid, including AUA, must collect MCAT scores for all accepted US Citizens, US Nationals or US Permanent Residents whether or not we use those scores in determining who will be admitted.

The CAAM-HP survey team expressed concern about the school's use of MCAT scores. See Exhibit 25, AUA 2017 Site Visit Report, p. 20.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part A, items (a), (b), (e), and (f) and Part B.

It should be noted that AUA no longer accepts transfer students.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to collect data on its entering class including MCAT scores. However, it is stated in the narrative that the country does not believe that MCAT scores are a predictor of success, and in turn, the medical schools does not factor in MCAT scores when making admission decisions. NCFMEA may wish to seek additional specific details about the ways that medical schools ensure that students possess the intelligence, integrity, and personal/emotional characteristics need to become physicians.

Country Response

AUA interviews prospective students before admitting them. These interviews help determine, among other things, whether or not the students possess the qualities and characteristics needed to become physicians. See Exhibit 42, AUA Interview Guide.

Analyst Remarks to Response

The country explains that they conduct interviews of prospective students to assess their qualities and characteristics for becoming physicians. As required by this guideline, the country does not ask about MCAT scores. NCFMEA may wish to ask the country about its admission selection procedures.

Staff Conclusion: Additional Information requested

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.

Neither the CAAM-HP nor the government of Antigua and Barbuda mandates admissions standards. The CAAM-HP requires the faculty of a medical education programme to make decisions regarding admission, promotion, and graduation of its medical students. See Standard FA-7 [now FA-12].

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B and AUA's Medical Education Database, pages 141-166, Section IV: Faculty, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to the CAAM-HP accreditation standards which includes a requirement for medical schools to set its own standards for admissions. However, CAAM-HP further prescribes in its standards that admission, promotion, and graduation decisions must be made by medical education faculty. The medical school database (exhibit 13) demonstrates how the medical school reports on its compliance with admission standards.

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.

Under 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.

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

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B. The 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 15, at Question II.A.1.

Analyst Remarks to Narrative

CAAM-HP accreditation standards (exhibit 10) requires medical schools to set its own standards for admissions, with criteria set by the faculty. 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 medical school provides documentation of how this standard is met in the annual medical school database (exhibit 13) submitted to CAAM-HP.

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 programmes of graduate medical education; and responsibilities for continuing education, patient care, research, the size of the community, and the sensibility of the individual patient.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B. The 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 15, at Questions II.A.1 and II.A.2, p. 9.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires 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 medical school provides documentation of how this standard is met in the annual database (exhibit 13) submitted to CAAM-HP.

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 programmes. 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 should present a balanced and accurate representation of the mission and objectives of the programme.

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.

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.

The CAAM-HP has never considered it necessary to require medical schools to publish the language of instruction. All countries over which CAAM-HP has jurisdiction, except Suriname, are former British Colonies and English is their official language and there is no other language of instruction.

The following standards address the requirements for health insurance, student conduct and procedures for disciplinary action:

MS-22 Health services and disability insurance must be available to all students, with options to include dependents.

Students must have access to preventive and therapeutic health services.

MS-26 Each medical school / university must define and publicise the standards of conduct for the teacher-learner relationship, and develop written policies for preventing and addressing violations of those standards.

Mechanisms for reporting violations of these 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 behaviour, and the corrective measures to be employed where such behaviour occurs.

MS-27 The medical school must publicise to all faculty and students its standards and procedures for the evaluation, advancement,

and graduation of its students and for disciplinary action.

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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B.

In the revision of standards process, Standard MS-9 was expanded to include the following: Publications must include annual costs for attendance, including tuition and fees. See CAAM-HP Medical Education Database, Section II: Medical Students, Exhibit 30, at Part B. AUA has not been assessed against this requirement as the revised standards came into effect after the school's submission for accreditation in 2017.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to have catalogs or equivalent informational material to describe the requirements for the M.D. (or equivalent) degree to be awarded by the school and all associated joint degree programs. The medical school provides documentation of how this standard is met in the annual database (exhibit 13) submitted to CAAM-HP.

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. The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires 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 medical school provides documentation of how this standard is met in the annual database (exhibit 13) submitted to CAAM-HP by explaining that they follow FERPA in regards to student records.

Student Achievement, Question 1

Country Narrative

ED-24 [now ED-29] indicates states that, 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, behaviours, and attitudes.

Evaluation of student performance should measure not only retention of factual knowledge, but also development of the skills, behaviours, and attitudes needed in subsequent medical training and practice.

The ability to use data for solving problems commonly encountered in medical practice should be evaluated.

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.

Under ED-27 [now ED-32], the directors of all courses/clerkships must design/implement a system of formative and summative evaluation of student achievement in each course/clerkship.

Under 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.

Under ED-28 [now ED-33], Narrative descriptions of student performance including personal qualities and interactions should be included as part of assessments in all required courses and clerkships where teacher-student interaction permits this form of assessment.

Under ED-38 [now ED-41], there must be a single standard for promotion and graduation of students across geographically separate campuses.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B; and AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools 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 to evaluate student achievement. While it is stated in this standard that the faculty establish these mechanisms, it is not clear if the faculty are the ones who are establishing the criteria for satisfactory academic progress (SAP) and the requirements for graduation. NCFMEA may wish to request additional information regarding faculty's involvement in establishment of SAP and graduation requirements.

Country Response

The 2017 Site Visit team's assessment of AUA verifies that faculty is involved in establishing criteria for satisfactory academic progress and graduation requirements. See page 48, FA-7 in Exhibit 25, AUA Site Visit Report 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 2

Country Narrative

The Government of Antigua and Barbuda relies on the 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.

In keeping with 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 [now ED-29] 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.

Under ED-22 [now ED-27], Faculty, residents / junior staff, graduate students and postdoctoral fellows in the biomedical sciences serving as teachers or teaching assistants, must be familiar with the educational objectives of the course / clerkship and should be prepared / trained for their roles in teaching and evaluation.

As per Standard ED-25 [now ED-30], 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, in keeping with Standard ED-26 [now ED-31], 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 [now ED-32], 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 [now ED-33] 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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires 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. This includes specifically standard ED-29 that requires medical school faculty the responsibility to establish a system for the evaluation of student achievement that employs a variety of measures of knowledge, skills, behaviors, and attitudes. While it appears that this information is collected and required, it does not address the second half of this guideline about how the country determines if the requirements are adequate. NCFMEA may wish to ask additional questions about the evaluation of the adequacy of the student achievement requirements.

Country Response

An evaluation of the adequacy of student achievement requirements is made by the school in its database responses to ED-24 and ED-27 (see pages 109, 110 and 115-117 of Exhibit 13, AUA Medical Education Database). In the 2017 Site Visit Report, Exhibit 25, the site visit team evaluates AUA's response to this requirement (see pages 40-41).

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided additional details regarding CAAM-HP's review of student achievement, specifically in the medical database and during the site visit. The country has provided a copy of the site visit report from 2017 demonstrating application of this review.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 3

Country Narrative

In accordance with Standard ED-24 [now ED-29], 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.

In accordance with Standard ED-26 [now ED-31], 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 [now ED-32].

In accordance with Standard ED-37 [now ED-40], 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.

In accordance with Standard ED-38 [now ED-41], there must be a single standard for promotion and graduation of students across geographically separate campuses.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to 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. While it appears that this information is collected and required, it is not clear to Department staff how the medical school promotes only those who make satisfactory academic progress (SAP), and graduates only those students who successfully complete the program. NCFMEA may wish to ask for additional clarification regarding the medical school's promotion for SAP and completion of the program.

Country Response

The AUA Student Handbook, Exhibit 43, gives information about AUA's promotion for satisfactory academic progress and programme completion. See Page 31.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the student handbook that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 4

Country Narrative

The 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. Since Antigua and Barbuda has determined to adopt the Standards and Procedures of the CAAM-HP with respect to the accreditation of medical schools, the country 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 programme 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 School Questionnaire of accredited institutions. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13.

The data on degree granting examinations will, where appropriate, be checked against international norms of accomplishment including USMLE Steps I and II and Caribbean Association of Medical Councils (CAMC) examinations. Such examination results and their patterns 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 international assessments at rates of 50% or less will be considered poor outcomes that can affect accreditation decisions and status.

In addition, under Standards ED-42 [now ED-45] and ED-43 [now ED-46], the following are required:

ED-42: To guide programme improvement, medical schools must evaluate the effectiveness of the educational programme by documenting the extent to which its objectives have been met.

In assessing programme quality, schools must consider student evaluations of their courses and teachers, and an appropriate variety of outcome measures.

Among the kinds of outcome measures that serve this purpose are data on student performance, academic progress and programme completion rates, acceptance into residency / postgraduate programmes, postgraduate performance, and practice characteristics of graduates.

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

- Student scores on internally developed examinations
- Performance-based assessment of clinical skills (e.g., OSCEs)
- Results of CAMC, USMLE, PLAB or other national examinations
- Student evaluation of courses and clerkships
- Student advancement and graduation rates
- Specialty choice of graduates
- Assessment of residency performance of graduates
- Licensure rates of graduates
- Specialty certification rates
- Practice location of graduates
- Practice type of graduates
- Other (specify)

b. For each checked item, indicate

1. How the data are collected (including response rates for questionnaires)
2. What groups or individuals review the data (e.g., curriculum committee, department chairs)
3. How the information is used for curriculum review and change

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

ED-43 states that: 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.

Analyst Remarks to Narrative

Antigua and Barbuda does not set specific national requirements by which medical schools are to evaluate student achievement. However, CAAM-HP accreditation standards (exhibit 10) require medical schools to evaluate student achievement outcomes established by the medical school. Specifically, the narrative explains that data on degree granting examinations will, where appropriate, be checked against international norms of accomplishment including USMLE Steps I and II and Caribbean Association of Medical Councils (CAMC) examinations. It is explained that failure to progress in the course, to graduate, or to achieve international assessments at rates of 50% or less will be considered poor outcomes that can affect accreditation decisions and status. While the country has provided a copy of the annual database (exhibit 13) from the medical school stating how the school follows those standards, there is not documentation that explains how CAAM-HP verifies this information and utilizes it in decision making. NCFMEA may wish to request additional documentation demonstrating how CAAM-HP adheres to this guideline.

Country Response

CAAM-HP will revisit the requirements of this guideline.

Analyst Remarks to Response

In response to the draft staff analysis, the country indicates that CAAM-HP will revisit this guideline. Antigua and Barbuda does not set specific national requirements by which medical schools are to evaluate student achievement. NCFMEA may wish to request additional documentation demonstrating how CAAM-HP reviews the information relative to this guideline.

Staff Conclusion: Additional Information requested

Student Achievement, Question 5

Country Narrative

In keeping with Standard ED-42 [now ED-45], medical schools must evaluate the effectiveness of the educational programme by documenting the extent to which its objectives have been met. In assessing programme quality, schools must consider student evaluations of their courses and teachers and an appropriate variety of outcome measures.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met. While it appears that the medical school is asking about the collection of information, there is no explanation how this is verified. NCFMEA may wish to ask for additional details about this guideline to determine what types of data collections, methods, and other processes are utilized to determine if the medical school is evaluating effectiveness.

Country Response

This requirement was addressed by the school in its database response to ED-42. See Exhibit 13, AUA Medical Education Database, pages 137-140. See also Exhibit 44 for an example of a Medical Student Performance Evaluation. This was assessed by the site visit team in its report. See Exhibit 25, AUA Site Visit Report 2017, page 45.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided additional details regarding CAAM-HP's review of student achievement, specifically in the medical database and during the site visit. The country has provided a copy of the site visit report from 2017 demonstrating application of this review.

Staff Conclusion: Comprehensive response provided

Student Services, Question 1

Country Narrative

Standard MS-16 states: "There must be a system to assist students in career choice and application to internship, residency and postgraduate programmes, and to guide students in choosing elective courses."

Standard MS-19 requires medical schools to provide students with effective financial aid and debt management counseling, which includes alerting students to the impact of their total indebtedness.

The CAAM-HP Standards address health-related policies in Standards MS-20 to MS-24.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to provide services that support its students in regards to student advising and debt management. However, Department staff was unable to locate information matching the requirements that students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program. NCFMEA may wish to ask if CAAM-HP plans to create a standard that addresses this guideline relative to medical health support services for its students.

Country Response

The requirements about students' access to preventive and therapeutic health services including, inter alia, confidential mental health counselling are addressed in MS-20 to MS-24. AUA did provide responses to these in its medical education database. See Exhibit 13, pages 47-54.

Analyst Remarks to Response

In response to the draft staff analysis, the country states that the information collected relative to this guideline is provided in the annual medical database. Upon second review of the information, Department staff is still unable to locate the specifics required by this section. Specifically, the report says: "provide counseling and make referrals for appropriate services, such as radiological studies, laboratory tests and evacuations." (Exhibit 13, p. 50) The guideline for this section requires that confidential mental health counseling is a component of what is provided for students. While CAAM-HP does have a standard for this topic, the medical database provided does not give details to confirm if the medical school was providing service for mental health counseling for its students. NCFMEA may wish to request additional information regarding the country's review of the medical school for processes for mental health counseling.

Staff Conclusion: Additional Information requested

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. The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13 at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires 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. The medical school provides documentation of how this standard is met in the annual database (exhibit 13) submitted to CAAM-HP by explaining the medical school complies with the Family Educational Rights and Privacy Act of 1974 in regards to student records.

Student Complaints, Question 1

Country Narrative

CAAM-HP does require a medical school to have a process for addressing student complaints at the school level as per standards MS-26 and MS-28 which read as follows:

MS-26 Each medical school / university must define and publicise the standards of conduct for the teacher-learner relationship, and develop written policies for preventing and addressing violations of those standards.

Mechanisms for reporting violations of these 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 behaviour, and the corrective measures to be employed where such behaviour occurs.

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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B. The 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 15, at Questions II.C.9 and II.C.10.

However, if students feel that their complaint has not been satisfactorily addressed by the school then CAAM-HP will accept and investigate complaints about programme quality that, if substantiated, may constitute non-compliance with accreditation standards as per the Procedures, Exhibit 11, page 20 and Appendix I which states:

"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."

In accordance with 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 11, Appendix I. If the subcommittee determines that some areas of non-compliance with Standards exist, it will present its findings and recommendations to the CAAM-HP at the CAAM-HP's next regularly scheduled meeting.

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 the CAAM-HP.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to have a fair and formal process for taking any action that adversely affects the status of a student. If it is determined that a student does not feel their complaint has been fully addressed during the prior investigation by the medical school, CAAM-HP will re-investigate the complaint. While it appears that a complaint process exists, there is not documentation that has been provided to confirm if any complaints have been received. NCFMEA may wish to inquire about if any complaints have been received and the status of these complaints.

Country Response

CAAM-HP has not received any complaints about AUA's medical programme.

Analyst Remarks to Response

In response to the draft staff analysis, the country has stated that they have not had any complaints.

Staff Conclusion: Comprehensive response provided

Student Complaints, Question 2

Country Narrative

CAAM-HP does require a medical school to have a process for addressing student complaints at the school level as per standards MS-26 and MS-28 which read as follows:

MS-26 Each medical school / university must define and publicise the standards of conduct for the teacher-learner relationship, and develop written policies for preventing and addressing violations of those standards.

Mechanisms for reporting violations of these 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 behaviour, and the corrective measures to be employed where such behaviour occurs.

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.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B. The CAAM-HP also asks a school to assess its practices in its self-study report.

If students feel that their complaint has not been satisfactorily addressed by the school then CAAM-HP will accept and investigate complaints about programme quality that, if substantiated, may constitute non-compliance with accreditation standards as per the Procedures, Exhibit 11, page 20 and Appendix I.

As per the Procedures, the CAAM-HP will accept and investigate complaints about programme quality that, if substantiated, may constitute non-compliance with accreditation standards. In accordance with the 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 11, Appendix I.

In accordance with 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." If the subcommittee determines that some areas of non-compliance with Standards exist, it will present its findings and recommendations to the CAAM-HP at the CAAM-HP's next regularly scheduled meeting. See Procedures, Exhibit 11, Appendix I.

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 the CAAM-HP.

To date, the CAAM-HP has received no complaints from any AUA student.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to have a fair and formal process for taking any action that adversely affects the status of a student. The narrative further states that each medical school must define and publicize the standards of conduct for the teacher-learner relationship, and develop written policies for preventing and addressing violations of those standards. If it is determined that a student does not feel their complaint has been fully addressed after an investigation has been conducted by the medical school, CAAM-HP will re-investigate the complaint. The country has stated that CAAM-HP has not received any complaints to date.

Finances, Question 1

Country Narrative

As set forth in Standard ER-2, the current and anticipated financial resources of the medical school must be adequate to sustain a sound programme of medical education and to accomplish other institutional goals. The costs of conducting an accredited programme leading to an MB BS (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 programme 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 the CAAM-HP under confidential cover. AUA provided this information in preparation for the site visit. Reference is made to Exhibits 31 and 32, AUA Financial Information, 2015 and 2016.

Under 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 programme is compromised by the need to enroll or retain inappropriate numbers of students or students whose qualifications are substandard.

The CAAM-HP asks a school to address these topics in its Database responses. See AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B. The 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 15, at Questions V.A.1 through V.A.4.

Furthermore, under 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, the 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, the 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. The CAAM-HP can evaluate the adequacy of critical resources through unannounced visits as well.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 25-61, Section II: Medical Students, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires for medical schools to be reviewed based on financial obligations. Medical schools are supported by tuition, endowments, support from the parent university, covenants, grants from organizations and individuals, and appropriations from the government. Additionally, the country does explain that it adheres to CAAM-HP standard MS-4 that evaluates the size of the medical school student body. While the narrative does explain that a confidential submission of financial information is collected from the medical school, it is not clear to Department staff how the

review of that information occurs. NCFMEA may wish to ask for additional information regarding CAAM-HP's review of fiscal information received from the medical school.

Country Response

The site visit team, during the accreditation exercise, meets with the Dean and Finance Officer to discuss Audited Statements. See page 4 of Exhibit 22, Site Visit Schedule 2017, in the June 2019 Submission for Redetermination of Comparability. In addition, the site visit team makes its assessment of the financial information provided by AUA in the site visit report, Exhibit 25, page 52.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Facilities, Question 1

Country Narrative

As per Standard ER-4, a medical school 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, including an adequate number of small group discussion rooms; 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; space for library and information access and clinical skills and simulation facilities.

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.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B. The 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 15, at Questions II.C.11; III.A.2; V.B.5 through V.B.6 and V.C.7.

Determinations as to whether the above Standards are satisfied are made by site visits to the facilities of each medical school to be evaluated for accreditation by the CAAM-HP, as set forth in the Guidelines for Accreditation Survey Visits on behalf of the CAAM-HP, Exhibit 33.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to have 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. While it appears that this information exists in the standards, it is not clear. NCFMEA may wish to ask for additional information regarding documentation of how information is verified for all of the medical facilities and clinical sites.

Country Response

The site visit team, during the accreditation exercise, meets with relevant faculty and tours the facilities for both basic sciences and clinical instruction. See Exhibit 22, Site Visit Schedule 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Facilities, Question 2

Country Narrative

In accordance with Standard ER-4, a medical school 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, including an adequate number of small group discussion rooms; 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; space for library and information access and clinical skills and simulation facilities.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to 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. NCFMEA may wish to ask about the requirement 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.

Country Response

CAAM-HP's Standards do include a requirement about biomedical research and facilities for the humane care of animals used in teaching. See ED-11 and ER-4 of Exhibit 10, 2011 Revised Standards in the June 2019 Submission for Redetermination of Comparability.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided the CAAM-HP standards that reference ensuring the students have conducted biomedical research and that the medical school must provide facilities for the humane care of animals when animals are used in teaching and research.

Staff Conclusion: Comprehensive response provided

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 [now FA-10]. 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 programme 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 programme, medical schools should consider that faculty may have educational and other responsibilities in academic programmes 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.

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, programme 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 programme) 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 [now FA-5] requires that faculty members should have a commitment to continuing with scholarly productivity characteristic of an institution of higher learning.

Standard ED-23 [now ED-28] states, Supervision of student learning experiences must be provided throughout required courses / clerkships by members of the medical school's faculty.

CAAM-HP asks a schools to address these topics in its Database responses. See AUA's Medical Education Database, pages 62-140, Section III, Part B, Exhibit 13 and AUA's Medical Education Database, pages 141-166, Section IV: Faculty, Exhibit 13, at Part B. The 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 15, at Questions IV.A.1 through IV.B.7.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to have faculty that is of sufficient size, breadth, and depth to provide the scope of the educational program offered. While it appears that the country collects information on the annual database submission (exhibit 13) from the medical school, it is not clear how this information is verified. NCFMEA may wish to ask for documentation regarding the verification of the faculty as it relates to this guideline.

Country Response

The site visit team, during the accreditation exercise, meets with all levels of faculty to verify information about them. See Exhibit 22, Site Visit Schedule 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Faculty, Question 2

Country Narrative

Standard FA-9 [now FA-7] 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 [now FA-6] 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.

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, pages 141-166, Section IV: Faculty, Exhibit 13, at Part B. The 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 15, at Question IV.B.5.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) which requires medical schools to have policies for prevention of faculty conflict of interest. While it appears that the country collects information on the annual database submission (exhibit 13) from the medical school, it is not clear how this information is verified. NCFMEA may wish to ask for documentation regarding the verification of the faculty conflict of interest as it relates to this guideline.

Country Response

The site visit team, during the accreditation exercise, meets with all levels of faculty to verify information about them. In addition, the site visit team, in its report, confirmed the existence of policy dealing with faculty conflict of interest. See page 49 of Exhibit 25, AUA Site Visit Report 2017. Also, see pages 9 and 14 in AUA's Faculty Handbook, Exhibit 45.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

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.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B. The 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 15, at Questions V.D.10 through V.D.13.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires for medical schools to assess the quality of a medical school's library including sufficiency of resources and professional staff. While it appears that the country collects information on the annual database submission (exhibit 13) from the medical school, it is not clear how this information is verified. NCFMEA may wish to ask for documentation regarding the verification of the library resources as it relates to this guideline.

Country Response

The site visit team, during the accreditation exercise, meets with the librarian and also tours the library facilities. These tours are led by students. See Exhibit 22, Site Visit Schedule 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

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 programme 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 programme.

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. Additionally, the CAAM-HP should be advised of anticipated changes in affiliation status of a programme's clinical

facilities.

Likewise, under Standard ER-11, in the relationship between the medical school and its clinical affiliates, the educational programme 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.

The 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.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP accreditation standards (exhibit 10) that requires medical schools to develop affiliation agreements with clinical teaching sites. In addition, it is stated that the faculty must remain informed on the status of these sites. However, the country has not provided an example of an agreement or information demonstrating how the faculty members are informed regarding any changes to these locations. NCFMEA may wish to request additional documentation demonstrating a sample affiliation agreement and communications to the faculty regarding status changes at those sites.

Country Response

CAAM-HP does not require communication to the faculty regarding status changes at clinical sites. In keeping with ER-10, however, CAAM-HP does require notification of anticipated changes in the affiliation status of a programme's clinical facilities.

"ER-10: If department heads of the school are not the clinical service chiefs, the affiliation agreement must confirm the authority of the department head to assure faculty and student access to appropriate resources for medical student education. The CAAM-HP should be advised of anticipated changes in affiliation status of a programme's clinical facilities."

Analyst Remarks to Response

In response to the draft staff analysis, the country has explained that CAAM-HP does not require communications about changes to clinical sites and that information for each site is kept in the agreements. The country has not provided a copy of the affiliation agreement. NCFMEA may wish to ask additional questions regarding how CAAM-HP is made aware of changes occurring at clinical sites which also require changes to existing affiliation agreements, and how the CAAM-HP ensures that the clinical sites are not making changes that negatively affect the medical education program.

Staff Conclusion: Additional Information requested

Part 4: Accreditation/Approval Processes and Procedures

Onsite Review, Question 1

Country Narrative

The 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, Exhibit 15 and the Procedures, Exhibit 11. Also, see Exhibits 20, 21 and 22 for CAAM-HP's Schedules for Full Accreditation Surveys of American University of Antigua College of Medicine. These visits were carried out in 2011, 2014 and 2017.

Exhibit 34 is an Overview of the CAAM-HP – Surveyors' Orientation.

Exhibits 23, 24 and 25 are Site Visit Reports of 2011, 2014 and 2017 compiled by the survey teams following the visits to AUA.

The 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 33 is the CAAM-HP's Guidelines for Accreditation Survey Visits. See p. 18, which describes how the site visit schedule should be determined if geographically remote sites will be visited. Please see also the CAAM-HP's Procedures, Exhibit 11, p. 14, which requires a medical school to notify the CAAM-HP when a new geographically remote programme or

campus is to be established; in such cases, a limited survey visit may be conducted.

Analyst Remarks to Narrative

The country adheres to CAAM-HP's standards that requires that the on-site review process encompasses a review of 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 clinical clerkship sites affiliated with the medical school. While the country has provided documentation of the site visit schedule from 2017, they have not provided a copy of corresponding the site visit report. In addition, the country has provided copies of its clinical site reports from 2014, 2015, and 2016 but nothing more recent. It is not clear from the documentation if all of the sites have been visited and the frequency of the reviews. NCFMEA may wish to ask for additional clarity on the CAAM-HP conducts its review of site visits explaining the frequency of these visits.

Country Response

CAAM-HP visited all clinical sites used by AUA up to 2017. Reference is made to the following exhibits of the June 2019 Submission for Redetermination of Comparability:

Exhibit 23, AUA Site Visit Report, 2011

- ? Wyckoff Medical Center, New York
- ? Richmond University Medical Center, New York
- ? Interfaith Medical Center, New York
- ? Jackson Park Hospital, Chicago

Exhibit 24, AUA Site Visit Report, 2014

- ? DeKalb Medical Center, Atlanta
- ? Herbert Wertheim College of Medicine
- ? Florida International University, Miami
- ? Kingsbrook Jewish Medical Center, Brooklyn

Exhibit 26, Clinical Site Visit Report, 2014

- ? Northside Medical Center, Youngstown, Ohio

Exhibit 27, Clinical Site Visit Report, 2015

- ? Sheppard Pratt Hospital
- ? St Elizabeth's Hospital
- ? Maryland General Hospital
- ? Harbor Hospital
- ? Northwest Hospital Willoughby Beach Paediatrics

Exhibit 28, Clinical Site Visit Report, 2016

- ? Southside Hospital, Bayshore
- ? St Joseph's Hospital, Yonkers
- ? St Elizabeth's Medical Center, Utica
- ? Ellis Hospital, Schenectady
- ? Institute of Family Health, Kingston

Exhibit 25, AUA Site Visit Report, 2017

- ? Florida International University, Hialeah Hospital and
- ? University of Maryland at Midtown Hospital, Baltimore

Analyst Remarks to Response

In response to the draft staff analysis, CAAM-HP states that all of the clinical sites used by the medical school have been visited and a list of those clinical sites has been provided. NCFMEA may wish to inquire about the frequency of future visits since some clinical sites had have not been visited since 2011.

Staff Conclusion: Additional Information requested

Onsite Review, Question 2

Country Narrative

The 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 33 is the CAAM-HP's Guidelines for Accreditation Survey Visits. See p. 18, 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.

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

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B.

Analyst Remarks to Narrative

The country adheres to CAAM-HP's on-site review process that 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 has provided copies of its guidelines for survey visits (exhibit 33) The country states that 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. While it appears that there are standards in place in accord with this guideline, there is not documentation included that demonstrates how this information is verified. NCFMEA may wish to ask for a site visit report or some other documentation demonstrating that the verification of the standards measuring site quality occurs.

Country Response

The site visit team, during the accreditation exercise, meets with the clinical directors and also tours the clinical facilities to verify the information provided by the school in its response to these requirements. See Exhibit 22, Site Visit Schedule 2017. See also Exhibit 25, AUA Site Visit Report 2017, pages 53-55, for the team's assessment of the school's compliance with these requirements.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of a site visit report that documents the review of the main campus of the medical school. In a different section, the country has provided information regarding its review of the clinical core sites.

Staff Conclusion: Comprehensive response provided

Onsite Review, Question 3

Country Narrative

The 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 33 is the CAAM-HP's Guidelines for Accreditation Survey Visits. See p. 18, which describes how the site visit schedule should be determined if geographically remote sites will be visited. Clinical site visits occur during every accreditation and reaccreditation review, and may be scheduled during the period of accreditation. See Example of the CAAM-HP's Schedule for a Full Accreditation Survey for AUA, Exhibit 22. Also, see Exhibits 26, 27 and 28 Reports of Clinical Site Visits to AUA's clinical affiliates, where these sites were visited during the period of accreditation in 2014, 2015 and 2016.

For new and developing schools, Exhibit 29, Accreditation Guidelines for New and Developing Schools, requires schools—as an essential prerequisite for obtaining Candidacy status—to identify their clinical teaching sites.

CAAM-HP makes every effort to review core programmes at all sites. A representative sample of teaching sites will be reviewed at the time of a major survey visit, and all other sites will be reviewed within the period of accreditation granted. A core programme site is defined as one where students are assigned on a year round basis and is provided with faculty and administrative support.

While CAAM-HP appreciates that written procedures establishing specific time frames for review would facilitate timely review of clinical sites, CAAM-HP is also of the view that since accreditation is given for a specific time frame, this does suggest that there is a time frame for review. CAAM-HP's Procedures also provide for a limited site review at a specified time if circumstances so warrant.

As was reported at the NCFMEA's Fall meeting 2015, and supported by extracts from the Minutes of the CAAM-HP's Meeting held July 23-25, 2015, CAAM-HP considered and agreed to adopt as policy with immediate effect, the NCFMEA requirement that all clinical sites receive on-site visits. Sites not visited during the full accreditation exercise will be visited during the period of accreditation granted to the school.

The policy explains that "CAAM-HP at its meeting held July 23-25, 2015 discussed the requirement of the US Department's National Committee 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.

In addition, the meeting noted that it would be a resource intensive activity for CAAM-HP, given the number of clinical sites for some schools. Notwithstanding, CAAM-HP has formally adopted as policy, the requirement that all clinical sites receive on-site visits, with immediate effect."

Up to 2017, CAAM-HP visited all clinical sites used by AUA. On the last three CAAM-HP accreditation exercises in 2011, 2014 and 2017 and also during the periods of accreditation, the following hospitals were visited:

October 2011

- ? Wyckoff Medical Center, New York
- ? Richmond University Medical Center, New York
- ? Interfaith Medical Center, New York
- ? Jackson Park Hospital, Chicago

April 2014

- ? DeKalb Medical Center, Atlanta
- ? Herbert Wertheim College of Medicine
- ? Florida International University, Miami
- ? Kingsbrook Jewish Medical Center, Brooklyn

August 2014

- ? Northside Medical Center, Youngstown, Ohio

March 2015

- ? Sheppard Pratt Hospital
- ? St Elizabeth's Hospital
- ? Maryland General Hospital
- ? Harbor Hospital
- ? Northwest Hospital Willoughby Beach Paediatrics

September 2016

- ? Southside Hospital, Bayshore
- ? St Joseph's Hospital, Yonkers
- ? St Elizabeth's Medical Center, Utica
- ? Ellis Hospital, Schenectady
- ? Institute of Family Health, Kingston

October – November 2017

- ? Florida International University, Hialeah Hospital and
- ? University of Maryland at Midtown Hospital, Baltimore

See Site Visit schedules for the full accreditation survey visits of 2011, 2014 and 2017, Exhibits 20, 21 and 22; AUA Site Visit Reports for 2011, 2014 and 2017, Exhibits 23, 24 and 25; reports of visits to clinical sites in 2014, 2015 and 2016, Exhibits 26, 27 and 28.

Analyst Remarks to Narrative

The country adheres to CAAM-HP standards that has formally adopted as policy, the requirement that all clinical sites receive on-site visits. It has provided documentation explaining that all of the sites have been visited. Department staff is still unclear on what the accreditation period is for these sites. Dependent upon that answer, it also remains unclear if the reviews have occurred within the accreditation time period as required by part ii of this guideline. NCFMEA may wish to request additional information regarding the accreditation period of approval for clinical sites.

Country Response

Visits to all of AUA's clinical sites were conducted during different periods of accreditation. AUA was accredited by CAAM-HP in 2012, 2014 and 2018 and the visits to clinical sites were undertaken between 2014 and 2016. Reference is made to the following exhibits of the June 2019 Submission for Redetermination of Comparability:

Exhibit 26, Clinical Site Visit Report, 2014
? Northside Medical Center, Youngstown, Ohio

Exhibit 27, Clinical Site Visit Report, 2015
? Sheppard Pratt Hospital
? St Elizabeth's Hospital
? Maryland General Hospital
? Harbor Hospital
? Northwest Hospital Willoughby Beach Paediatrics

Exhibit 28, Clinical Site Visit Report, 2016
? Southside Hospital, Bayshore
? St Joseph's Hospital, Yonkers
? St Elizabeth's Medical Center, Utica
? Ellis Hospital, Schenectady
? Institute of Family Health, Kingston

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a list of the clinical sites for 2014-2016. It is not clear from the response if the other sites that had been visited previously continue to be active clinical sites or if they were only active during the time period when reviewed. It also is unclear about the plan for the re-evaluation of clinical sites. NCFMEA may wish to inquire about the sites that are active and the protocols for re-evaluation of these sites.

Staff Conclusion: Additional Information requested

Onsite Review, Question 4

Country Narrative

In accordance with 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. In accordance with 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 programme 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.

The CAAM-HP asks a school to address this topic in its Database responses. See AUA's Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B.

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 agreements' 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.

Analyst Remarks to Narrative

The country adheres to CAAM-HP standards that requires reviews of affiliation agreements during the onsite review and takes the necessary action based on such findings. The country states that this information is reviewed during the site visit however, the country did not provide any additional documentary evidence of the site visit or a sample affiliation agreement at a medical school operating in Antigua and Barbuda. NCFMEA may wish to request documentation in accordance with this guideline pertaining to the review of the affiliation agreement.

Country Response

All clinical training for AUA's medical programme is done in the United States hence there would be no affiliation agreement pertaining to clinical training in Antigua. The site visit team reviewed affiliation agreements and commented on same in the site visit report. Reference is made to pages 54-55 of AUA Site Visit Report 2017, Exhibit 25 of the June 2019 Submission for Redetermination of Comparability.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to CAAM-HP's review of an affiliation agreement.

Staff Conclusion: Comprehensive response provided

Onsite Review, Question 5

Country Narrative

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.

This very broad, general requirement and its implications will need to be examined carefully by CAAM-HP at its next meeting in July 2016 in the light of the Caribbean context where there are medical schools which do not need to use for clinical affiliates in the USA or anywhere else and off-shore, for profit schools which do have clinical affiliates in the USA.

CAAM-HP will need to consider the implications of such a policy such as, requirement for the student learning experience to be under the supervision of the medical school's faculty; whose curriculum is to be followed, sufficiency of information resources and instructional facilities.

CAAM-HP also needs to be careful that other medical schools in the region to which this policy is not applicable, are not compromised by such a policy/standard. If "approved foreign country" refers to countries "friendly" to the USA, then it is to be noted that CARICOM member countries have been traditionally friendly to the USA.

It is worthy of note that offshore medical schools in order to attract international students often claim that the school provides the opportunity to pursue their clinical training in the United States.

CAAM-HP recognises that with a number of schools within its jurisdiction using the same facilities for clinical training and in the 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 will be given to this during the revision of the standards and procedures in 2016.

UPDATE

CAAM-HP has not made any changes to its policy.

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 establishing a policy relative to this guideline and CAAM-HP has not made any changes to this policy. NCFMEA may wish to ask CAAM-HP if there are any ongoing discussions occurring that will allow it to revisit this issue.

Country Response

There are no ongoing discussions about a change of policy regarding the simultaneous review of medical schools with respect to shared clinical sites.

Analyst Remarks to Response

In response to the draft staff analysis, the country explains that CAAM-HP has not revisited its policy and there is no ongoing discussion. NCFMEA may wish to question CAAM-HP further ask about this guideline as it relates to the CAAM-HP standards

Staff Conclusion: Additional Information requested

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

As set forth in the Procedures, Exhibit 11, the CAAM-HP 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. 14) that the Secretariat staff conducts accreditation orientation sessions for surveyors at times that will be publicized well in advance. See Overview of the CAAM-HP – Surveyors’ Orientation, Exhibit 34. 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.

The CAAM-HP 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. The 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 the CAAM-HP or of the Secretariat. Survey team appointments are in keeping with the CAAM-HP’s Conflict of Interest Guidelines. See Procedures, Exhibit 11. 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, “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, Dominica, Grenada, Guyana, Jamaica, St Kitts & Nevis, St Lucia, St Vincent and the Grenadines, Suriname, and Trinidad & Tobago. Since the establishment of CAAM-HP in 2004, the persons whom the Contracting Parties have appointed to the 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 adheres to CAAM-HP procedures document (exhibit 11) 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 34) that gives information about the training. However, it is not clear from the documentation provided if the

training information (exhibit 34) is only for those who are conducting the site visits or if it is utilized more broadly.

Country Response

Members of the decision- and policy-making are experienced medical educators who meet the following criteria for membership, in keeping with the membership composition, as outlined in Procedures of the CAAM-HP, Exhibit 11 (see pages 2-3):

CAAM-HP MEMBERSHIP

Composition

The CAAM-HP has the following membership:

- a. Three (3) persons nominated jointly by academic institutions in the Community offering training in medicine (other than dental medicine and veterinary medicine)
- b. One (1) person nominated jointly by academic institutions in the Community offering training in dental medicine
- c. One (1) person nominated jointly by academic institutions in the Community offering training in veterinary medicine
- d. Two (2) persons nominated jointly by regional organisations representing civil society
- e. Two (2) students enrolled in training programmes in medicine at academic institutions in the Community and nominated by the institutions
- f. Two (2) persons from outside the region who have expertise in the accreditation of training programmes in medicine or other health professions
- g. One (1) person representing the Caribbean Association of Medical Councils (CAMC)
- h. Three (3) representatives, each appointed by a Contracting Party selected by the Secretary-General on a rotational basis
- i. The Executive Director, who shall be an ex-officio member
- j. Where the Authority specifies which professions are to be treated as other health professions, membership of the Authority shall be extended to include:
 - i. Two (2) persons nominated jointly by academic institutions offering training in other health professions in the Community
 - ii. Two (2) students enrolled in training programmes in other health professions in institutions in the Community nominated jointly by those institutions.

Criteria for Membership and Member Selection

- a. The members nominated pursuant to paragraph (a) and (j) sub-paragraph (i) of the membership shall currently hold, or have held, a faculty appointment at an academic institution referred to in that paragraph or otherwise have knowledge and experience in the process of accrediting programmes of study in medical sciences or in the relevant other health professions.
- b. The members nominated pursuant to paragraph (b) or (c) of the membership shall hold the appropriate academic qualifications, and be actively engaged in or have recent experience in the practice of their discipline.
- c. The members nominated pursuant to paragraph (d) of the membership shall, by virtue of education, experience and public service, possess qualifications which enable them to provide a public perspective in evaluating programmes of study in medicine or other health professions.
- d. The members nominated pursuant to paragraph (e) and (j) sub-paragraph (ii) of the membership should normally be in their penultimate year of training, be in good academic standing and should be students drawn from among institutions in the Community.
- e. The Secretariat shall be responsible for soliciting nominations for membership.

...

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided information regarding the composition of those who serve as decision makers for CAAM-HP. However, the question regarding the training of site visitors was not responded to in the draft. NCFMEA may wish to inquire about the training that is conducted for site visitors.

Staff Conclusion: Additional Information requested

Re-evaluation and Monitoring, Question 1

Country Narrative

As per the CAAM-HP's Procedures, Exhibit 11, an education programme once accredited remains accredited until the CAAM-HP terminates the programme formally or the programme itself terminates its accreditation status. Notwithstanding the foregoing, accreditation by the CAAM-HP does not end merely because a certain period of time has passed. Programmes typically are subject to review on a six-year cycle. The 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 the CAAM-HP.

As described in the Procedures, Appendix A, there are several "states of accreditation"; although six years is the maximum period for accreditation, the CAAM-HP may decide that a school must be monitored during shorter intervals. 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 programme. See Procedures, Exhibit 11.

All schools are expected to submit to the 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 time stipulated, CAAM-HP may determine that a sanction should be imposed. See Exhibit 11, Procedures, p. 17. Also, see AUA's Progress Reports for 2013, 2015 and 2016, Exhibits 35, 36 and 37. The 2019 Progress Report will be discussed at the Annual General Meeting of the CAAM-HP at the end of July 2019.

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 11). 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

Re-evaluation and Monitoring, Question 2

Country Narrative

All schools are expected to submit to the 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 time stipulated, CAAM-HP may determine that a sanction should be imposed. See AUA's Progress Reports for 2013, 2015 and 2016, Exhibits 35, 36 and 37. The 2019 Progress Report will be discussed at the Annual General Meeting of the CAAM-HP at the end of July 2019.

As per the Procedures, Exhibit 11, p. 20 and Appendix I, the CAAM-HP will accept and investigate complaints about programme 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.

The following CAAM-HP accreditation standards require medical schools to have a student complaint process at the school level:

MS-26 Each medical school / university must define and publicise the standards of conduct for the teacher-learner relationship, and develop written policies for preventing and addressing violations of those standards. Mechanisms for reporting violations of these 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 behaviour, and the corrective measures to be employed where such behaviour occurs.

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.

Analyst Remarks to Narrative

The country adheres to CAAM-HP's complaint policies that are documented in the agency's procedures (exhibit 11). This helps to ensure a mechanism for addressing issues as they are presented. While not included in this section, CAAM-HP collects an annual database from the medical schools that reports on the medical schools compliance with the agency's standards. This collection is part of the monitoring process that occurs by CAAM-HP.

Substantive Change

Country Narrative

In accordance with Standard ED-8, accredited programmes must notify the 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, the 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, the CAAM-HP expects to consider the establishment of timeframes within which a medical education programme must notify the CAAM-HP of plans to undergo a substantive change.

In accordance with Standard ER-1, the 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 programme of medical education based on the judgment of the 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 11, p.13. Plans to significantly alter the educational programme; 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 11, p.13.

Accredited institutions are required to notify the CAAM-HP if there is a planned change in programme ownership or governance. See Procedures, Exhibit 11, p. 13. In such cases, the school is asked to supply a written report that will be reviewed by the CAAM-HP. A limited survey visit also may be conducted. The report and visit allow the 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 programme or campus is to be established.

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, pages 62-140, Section III: Educational Programme, Exhibit 13, at Part B and Medical Education Database, pages 167-218, Section V: Educational Resources, Exhibit 13, at Part B.

See Exhibit 38 which shows that AUA does notify CAAM-HP of substantive changes.

Analyst Remarks to Narrative

The country adheres to CAAM-HP procedures (exhibit 11) for substantive change processing. This includes notifications that are required under this guideline. However, CAAM-HP does not have a standard currently, do not have a written policy stipulating any timeframes within which a medical education program must notify CAAM-HP of substantive changes. While the country states that this is in consideration, there is nothing formalized at this time. NCFMEA may wish to request additional updates regarding the consideration of timeframes for substantive change.

Country Response

During the process of revising the CAAM-HP documents, consideration was given to incorporating a one-year timeframe but this seems to have been overlooked. However, the matter will be taken up again with the Board.

Analyst Remarks to Response

In response to the draft staff analysis, the country has stated that CAAM-HP has overlooked the requirement for a timeframe for notification of substantive change and will revisit this with the Board. NCFMEA may wish to request information following the Board's decision.

Staff Conclusion: Additional Information requested

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

Antigua's policies regarding bias and conflict of interest by persons involved in the accreditation, evaluations, and decision-making processes are those established by the CAAM-HP for such purposes. Appendix D of the Procedures, Exhibit 11, sets forth the Conflict of Interest Guidelines and Statement for the CAAM-HP Members, Staff, and Surveyors.

Analyst Remarks to Narrative

The country adheres to 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. NCFMEA may wish to request documentation demonstrating application of this guideline.

Country Response

Site visitors are required to sign and return Declaration Forms re Conflict of Interest and Confidentiality Statements. The 2017 AUA site visit team met this requirement. Reference is made to Exhibit 46, Conflict of Interest and Confidentiality Statements, AUA Site Visit Team 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided copies of Conflict of Interest forms.

Staff Conclusion: Comprehensive response provided

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 the 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.

Country Response

The Procedures of the CAAM-HP, Exhibit 11 of the June 2019 Submission for Redetermination of Comparability, require that survey teams include one member of the CAAM-HP or the Secretariat. See page 14 under the section Appointment of Survey Teams. Reference is also made to Exhibit 22, AUA Site Visit Schedule 2017 and Exhibit 25, AUA Site Visit Report 2017 which indicate that members of the Secretariat accompanied the site visit team to AUA in 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

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 programme's level of compliance with each individual accreditation standard. See Guide for Writing a Report on a Visit of a Survey Team, Exhibit 39; Procedures, Exhibit 11. Also, see Appendix B of AUA 2017 Site Visit Report, Exhibit 25.

Analyst Remarks to Narrative

The country has provided documentation of the procedures for CAAM-HP (exhibit 11) that state that the site visit team must review in accordance with the agency's standards. They have also provided a copy of the guide for writing the report (exhibit 39). However, there is not any documentation that explains how site visitors are trained to use this information. NCFMEA may wish to request information about the site visitor training that occurs utilizing these materials for ensuring decisions are based off the agency's standards.

Country Response

CAAM-HP has not found it necessary to provide training for site visitors in that regard. With the guidance of the Secretariat (before and during the visit) the site visit team uses a template of all the standards to document, the school's level of compliance. Reference is made to Exhibit 25, AUA Site Visit Report 2017: pages 15-56 where the findings are presented in detail, and pages 66-72, the report template.

Analyst Remarks to Response

In response to the draft staff analysis, the country has provided a copy of the site visit report that documents the country adherence

to the CAAM-HP standards relative to this section.

Staff Conclusion: Comprehensive response provided

Accrediting/Approval Decisions, Question 2

Country Narrative

In the past, the CAAM-HP had not been basing 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 programmes, licensure examinations, specialty examinations/certifications or other forms of evaluation usually confirm deficiencies that are readily apparent from the accreditation process. Additionally, school supplied data are insufficiently consistent to serve as determinative factor in accreditation decisions. CAAM-HP has asked schools to collect these data systematically.

However, CAAM-HP recognizes and supports the importance of benchmarks as part of the quality assurance process. As a result, ED-46, which is meant to capture these data, has been added to the revised Standards and states as follows: 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. In relation to this standard, the following data are captured in the Medical Education Database:

If available, provide summary data on the performance of your graduates in the following over the last five years:

(1) Examination results

CAMC Part II

USMLE Step 1

USMLE Step 2

USMLE Step 3

MCCQE Part I

MCCQE Part II

PLAB Part II

If some or all of your graduates do not sit the above examinations please give the number sitting any internal end of course examination(s) in the last five years, the number passing and the number passing at the first attempt.

(2) Graduate medical education

Please provide details of any measures you have of the performance of your graduates over the last five years in graduate medical education (e.g. from surveys of graduates or internship/residency programme directors).

See Exhibit 14, CAAM-HP Medical Education Database, Section III: Educational Programme at Part B.

Analyst Remarks to Narrative

The country adheres to the revised CAAM-HP standards that requires medical schools to 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. The country has provided a copy of a blank medical education database that asks these questions, but no information is provided. NCFMEA may wish to ask if this new standard has been implemented and if the country has documentation of its implementation.

Country Response

AUA will be evaluated against this requirement during the next full site visit which is expected in 2022. The last site visit to AUA took place in 2017 and the school had prepared its submission for accreditation before the 2017 Standards were approved.

Analyst Remarks to Response

In response to the draft staff analysis, the country has stated the new standards will not be reviewed with the school until 2022. Without the review of this information, there is not a method for confirming application of this standard. NCFMEA may wish to follow up with the country on CAAM-HP's application of this standard after the institution's next review in 2022.

Staff Conclusion: Additional Information requested

Accrediting/Approval Decisions, Question 3

Country Narrative

CAAM-HP collects the data on postgraduate residency programmes, etc in the Medical Education Database, Section III, Educational Programme, ED-46. See Exhibit 14. CAAM-HP intends to use this information in the decision-making.

Analyst Remarks to Narrative

The country states that CAAM-HP does ask medical schools to collect outcomes data regarding postgraduate residency programs. However, does not explain if it collects information on licensure exams, specialty exams/certifications, licensure or other forms of evaluation on all medical school graduates. The country has provided a blank medical education database demonstrating where this information would be collected. NCFMEA may wish to ask for additional details about what student outcomes data is collected and for a complete medical education database.

Country Response

AUA will be evaluated against this requirement during the next full site visit which is expected in 2022. The last site visit to AUA took place in 2017 and the school had prepared its submission for accreditation before the 2017 Standards were approved.

Analyst Remarks to Response

In response to the draft staff analysis, the country has stated the new standards will not be reviewed with the school until 2022. Without the review of this information, there is not a method for confirming application of this standard. NCFMEA may wish to follow up with the country regarding CAAM-HP's application of this standard after the institution's next review in 2022.

Staff Conclusion: Additional Information requested

Accrediting/Approval Decisions, Question 4

Country Narrative

Schools which have had full site visits in 2018 and 2019 will have been expected to provide that data and the information will form part of the decision-making.

Analyst Remarks to Narrative

The country has stated that schools who have had full site visits in 2018 and 2019 would be expected to report on the data required in this section. However, the country has not stated the policy or standard that requires the collection nor provided a copy of the site visit report demonstrating the collection of this information. NCFMEA may wish to request documentation of the CAAM-HP standards relative to this guideline and evidence demonstrating the application of this standard.

Country Response

AUA will be evaluated against this requirement during the next full site visit which is expected in 2022. The last site visit to AUA took place in 2017 and the school had prepared its submission for accreditation before the 2017 Standards were approved.

Analyst Remarks to Response

In response to the draft staff analysis, the country has stated the new standards will not be reviewed with the school until 2022. Without the review of this information, there is not a method for confirming application of this standard. NCFMEA may wish to follow up with the country on this standard after the institution's next review in 2022.

Staff Conclusion: Additional Information requested
