

U.S. Department of Education Staff

Initial Determination for St. Vincent and the Grenadines

Prepared September 2016

Background

The Government of St Vincent and the Grenadines is a member of the Caribbean Community (CARICOM), which has officially designated the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) as the legally constituted body empowered to determine and prescribe standards and to accredit medical programs on behalf of the contracting parties in CARICOM. The country is seeking an initial determination of comparability based upon its use of the CAAM-HP standards for the evaluation and ongoing monitoring of medical education programs offered through its medical schools.

Summary of Findings

Additional information is requested for the following questions. These issues are summarized below and discussed in detail under the Staff Analysis section.

- The Committee may wish to request that the country provide additional information regarding its revised standards after the standards are finalized in 2018. [Mission and Objectives, Question 1]
- The Committee may wish to request that the country provide additional information regarding its revised standards after the standards are finalized in 2018. [Governance, Question 2]
- The Committee may wish to request that the country provide additional information regarding its revised standards after the standards are finalized in 2018. [Curriculum, Question 5]
- The Committee may wish to request that the country provide additional information regarding its revised standards after the standards are finalized in 2018. [Admissions, Recruiting, and Publications, Question 5]
- The Committee may wish to request additional information from the country regarding CAAM-HP's ongoing deliberations regarding comparability with the requirements of this question. [Onsite Review, Question 5]
- The Committee may wish to request additional information from the country regarding CAAM-HP's ongoing deliberations regarding comparability with the requirements of this question. [Accrediting/Approval Decisions, Question 2]
- The Committee may wish to request additional information from the country regarding CAAM-HP's ongoing deliberations regarding comparability with the requirements of this question. [Accrediting/Approval Decisions, Question 3]
- The Committee may wish to request additional information from the country regarding CAAM-HP's ongoing deliberations regarding comparability with the requirements of this question. [Accrediting/Approval Decisions, Question 4]

Staff Analysis

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

Approval of Medical Schools, Question 1

Country Narrative

The Government of St Vincent and the Grenadines has the authority and the responsibility to license medical schools. The National Accreditation Board (NAB) falls under the Further and Higher Education Legislation, Exhibit 1. The legislation outlines in Part I Section 14 the functions of the Board which are: to consider applications, register, recognize, validate, monitor, re-assess medical schools and to act as the local oversight body as well as to advise the Government/Cabinet on the establishment of institutions of Higher Education. Part III of the Act speaks to the legal authority to grant/award degrees.

For a medical school to operate in St Vincent and the Grenadines Registration is a major part of the exercise. Registration is granted only after a relatively long process of Application, evaluation (documents and physical assessment of the institution), due diligence on the faculty and faculty interviews, review of conditions for students by the NAB. When these have been met satisfactorily a Certificate of Registration, Exhibit 2 as was granted to Trinity School of Medicine, is granted to the institution as having the right to operate in the state.

The Ministry of Education is represented on the NAB and all issues related to institutions of Higher Education go through the Minister/Ministry of Education to the Cabinet as the means of informing the Government of the presence and conduct of these institutions in the state.

The original agreement between the government and Trinity made reference to Trinity University School of Medicine; however, to avoid any conflict with another institution of the same name, Trinity's name was changed to Trinity School of Medicine, Exhibit 2A.

Analyst Remarks to Narrative

The government of St. Vincent and the Grenadines has authority over the operation of the medical schools in the country. A governmental act of 2006 established the National Accreditation Board (NAB) to accredit institutions and programs of study in the country on behalf of the government (Ex. 1). The NAB is composed of individuals representing a variety of areas of study, but for purposes of medical education those board members of particular relevance include the country's chief education officer, the Secretary of the Ministry of Education, a representative of the country's medical association, a representative of the country's teaching association, the Secretary of the Ministry of Health, and three members nominated by the country's cabinet to include a person with expertise in higher education.

A registration certificate and copy of a 2008 agreement between the government of St. Vincent and the Grenadines and the Trinity University School of Medicine (TUSM) demonstrates that the government has the ultimate authority to approve the operation of medical schools in the country and that the TUSM is operating under the government's authority (Exs. 2, and 2A).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Approval of Medical Schools, Question 2

Country Narrative

As signatories to the Inter-Governmental Agreement establishing the CAAM-HP member countries of the Caribbean Community (CARICOM) have empowered CAAM-HP with the responsibility for the monitoring and continued certification/licensure of medical schools, Exhibit 3. The Government of St Vincent and the Grenadines acceded to the Agreement on March 19, 2015, Exhibit 3A.

In addition, the country's Caribbean Accreditation Authority (Medicine and Other Health Professions) Act 2015, Section 5, Exhibit 4 states that a programme of study in medicine and other health professions that is accredited by the Authority is exempt from the requirement for accreditation under the Further and Higher Education (Accreditation) Act, Exhibit 1.

Analyst Remarks to Narrative

As noted in the previous section, the government of St. Vincent and the Grenadines maintains authority over the operation of medical schools in the country. However, the government is a member of the Caribbean Community (CARICOM), which has established the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) to serve as the accrediting body for the monitoring and certification of medical schools in CARICOM countries. As a result of its membership in CARICOM, the government has signed an agreement allowing the CAAM-HP to serve as the TUSM's accreditor, rather than the NAB (Exs. 3A and 4).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Approval of Medical Schools, Question 3

Country Narrative

Should circumstances warrant closure or the taking away of the medical school's license to operate, such a decision would be taken by the Government of St Vincent and the Grenadines.

Analyst Remarks to Narrative

As noted in a previous section, medical schools in the country operate under the permission of the government of St. Vincent and the Grenadines, which has authority to close a medical school. The country provided a certificate of registration (i.e., operation) for the TUSM as an exhibit in a prior section (Ex. 2).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Accreditation of Medical Schools

Country Narrative

On March 19, 2015 the Government of St Vincent and the Grenadines, a member of the Caribbean Community (CARICOM), a community of nations established and recognized under the Revised Treaty of Chaguaramas Establishing the Caribbean Community including the CARICOM Single Market and Economy, 1993, (Exhibit 5), acceded to the Inter-Governmental Agreement Establishing the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP), (Exhibit 3). Other members of CARICOM are, Antigua, Barbuda, The Bahamas, Barbados, Belize, Dominica, Jamaica, Guyana, Montserrat, St Kitts & Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad & Tobago. The CAAM-HP was officially launched on July 14, 2004 under the aegis of CARICOM 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.

The Government of St Vincent and the Grenadines has passed legislation to give effect to the Agreement in St Vincent and the Grenadines, See Exhibit 6, Caribbean Accreditation Authority (Medicine and Other Health Professions) Act 2015.

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 (Exhibit 7, WFME Recognition Letter). The CAAM-HP was the first accrediting agency to be recognized through this 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 it accredits".

In 2013, 2014 and 2016, the NCFMEA reviewed the information regarding the CAAM-HP's medical education accreditation activities contained in the application the CAAM-HP submitted on behalf of the governments of Antigua & Barbuda, Jamaica and Grenada respectively for an initial determination of comparability and determined that the standards and processes used by the CAAM-HP to accredit medical schools in Antigua & Barbuda, Jamaica and Grenada are comparable to those used to accredit medical schools in the U.S. (Exhibits 8, 9 and 9A, NCFMEA Comparability Determination, Antigua, Jamaica and Grenada).

As stated in the CAAM-HP's document Procedures of the Caribbean Accreditation Authority for Education in Medicine and other Health Professions, (Exhibit 10) under the heading, Functions of the Secretariat, sub-paragraph (e) the Secretariat shall provide information on the work of the Authority to the Contracting parties; furthermore, the section entitled, Reporting of CAAM-HP Actions to External Groups, states that the Contracting Parties will be notified, through the Secretary-General of CARICOM, within one month of final accreditation decisions taken at a CAAM-HP meeting.

Analyst Remarks to Narrative

As noted previously, the government of St. Vincent and the Grenadines is a member of CARICOM, which established the CAAM-HP to serve as the accreditor for medical schools located in CARICOM countries. The country provided a copy of an act from 2015 giving CAAM-HP the authority to serve as the medical education accreditor for the country's school (Ex. 4). Although the country is submitting a petition for an initial determination of comparability, it correctly notes that CAAM-HP serves as the accrediting body for several countries that have already received a determination of comparability from the NCFMEA (Exs. 7A, 7B, and 7C). In countries where CAAM-HP serves as the medical education accreditor, CAAM-HP reports its findings related to a school's program of medical education to the government of the country in which the school is located, since the government is the entity that authorizes the school's continued operation (Ex. 8).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Accreditation of Medical Schools, Question 2

Country Narrative

Prior to its accession to the Agreement establishing the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions in March 2015, in order for a medical school to operate in St Vincent and the Grenadines, it was required to comply with the requirements of the National Accreditation Board as set out in the Further and Higher Education legislation, Exhibit 1.

However, with the country's accession to the Agreement establishing the CAAM-HP and exemption from accreditation under the Further and Higher Education (Accreditation) Act, institutions offering medical education programmes in St Vincent and the

Grenadines must submit to the accreditation processes and procedures of the CAAM-HP as set out in the document, Accreditation Guidelines for New and Developing Schools (Exhibit 11) CAAM-HP will advise the Minister of Education whether or not the school has met the minimum requirements for establishing the school.

Analyst Remarks to Narrative

As noted in previous sections, the country's NAB has authority to accredit schools and programs of all types in St. Vincent and the Grenadines. However, the country is a member of CARICOM and therefore the NAB has ceded its accreditation responsibilities for the TUSM to CAAM-HP, which serves as the medical education accreditor for CARICOM countries. The government gave CAAM-HP authority to accredit its medical schools in 2015 and has provided a copy of its agreement with CAAM-HP (Ex. 4). The country is seeking an initial determination of comparability from the NCFMEA, based upon its designation of CAAM-HP as the accreditor for the TUSM.

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Part 2: 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 has set out in its 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 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 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B and Exhibit 12, the Site Visit Report, 2015.

The CAAM-HP has a process through which it develops and approves new or revised standards and procedures. See Procedures of the CAAM-HP, Exhibit 8, Appendix E. As part of the process of standards revision, consideration will be given to standards related to how the CAAM-HP evaluates a medical school's mission in relation to managing health problems of the individual and the community, taking charge of health promotion and prevention of disease and maintaining acceptable scientific and ethical standards of the profession.

As part of the standards revision process this topic will be addressed in the Database, Institutional Setting, Part B (a) and reads as follows:

A medical school must develop a mission statement to drive the development of educational objectives that support the school's mission and provide the basis for evaluating the effectiveness of the educational programme. Such a mission statement should include a component related to serving the public.

The revised standards will be discussed at the Annual General Meeting of the CAAM-HP, July 27-30, 2016. Following the meeting documentary evidence will be provided as to the decision taken to adopt this and other new standards.

Analyst Remarks to Narrative

The narrative notes that the CAAM-HP has several standards related to culture and belief systems, as well as gender, cultural, and religious bias, etc. (Ex. 10, pp. 24-25). However, the agency does not currently have any requirements in its standards that a school develop a mission statement to drive the development of educational objectives that support the school's mission or that such a mission statement be related to serving the public interest, as required under this section.

The omission of this requirement in CAAM-HP's standards has been noted by the NCFMEA at recent meetings in reviewing other countries for comparability. As a result of the Committee's previous concerns, the agency reports that it has been in the process of revising its standards and that the proposed revisions were scheduled to be reviewed at the agency's July 2016 meeting. Additional information as to whether the revisions were accepted will be available after that time.

Additional information and supporting documentation are requested. The country is requested to provide additional information as to whether the CAAM-HP standards have been revised to include the requirement that a medical school have an educational mission and supporting educational objectives that are related to serving the public interest.

Country Response

The proposed revisions to the Accreditation Standards for medicine were presented and discussed at the July 2016 meeting of the Authority. Reference is made to Exhibit 29, Extract: Draft Minutes of CAAM-HP July 2016 Meeting. The new standards were accepted in principle and members were given the opportunity to review further and give additional feedback after the meeting. The new standards will include the requirement that a medical school have an educational mission and supporting educational objectives that are related to serving the public interest. See Exhibit 36A: Draft Revised Standards: Institutional Setting.

The revision process is expected to be complete in 2018.

The process followed by the Advisory Committee charged with the revision of CAAM-HP's accreditation standards for medicine was as follows:

- Maintenance of the current format
- Consideration of the existing standards in the light of the recently revised LCME standards, identified discrepancies which resulted in new standards being added to the current CAAM-HP standards
- Change some standards which were "should" to "must"
- Amalgamation of some standards where they overlapped substantially
- Renumbering the standards in the various sections to take account of the additions and amalgamations
- Awareness that the standards must be applicable both to regional and 'offshore' schools

With respect to quantitative standards, the Committee, in keeping with the international trend, agreed that it would be important to capture a small number of key, robust and verifiable numbers rather than data that would be hard to collect, difficult to verify and impossible to manage effectively. The decision was to use only objective quantitative standards such as exam pass rates, attrition, placement in postgraduate training etc.

The Committee recommended that standards related to Internship and Continued Medical Education be eliminated.

To Section I, Institutional Setting, the following was added with regard to the requirement of this section:

a. Provide a brief statement of the mission and goals of the medical school.

"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."

Analyst Remarks to Response

In response to the concerns raised in the draft staff analysis, the country reports that the proposed revisions to the CAAM-HP standards were considered at the July 2016 meeting, that the standards have been accepted in principle, and that constituent feedback is being solicited. Formal acceptance of the revised standards is expected in 2018.

The Committee may wish to request that the country provide additional information regarding its revised standards after the standards are finalized in 2018.

Staff Conclusion: Additional Information requested

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

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

Standard ED-3 requires that the objectives of the educational 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 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 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 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 professor, acceptances 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 Medical Education Database, Section III: Educational Programme, Exhibit 11 at Part B and Medical Education Database, 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 14 at Questions III. A.1; III.D.11 and III.D.12; IV.C.8 and IV.C.9.

Analyst Remarks to Narrative

As described in the country's narrative, CAAM-HP's standards require that a medical school's faculty define the objectives of the educational program and that the faculty be involved in decisions regarding the curriculum and the development of the educational program.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and blank copies of a database that its schools are required to complete (Exs. 15 and 17).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme; Exhibit 33: TSOM Medical Education Database: Faculty.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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

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

Standard FA-14 requires a medical school to have mechanisms for direct faculty involvement in decisions related to the educational 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 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 Medical Education Database, Section III: Educational Programme, Exhibit 11 at Part B and Medical Education Database, 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 14, at Question IV. C.8 and IV.C.9.

Analyst Remarks to Narrative

The country’s narrative notes that the CAAM-HP standards require that the faculty be fully involved in curriculum development and that faculty serve on a Curriculum Committee that oversees the educational program. Standard 1 requires that the medical school faculty must define the objectives of its educational program.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of the CAAM-HP self-study guidelines document (Ex. 14) and blank copies of the database that its schools are required to complete (Exs. 11 and 13).

Additional information is requested. Staff accepts the country’s narrative and a portion of its supporting documentation, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine’s completed medical education databases are attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme; Exhibit 33: TSOM Medical Education Database: Faculty.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country’s additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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 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, 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards define what an educational objective is and also specify that achievement of educational objectives be demonstrated via measurable outcomes. Student evaluations of courses and professors are also used to determine whether the students feel that educational objectives are being met.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Mission and Objectives, Question 5

Country Narrative

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

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

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

The Standards related to Continuing Professional Education (“CPE”) address the continued learning needs of medical graduates. A medical school should provide programmes for the CPE of its graduates; when appropriate, such programmes should be offered in consultation with and with the cooperation of national and regional authorities. See Standard CE-1. Such CPE programmes should be of acceptable educational quality and promote quality of care through self-evaluation. See Standard CE-2.

CE-2. They should also be conducted according to relevant standards and criteria developed by the medical school, in keeping with those standards and criteria of relevant national and regional authorities.

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B and Medical Education Database, Section VII: Continuing Professional Education, Exhibit 15, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require the ongoing evaluation of medical students throughout their educational program. Student achievement is required to be evaluated through a variety of means, but schools must consider outcomes-related data, including acceptance into residency/post-graduate programs, post-graduate performance, and practice characteristics of graduates. The CAAM-HP standards also require medical schools to offer meaningful programs of continuing education to address the needs of graduates.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided blank copies of the database that its schools are required to complete (Exs. 15 and 19).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme; Exhibit 35: TSOM Medical Education Database: Continuing Professional Education.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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 Medical Education Database, Section I: Institutional Setting, Exhibit 16, 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 Trinity School of Medicine, the medical school is legally authorised to provide a programme of medical education

under the following: Further and Higher Education Legislation Act, Exhibit 1 and the Certificate of Registration, Exhibit 2.

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 Medical Education Database, Section I: Institutional Setting, Exhibit 16, at Part B, IS-1 (c).

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 Initial Provisional Accreditation. See Procedures of the CAAM-HP, Appendix A, Exhibit 8.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that a medical school be legally authorized to operate in the country in which it is located.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 20), as well as legislation related to TUSM's authority to operate (Exs. 1 and 2).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 30: TSOM Medical Education Database: Institutional Setting.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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 8. Also, a medical school is accountable under the Further and Higher Education legislation, Exhibit 1 to the government of St Vincent and the Grenadines; particular requirements for operation in the jurisdiction are specified in the legislation.

With reference to Trinity School of Medicine, the Board of Trustees (BOT) established in 2014, is the governing body to which the administrators of the medical school are accountable for the operation and success of the school and its medical education programme. Trinity School of Medicine does have a Conflict of Interest policy, Exhibit 17.

The BOT is a six member board, with five (5) of its members approved by Trinity SVG, LTD. The President is the lone representative from Trinity, SVG, LTD. The President appoints the Chair of the Board, and members can serve successive terms. The BOT also appoints the Chancellor and Dean. The Bylaws of the Board are set out in Exhibit 18.

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

At present, CAAM-HP does not have a policy requiring that a school's governing board be external to or independent of the medical school. However, the Advisory Committee charged with the responsibility to revise the current standards has included a new standard 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.

This new standard will, inter alia be discussed at the CAAM-HP Annual General meeting, July 27-30, 2016. The decision will be communicated to all stakeholders following the meeting.

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 14, at Questions I.A.2 and 1.A.3. Also, the CAAM-HP asks a school to report on its governance structure in its Database responses. See Medical Education Database, Section I: Institutional Setting, Exhibit 16 at Part B.

Analyst Remarks to Narrative

In its narrative, the country acknowledges that the current CAAM-HP standards do not require that a school's governing board be external to, or independent of, the schools. The standards to require that board members prioritize the needs of the school and have no conflicts of interest. In the case of the TUSM, a six-member Board of Trustees was established in 2014 and is the body to which the medical school's administrators are accountable.

The omission from the CAAM-HP standards of a requirement for an independent board has been noted by the NCFMEA in past meetings in considering other countries for comparability. In response to the Committee's concerns, CAAM-HP has been in the process of proposing revisions to its standards. Those revisions were scheduled to be considered at the agency's general meeting in July 2016, and additional information regarding any revisions should be available after that time.

Additional information and supporting documentation are requested. The country is requested to provide additional information as to whether CAAM-HP has revised its standards to require that there be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to, and independent of, the school's administration.

Country Response

The proposed revisions to the Accreditation Standards for medicine were presented and discussed at the July 2016 meeting of the Authority. Reference is made to Exhibit 29, Extract: Draft Minutes of CAAM-HP July 2016 Meeting. The new standards were accepted in principle and members were given the opportunity to review further and give additional feedback after the meeting. The new standards will include the following (see Exhibit 36A: Draft Revised Standards: Institutional Setting):

"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 responsible 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."

The revision process is expected to be complete in 2018.

Analyst Remarks to Response

In response to the concerns raised in the draft staff analysis, the country reports that the proposed revisions to the CAAM-HP standards were considered at the July 2016 meeting, that the standards have been accepted in principle, and that constituent feedback is being solicited. Formal acceptance of the revised standards is expected in 2018.

The Committee may wish to request that the country provide additional information regarding its revised standards after the standards are finalized in 2018.

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 St Vincent and the Grenadines are set forth in the Standards under the heading "Institutional Setting, A. Governance and Administration."

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

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

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

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

Pursuant to Standard IS-9, the medical school administration should include such associate and assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish the missions of the medical school. The Standard also notes that there should not be excessive turnover or long-standing vacancies in medical school leadership. Medical school leadership is defined to include the dean, vice/associate deans, department chairs, and other positions where a vacancy could negatively impact institutional stability, especially with regard to planning or implementing the educational 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 Medical Education Database, Section I: Institutional Setting, Exhibit 16, at Part B.

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 14, at Question I.A.4. See 2015 site visit report, Exhibit 12.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards address medical school organization, governing body oversight and members, and a requirement that medical school administrators and faculty be appointed under the authority of the university or its governing board. The standards also specify that the medical school administration should include enough deans, department chairs, unit leaders, and staff to accomplish the school's mission.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided copies of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 20).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 30: TSOM Medical Education Database: Institutional Setting.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Administrative Personnel and Authority, Question 2

Country Narrative

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

Standard ER-2 requires that an accredited 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 Medical Education Database, Section I: Institutional Setting, Exhibit 16, at Part B and Medical Education Database, Section V: Educational Resources, Exhibit 19, 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 14, at Questions V.A.1 through V.A.4.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that the dean of the medical school must have access to the institution's administrative head, or another school official with the final responsibility for the school, as well as to other school officials who are necessary for the dean to fulfill the responsibilities associated with the dean's office.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and blank copies of the database that its schools are required to complete (Exs. 16 and 19).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 30: TSOM Medical Education Database: Institutional Setting; Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Administrative Personnel and Authority, Question 3

Country Narrative

Under Standard IS-7, there must be a clear understanding of the authority and responsibilities for medical school matters among the administrative officials of the school, the dean of the school, the faculty, and the administrative officials of other components of the medical teaching complex of the university.

Standards ER-2 and ER-3 require that the medical school have financial resources adequate to sustain a sound 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 Medical Education Database, Section I: Institutional Setting, Exhibit 16, at Part B and Medical Education Database, Section V: Educational Resources, Exhibit 19, 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 14, at Questions V.A.1 through V.A.4.

CAAM-HP Standard ER-11 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."

Clinical rotations are carried out at 6 affiliated hospitals in the USA and the local hospital (Milton Cato Memorial Hospital) in St Vincent and the Grenadines.

On the occasion of the first CAAM-HP accreditation exercise in 2015 the following hospitals were visited:

Milton Cato Memorial Hospital, Kingstown, St Vincent, Northwest Hospital, Baltimore, Brookhaven Memorial Hospital, New York and the Southampton Hospital, New York.

See Site Visit Itinerary, Exhibit 20 and Site Visit Report, Exhibit 12.

CAAM-HP assesses compliance with Standard ER-11 through discussions with clinical faculty during site visits to affiliated clinical locations. Furthermore, the CAAM-HP self-study document asks medical schools to "describe and evaluate the interaction between the administrators of the hospitals/clinics used for teaching and the medical school administration." It also asks medical schools to "describe and evaluate the level of interaction/cooperation between the staff members of the hospitals/clinics used for teaching and medical school faculty members and department heads.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that there be clear lines of administrative authority in a medical school, that the medical school program must remain under control of the medical school faculty, and that department heads and faculty must have the authority for the instruction and evaluation of the medical school students. The standards require that the medical school must have sufficient resources to sustain the medical school program and support institutional data.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided copies of its self-study guidelines document (Ex. 14) and blank copies of the database that its schools are required to complete (Exs. 16 and 19).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 30: TSOM Medical Education Database: Institutional Setting; Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Chief Academic Official, Question 1

Country Narrative

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

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section I: Institutional Setting, Exhibit 16, 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

As described in the country's narrative, the CAAM-HP standards contain requirements related to the dean or chief academic officer's qualifications and also require that the person be appointed by the school's governing board or parent university. The country reports that the dean's qualifications are evaluated during on-site reviews.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 16).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 30: TSOM Medical Education Database: Institutional Setting.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

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).

The CAAM-HP asks a school to address the chief academic official's qualifications in its Database responses. See Medical Education Database, Section I: Institutional Setting, Exhibit 16, at Part B. 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.

The Dean (at the time of the visit in 2015) of the TSOM, Dr. W Douglas Skelton MD, was appointed in 2012. A graduate of Emory, he trained as a psychiatrist in Columbia, New York and held a number of administrative governmental posts and academic posts before serving as Dean of Mercer School of Medicine for 16 years. He held a number of national posts in the USA in parallel with his academic appointments.

Analyst Remarks to Narrative

The country reports in its narrative that, although they do not specify the hiring process for the chief academic officer, the CAAM-HP standards require that the chief must be appointed by either the school's governing body or the parent university and must be qualified for the position by both education and experience. Site visit teams review the chief's qualifications while conducting the on-site review.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 16).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine’s completed medical education database is attached as follows: Exhibit 30: TSOM Medical Education Database: Institutional Setting.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country’s additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Faculty

Country Narrative

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

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

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

Standard FA-14 requires that a medical school must have mechanisms for direct faculty involvement and decision-making relating to its educational 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.

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

Pursuant to Standard ED-29, the faculty must be responsible for the detailed design and implementation of the components of the curriculum. The educational 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 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B and Medical Education Database, 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 14, 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

As described in the narrative, CAAM-HP has numerous standards that contain appropriate requirements related to admissions, the hiring, retention, promotion, and discipline of faculty, and all phases of the curriculum, including the clinical education portion. Faculty members participate in decisions either by virtue of their job assignments or descriptions or by participation on decision-making committees, such as curriculum committees.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided copies of its self-study guidelines document (Ex. 14) and blank copies of the database that its schools are required to complete (Exs. 11 and 13).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 30: TSOM Medical Education Database: Institutional Setting; Exhibit 33: TSOM Medical Education Database: Faculty.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Remote Sites, Question 1

Country Narrative

The CAAM-HP's accreditation process encompasses complete education programmes (basic 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 9, Accreditation Guidelines for New and Developing Schools.

In the case of the medical school in St Vincent and the Grenadines the medical education programme is conducted in the host country as well as in affiliated hospitals in the USA and the local hospital (Milton Cato Hospital) in the host country.

Analyst Remarks to Narrative

The country reports in its narrative that the CAAM-HP accredits a medical school's entire program, to include both the basic sciences component and the clinical science component. The basic sciences component must normally be offered in the country in which the school is located, but the clinical sciences component may be offered in other locations since more hospital sites are needed than are located in the agency's Caribbean countries. In the case of the TUSM, the medical education program is conducted within the country, as well as in U.S. hospitals and one local hospital within the country.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its accreditation guidelines for new schools (Ex. 9).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Analyst Remarks to Response

Remote Sites, Question 2

Country Narrative

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 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 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. 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, 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 14, at Questions III.B.5 and III.D.13.

Analyst Remarks to Narrative

As discussed in the country's narrative, CAAM-HP has numerous standards that address requirements that require a school to offer a comparable program at sites that are geographically apart from the main medical school campus. Students must be held to the same standards at all sites, and the programs, faculty, facilities, support services, etc. must be comparable. The branch locations must be administratively responsible to the chief administrator at the main campus. Course duration and evaluation instruments must be the same. Acceptance, promotion, and graduation requirements must be the same.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Program Length, Question 1

Country Narrative

Pursuant to Standard ED-4, 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part A, item (a), p. 1 and Part B.

Analyst Remarks to Narrative

As reported by the country in its narrative, the CAAM-HP standards specifically require that the program leading to the M.D. or equivalent degree must include 130 weeks of instruction that take place over at least four calendar years. St. Vincent and the Grenadines is not an E.U. country.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 1

Country Narrative

Standard ED-6 states that the "curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health and disease." The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As noted in the country's narrative, the CAAM-HP standards contain precisely the same language and requirements that are specified in the NCFMEA Guidelines.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 2

Country Narrative

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

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

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

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that the curriculum include basic sciences, the clinical disciplines, and behavioral and socio-economic subjects. The curriculum must include anatomy, biochemistry, genetics, physiology, microbiology, pathology, pharmacology and therapeutics, community and preventative medicine, as well as ethics, law and international codes of conduct.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative and a portion of its documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 3

Country Narrative

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section I: Institutional Setting, Exhibit 16, 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 14, at Questions I.B.3 through I.B.5.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards include the requirement that medical students have the opportunity to participate in research and other scholarly activities with the medical school faculty.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 16).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 30: TSOM Medical Education Database: Institutional Setting.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 4

Country Narrative

Pursuant to Standard IS-11, 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.

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

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

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section I: Institutional Setting, Exhibit 16, at Part B, and Medical Education Database, Section III: Educational Programme, Exhibit 11, 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 14, at Questions III.B.3 and III.B.4.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards include requirements that the medical program be offered in an intellectually challenging environment, include labs and other practical experiences that will include accurate biomedical observations, require students to undertake critical analysis of data, and include electives that will allow students to deepen their understanding of the medical specialties that reflect their career interests.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and blank copies of the database that its schools are required to complete (Exs. 11 and 16).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit

30: TSOM Medical Education Database: Institutional Setting; Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 5

Country Narrative

While the term "service-learning" is not used in the region the concept is 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.

CAAM-HP's Advisory Committee, charged with the responsibility of revising the current standards, has included a new standard to be included in the Education Programme, which reads as follows:

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

CAAM-HP will discuss this new standard at its meeting in July 27-30, 2016.

Analyst Remarks to Narrative

The country reports in its narrative that the term "service learning" is not generally employed in the region that CAAM-HP serves. Nevertheless, the CAAM-HP standards include requirements that could be construed to be related to the concept since students learn about health care and social service delivery systems in the Caribbean country in which the medical school is located, in both rural and urban settings. CAAM-HP's omission of requirements related to service learning have been noted by the NCFMEA in its recent reviews of other countries accredited by CAAM-HP. In response to the Committee's concerns, the agency has been in the process of proposing revisions to its standards. Those revisions were scheduled to be considered at the agency's general meeting in July 2016, and additional information related to the revisions should be available after that time.

Additional information and documentation are requested. The country is requested to provide additional information regarding any revisions to the CAAM-HP standards concerning requirements related to service learning.

Country Response

The proposed revisions to the Accreditation Standards for medicine were presented and discussed at the July 2016 meeting of the Authority. Reference is made to Exhibit 29, Extract: Draft Minutes of CAAM-HP July 2016 Meeting. The new standards were accepted in principle and members were given the opportunity to review further and give additional feedback after the meeting. The new standards will include the following requirement related to service-learning (see Exhibit 36C: Draft Revised Standards: Programme):

"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."

The revision process is expected to be complete in 2018.

Analyst Remarks to Response

In response to the concerns raised in the draft staff analysis, the country reports that the proposed revisions to the CAAM-HP standards were considered at the July 2016 meeting, that the standards have been accepted in principle, and that constituent feedback is being solicited. Formal acceptance of the revised standards is expected in 2018.

The Committee may wish to request that the country provide additional information regarding its revised standards after the standards are finalized in 2018.

Staff Conclusion: Additional Information requested

Curriculum, Question 6

Country Narrative

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards include a requirement that the medical school curriculum include study in anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Curriculum, Question 7

Country Narrative

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that the basic science component of the medical

education program include lab or other practical exercises that include observations of biomedical phenomena and require that critical analyses of data be a component of all segments of the curriculum.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of the database that its schools are required to complete (Ex.,11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Clinical Experience, Question 1

Country Narrative

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

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

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that the clinical component of the medical school program include experience in primary care, internal medicine, obstetrics and gynecology, child health/pediatrics, psychiatry, and surgery. Student clinical experiences must be based on out-patient, in-patient, and emergency settings. The standards also require the clinical sciences component to cover all organ systems and include aspects of preventative, emergency, acute, chronic, continuing rehabilitative, family medicine, and end-of-life care.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex.,11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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 Revised Standards, Introduction, Exhibit 10.

Standard ED-5 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, ED-10, ED-12, ED-13, ED-14, and ED-16 also address matters related to this topic.

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11 at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require medical schools to have a curriculum that provides a professional education and also fosters the students' ability to learn through independent study throughout their careers.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Clinical Experience, Question 3

Country Narrative

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

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

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

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

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B; Medical Education Database, Section V: Educational Resources, Exhibit 19; and Medical Education Database, Section VII: Continuing Professional Education, Exhibit 15, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards include a number of requirements related to the medical school's clinical education component. The standards require clinical experience in primary care, internal medicine, obstetrics and gynecology, child health/pediatrics, psychiatry, and surgery, as well as in multi-disciplinary content areas such as emergency medicine and geriatrics. The clinical component should include experience in both ambulatory (outpatient) and bedside (inpatient) settings.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided blank copies of the database that its schools are required to complete (Exs., 11, 15 and 19).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme; Exhibit 34: TSOM Medical Education Database: Educational Resources; Exhibit 35: TSOM Medical Education Database: Continuing Professional Education.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Supporting Disciplines

Country Narrative

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

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require educational opportunities in a variety of content areas, including diagnostic imaging and clinical pathology. The curriculum must also include electives to supplement the requirements covered in this area.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Ethics, Question 1

Country Narrative

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

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require instruction in medical ethics, law, and international codes of conduct. The standards require that student patient interactions include a system for identifying ethical breaches in patient care through faculty/resident observations, patient reporting, or some other appropriate method.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex.11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Communication Skills, Question 1

Country Narrative

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

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

Standard ED-26 requires that a medical school demonstrate that it engages in ongoing assessment of students to ensure that they have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the school's additional objectives, including assessment of students' problem solving, clinical reasoning, and communication skills in relation to both individuals and communities.

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

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative the CAAM-HP standards include requirements for instruction in communication skills related to physician responsibilities, including communication with patients, families, colleagues or other health professionals, team work, and conflict resolution. The standards also require ongoing evaluation of students' communication skills throughout the course of the medical education program.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Design, Implementation, and Evaluation, Question 1

Country Narrative

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

As set forth in Standard ED-29, within a medical school, there must be an integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The faculty must be responsible for the detailed design and implementation of the components of the curriculum. An institutional body (commonly, a curriculum committee) must oversee the educational 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 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.

Pursuant to Standard ED-32, 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B and Medical Education Database, 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 14, at Questions III.D.11 and III.D.12.

Analyst Remarks to Narrative

As described in the country's narrative, there are several CAAM-HP standards related to curriculum development and ongoing evaluation of the medical education program. The standards require that the faculty be involved in the development of the curriculum and that a curriculum committee oversee the educational program as a whole. The committee must include faculty, staff, and student representatives. The chief academic officer, working in conjunction with the committee, has the responsibility for implementing the educational program that is developed by the faculty and for facilitating changes to the program when evaluation shows that modifications are needed.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and blank copies of the database that its schools are required to complete (Exs.11 and 13).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme; Exhibit 33: TSOM Medical Education Database: Faculty.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Design, Implementation, and Evaluation, Question 2

Country Narrative

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

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

Standard ED-31 sets forth that curriculum management should involve leading, directing, coordinating, controlling, planning, evaluating, and reporting and that evidence of effective curriculum management should include: evaluation of 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.

Pursuant to Standard ED-32, 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, 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 14, at Questions III.C.9 and III.C.10; III.E.14 and III.E.15.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require each medical school to have its own ongoing process of program evaluation. The curriculum must be driven by stated objectives and evaluated on a regular basis to ensure that the objectives are being met, including the sequencing of curriculum segments, coordination of content, and the review of the stated

objectives, and including updating of curriculum content as necessary. As noted previously, the chief academic officer, in coordination with the faculty and curriculum committee representatives, is responsible for implementing the educational program and making changes when necessary.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Design, Implementation, and Evaluation, Question 3

Country Narrative

ED-24 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."

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

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

Standard ED-31 sets forth that curriculum management should involve leading, directing, coordinating, controlling, planning, evaluating, and reporting and that evidence of effective curriculum management should include: evaluation of 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.

Pursuant to Standard ED-32, 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 states that evidence of effective curriculum management includes "[e]valuation of programme effectiveness by outcomes analysis." See also Standards ED-42 and ED-43.

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.

CAAM-HP asks a school to address these in its Medical Education Database Section III, Exhibit 11, ED-42 as follows:

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 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, 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 14, at Questions III.C.9 and III.C.10; III.E.14 and III.E.15.

Analyst Remarks to Narrative

In its narrative, the country notes that the CAAM-HP standards require schools to provide data to show that educational objectives have been met. This may be demonstrated through the use of a variety of types of data, including a number of types of outcomes data that may include results of national examinations, retention and graduation rates, licensure and certification rates, and placement data such as the type of practice a graduate enters. This is evaluated as part of the agency's on-site review process.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. Although not attached to this particular section, in response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative..

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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.

Trinity School of Medicine requires U.S. and Canadian applicant to submit their MCAT scores.

See www.trinityschoolofmedicine.org/admissions/requirements.

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section II: Medical Students, Exhibit 21, at Part A, items (a), (b), (e), and (f) and Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards mirror the language and requirements contained within the NCFMEA Guidelines for this section. The country reports that the CAAM-HP collects the data from schools about the mean scores for all examinations taken by students in the entering first year class and that the TUSM requires U.S. applicants to submit their MCAT scores.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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 St Vincent and the Grenadines 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.

The CAAM-HP asks a school to address this topic in its Database responses. See See Medical Education Database, Section II: Medical Students, Exhibit 21, at Part A, items (a), (b), (e), and (f) and Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require the medical school to set admissions standards. A student should have an undergraduate degree or an adequate level of preparation in the sciences and a general education that includes the social sciences, history, arts, and languages. The agency requires the faculty of a medical school to make decisions regarding the admission, promotion, and graduation of its students.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 31: TSOM Medical Education Database: Students; Exhibit 33: TSOM Medical Education Database: Faculty.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Admissions, Recruiting, and Publications, Question 3

Country Narrative

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

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

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section II: Medical Students, Exhibit 21, 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 14, at Question II.A.1.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require the medical school faculty to develop selection criteria. The criteria must be available to applicants and include published standards for the admission of handicapped applicants. A faculty admissions committee should have the final responsibility for selecting students to be admitted. External groups may not have decision-making authority regarding admissions. The school's catalog or other published materials must list the selection criteria and describe the admissions process.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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 Medical Education Database, Section II: Medical Students, Exhibit 21, 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 14, at Questions II.A.1 and II.A.2, p. 9.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that the school have a qualified pool of applicants that is large enough to fill its entering class. The size of the entering class and the medical school student body as a whole should also be determined by the adequacy of critical resources such as finances, the size of the faculty and variety of academic fields they represent, library and informational systems resources, the number and size of classrooms, student laboratories, and clinical training sites, number of available patients, student services, instructional equipment, and space for faculty.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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 asks a school to address these topics in its Database responses. See Medical Education Database, Section II: Medical Students, Exhibit 21, at Part B.

The CAAM-HP has never considered it necessary to require medical schools to publish the language of instruction of all countries except Suriname over which CAAM-HP has jurisdiction 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.

CAAM-HP has not found it necessary to require a medical school's catalogue or equivalent informational materials to include tuition and fees as all schools do provide this information on their websites and in catalogues.

However, in the revision of standards process the current Standard MS-9 has been expanded to include the following: Publications must include annual costs for attendance, including tuition and fees.

Trinity School of Medicine provides information on Tuition and Expenses on line as follows:
www.trinityschoolofmedicine/admission/tuition-fees.

Trinity School of Medicine has a Policy on Mistreatment and Harassment (included in Faculty Handbook). Exhibit 22.

Analyst Remarks to Narrative

As described by the country in its narrative, the CAAM-HP standards address many of the requirements of this section, including the publication of information about the medical school's educational program, admissions requirements, advancement in the program, and evaluation, advancement, and graduation requirements. The country reports that the CAAM-HP has no requirements related to language of instruction since English is the official language of instruction in the countries whose schools it accredits. The standards include a requirement that health services and insurance be available to all students. The standards include a requirement that there be procedures in place related to adverse actions taken against students. Compliance with these standards is evaluated during the course of the on-site review process.

The country states that CAAM-HP has not found it necessary to have a requirement related to the publication of annual costs for attendance, since schools publish this information of their own volition. Nevertheless, the agency has included this proposed revision to its standards for consideration at its general meeting in July 2016. The agency notes that despite the lack of any current formal requirement, the TUSM does post information regarding the costs of attendance on its web page.

Additional information and documentation are requested. The country is requested to provide additional information demonstrating that the CAAM-HP has revised its standards to include the requirement that schools publicize information regarding their annual cost of attendance.

Country Response

The proposed revisions to the Accreditation Standards for medicine were presented and discussed at the July 2016 meeting of the Authority. Reference is made to Exhibit 29, Extract: Draft Minutes of CAAM-HP July 2016 Meeting. The new standards were accepted in principle and members were given the opportunity to review further and give additional feedback after the meeting. The new standards will include the following requirement related to the publication of the annual cost of attendance (see Exhibit 36B: Draft Revised Standards: Students):

"The institution's catalogue or equivalent informational materials must describe the requirements for the MB.BS or M.D. degree 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. Publications must include annual costs for attendance, including tuition and fees."

The revision process is expected to be complete in 2018.

Analyst Remarks to Response

In response to the concerns raised in the draft staff analysis, the country reports that the proposed revisions to the CAAM-HP standards were considered at the July 2016 meeting, that the standards have been accepted in principle, and that constituent feedback is being solicited. Formal acceptance of the revised standards is expected in 2018.

The Committee may wish to request that the country provide additional information regarding its revised standards after the standards are finalized in 2018.

Staff Conclusion: Additional Information requested

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 Medical Education Database, Section II: Medical Students, Exhibit 21, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that students be allowed to view and challenge their academic records and that the records be confidential unless released by the student.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 1

Country Narrative

ED-24 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.

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

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

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section II: Medical Students, Exhibit 21, at Part B; and Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that the medical school faculty establish a system for the evaluation of student achievement and the directors of all courses/clerkships must design/implement an evaluation system for student achievement in each course/clerkship. The medical school faculty must establish a system for the evaluation of student achievement throughout the medical school that employs a variety of measures of knowledge, skills, behaviors, and attitudes. This requirement is evaluated during the course of the agency's on-site review process.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided blank copies of the database that its schools are required to complete (Exs. 11 and 21).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 2

Country Narrative

The Government of St Vincent and the Grenadines 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.

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

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

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

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

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

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, St. Vincent and the Grenadines has not set any governmental requirements for the evaluation of student achievement and instead relies upon the CAAM-HP requirements in this area. Medical schools are therefore

free to establish their own requirements, as long as they do not conflict with the CAAM-HP standards. The CAAM-HP standards require that medical schools establish educational objectives and that the achievement of the objectives must be demonstrated via measurable outcomes. Evaluations employ a variety of methods and apply to both courses and to clerkships.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide completed a copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 3

Country Narrative

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

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

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

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that the medical school develop a system of student achievement throughout the medical school program, that there be ongoing student assessment, that students receive evaluation and feedback early enough in their studies to allow for any necessary remediation, and that there be a single, consistent standard for promotion and graduation across all of a school's campuses.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide completed a copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

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 St Vincent and the Grenadines 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 Schools Questionnaire of accredited institutions. See Trinity's Medical Education Database Section III- Educational Programme, Exhibit 23.

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.

Analyst Remarks to Narrative

As described in the country's narrative, neither St. Vincent and the Grenadines nor the CAAM-HP has set metrics related to performance outcomes, and medical schools are free to establish their own methods of evaluating student achievement. The country states that CAAM-HP considers course exam results, promotional exam results, and degree-granting exam results in evaluating a school, and that information must be reported by the school to CAAM-HP annually. The country adds that data on degree-granting exams is checked by CAAM-HP against the international norms for USMLE Steps I and II, and failure to achieve rates above 50% compared to the international assessments will be considered a poor outcome that can affect accreditation status.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 23).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide completed a copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Student Achievement, Question 5

Country Narrative

Pursuant to Standard ED-42, 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 Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require medical schools to evaluate the effectiveness of the program by documenting the extent to which the school's educational objectives have been met. In conducting this evaluation, the school must consider student evaluations and an appropriate variety of outcomes measures. As was established in a previous section, CAAM-HP evaluates a medical school's entire program of study, including both the basic science portion and the clinical portion. As such, the CAAM-HP requirements cover both courses and clerkships, as required under this section.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of the database that its schools are required to complete (Ex. 11).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide completed a copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

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 Medical Education Database, Section II: Medical Students, Exhibit 21, at Part B.

Analyst Remarks to Narrative

As the country describes in its narrative, the CAAM-HP standards address all of the requirements of this section, including the health-related policies in Standards MS 20-24, which were not discussed in the narrative. The standards address student financial aid and debt counseling, medical program and career counseling, and the requirements related to mental and physical health services.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide completed a copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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 Medical Education Database, Section II: Medical Students, Exhibit 21, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards include the requirement that students have access to their records, have the right to challenge their records, and that the records will be available for review by the faculty and administration, but will otherwise be maintained confidentially unless released by the student.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed a copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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.

CAAM-HP asks the schools to address these topics in the Medical Education Database Section II, Medical Students, Part B., Exhibit 21.

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 8, page 21 and Appendix H 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.” See Procedures, Exhibit 8, Appendix H.

Pursuant to the Procedures, the “CAAM-HP Secretariat will make an initial determination of whether the complaint contains issues relating to the programme’s compliance with accreditation standards. If the CAAM-HP Secretariat determines that the complaint does raise such issues, the secretariat will contact the dean, including the letter of complaint and corroborating information, and citing the information that the dean should provide in response. A response from the dean will ordinarily be requested within four (4) weeks. The initial letter of complaint, including the corroborating materials, and the response from the dean will be reviewed by an ad hoc subcommittee on Complaints that is appointed by the secretariat in consultation with the Chair.” See Procedures, Exhibit 8, Appendix H.. 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 8, Appendix H.

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section II: Medical Students, Exhibit 21, 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 14, at Questions II.C.9 and II.C.10.

St Vincent and the Grenadines 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.

Trinity School of Medicine has a Policy on Mistreatment and Harassment (included in Faculty Handbook). Exhibit 22.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP procedures provide for a process by which students may submit complaints about a medical school directly to CAAM-HP. At the campus level, the CAAM-HP standards require that the school have standards for student and teacher conduct, as well as an academic review process for the consideration of any actions taken that adversely impact the status of the student. The CAAM-HP standards also require schools to have a process for addressing student complaints at the school level. Institutions must develop a code of conduct, develop written policies for addressing violations of conduct, and have a formal process for addressing adverse actions against students. Compliance with these requirements is evaluated during the course of the agency's on-site review process.

The country provided a copy of the CAAM-HP procedures (Ex. 8) and CAAM-HP standards (Ex. 10). As documentation of the implementation of those procedures and standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the

country is requested to provide completed a copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

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.

CAAM-HP asks the schools to address these topics in the Medical Education Database Section II, Medical Students, Part B. Exhibit 21.

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 8, page 21 and Appendix H.

As per the Procedures, Exhibit 8, p. 21 and Appendix H, the CAAM-HP will accept and investigate complaints about programme quality that, if substantiated, may constitute non-compliance with accreditation standards. Pursuant to 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 8, Appendix H.

Pursuant to the Procedures, the "CAAM-HP Secretariat will make an initial determination of whether the complaint contains issues relating to the programme's compliance with accreditation standards. If the CAAM-HP Secretariat determines that the complaint does raise such issues, the secretariat will contact the dean, including the letter of complaint and corroborating information, and citing the information that the dean should provide in response. A response from the dean will ordinarily be requested within four (4) weeks. The initial letter of complaint, including the corroborating materials, and the response from the dean will be reviewed by an ad hoc subcommittee on Complaints that is appointed by the secretariat in consultation with the Chair." See Procedures, Exhibit 8, Appendix H. 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 8,

Appendix H.

St Vincent and the Grenadines 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 formal complaints from any Trinity School of Medicine student.

CAAM-HP asks the schools to address these topics in the Medical Education Database Section II, Medical Students, Part B. Exhibit 21.

Analyst Remarks to Narrative

As noted in the previous section, the CAAM-HP procedures address complaints at both the school level and at the agency level. The country does not have a separate complaint policy outside the complaint procedures set forth by the school and the agency. The agency reports that, to date, CAAM-HP has received no complaints regarding the TUSM.

The country provided a copy of the CAAM-HP procedures (Ex. 8). As documentation of the implementation of those procedures, it also provided a copy of the TUSM policy on professionalism (Ex. 22) and a blank copy of the database that its schools are required to complete (Ex. 21).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed a copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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. Trinity School of Medicine provided this information prior to the site visit. Reference is made to Exhibits 24A, 24B and 24C, Trinity School of Medicine Audited Financial Information, 2011, 2012 and 2013.

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

The CAAM-HP asks a school to address these topics in its Database responses. See Medical Education Database, Section V: Educational Resources, Exhibit 19, 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 14, at Questions V.A.1 through V.A.4.

Pursuant to Standard MS-4, the size of the entering class and of the medical student body as a whole should be determined not only by the number of qualified applicants but also by the adequacy of critical resources (e.g., finances, size of the faculty, library

and information systems resources, number and size of classrooms, patient numbers and variety, student services, instructional equipment, etc.). After conducting a site visit of a new school, 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 Medical Education Database, Section II: Medical Students, Exhibit 21, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require a school to have adequate financial resources to support the educational program. Financial pressures should not cause a school to enroll more students than it can accommodate nor to enroll students with substandard qualifications. The size of the student body should be determined not only by the students' qualifications, but also by the school's adequacy of critical resources. The CAAM-HP reviews the size of the student body relative to the school's resources and may cap the size of the student body if it feels that the school does not have the necessary resources to support the program.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14), blank copies of the database that its schools are required to complete (Exs. 19 and 21), and copies of audited financial statements for the TUSM for 2011, 2012, and 2013 (Ex. 24)

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 31: TSOM Medical Education Database: Students; Exhibit 34: TSOM Medical Education Database: Educational Resources.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

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; lecture halls sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including student study space; and space for library and information access.

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

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section V: Educational Resources, Exhibit 19, 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 14, 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 25.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards include requirements that address the medical schools' facilities, including classrooms and lecture halls, study space, laboratory and research space, humane research and animal care, office space for faculty, staff and administrators, and hospitals and other clinical facilities. The adequacy of the school's facilities is verified during the course of the on-site review.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14), a blank copy of the database that its schools are required to complete (Ex. 19), and the CAAM-HP guidelines for conducting on-site visits (ex. 25).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 34: TSOM Medical Education Database: Educational Resources.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Facilities, Question 2

Country Narrative

Pursuant to 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; lecture halls sufficiently large to accommodate a full year's class and any other students taking the same courses; space for student use, including student study space; and space for library and information access.

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, Section V: Educational Resources, Exhibit 19, at Part B.

Analyst Remarks to Narrative

As was noted under the previous section, the CAAM-HP standards require compliance with the requirements of this section. However, the country is requested to provide a completed copy of its database document.

Additional information is requested. Staff accepts the country's narrative, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 34: TSOM Medical Education Database: Educational Resources.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Faculty, Question 1

Country Narrative

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

The requirements for accreditation of medical schools related to the size of the faculty and the qualifications for appointment to the faculty are set forth in Standards FA-1 through FA-12. These Standards provide that recruitment and development of the medical school's faculty should take into account its mission, the diversity of its student body, and the population that it serves. See Standard FA-1. The Standards further provide that there must be a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs of the educational 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 requires that faculty members should have a commitment to continuing with scholarly productivity characteristic of an institution of higher learning.

CAAM-HP asks the schools to address this topic in the Medical Education Database Section III: Educational Programme Part B, Exhibit 11. Also, see Medical Education Database, 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 14, at Questions IV.A.1 through IV.B.7.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards include numerous requirements related to the medical school's faculty. Recruitment should take into account the diversity of the student body. There must be a sufficient number of basic science and clinical faculty to meet the needs of the program. Faculty members should have demonstrated achievements appropriate to their rank. Faculty should be appropriately qualified and capable of curriculum development and implementation. Faculty should demonstrate a commitment to ongoing scholarly development. Faculty members should be capable of making decisions regarding student admissions, promotion, and graduation, as well as providing academic and career counseling. The standards require that the supervision of clinical clerkships be supervised by members of the school's faculty.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and blank copies of the database that its schools are required

to complete (Exs. 11 and 13).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copies of the applicable sections of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme; Exhibit 33: TSOM Medical Education Database: Faculty.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Faculty, Question 2

Country Narrative

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

The CAAM-HP asks a school to address this topic in its Database responses. See Medical Education Database, 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 14, at Question IV.B.5.

Trinity School of medicine does have a Conflict of Interest Policy, Exhibit 17.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards address faculty conflicts of interest to cover instances where the private interests of the medical school faculty or staff conflict with their official responsibilities.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14), a blank copy of the database that its schools are required to complete (Ex. 13), and a copy of the TUSM's conflict of interest policies (Ex. 17).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 33: TSOM Medical Education Database: Faculty.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

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 Medical Education Database, Section V: Educational Resources, Exhibit 19, 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 14, at Questions V.D.10 through V.D.13.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards address both the library facility itself and the qualifications of the library staff. The library facility must be well-maintained and have sufficient print and electronic holdings to support the educational program. The library staff should be professionally qualified, responsive to the needs of the medical school's faculty, staff, and students, and available to address their needs during extended hours and at various locations.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a copy of its self-study guidelines document (Ex. 14) and a blank copy of the database that its schools are required to complete (Ex. 19).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 34: TSOM Medical Education Database: Educational Resources.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

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. Pursuant to Standard ER-10, 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 Medical Education Database, Section V: Educational Resources, Exhibit 19, at Part B.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards specify that there must be a signed affiliation agreement for each clinical site that the medical school uses. The agreements must specify the responsibilities of each party for the clinical education program and address appropriate resources, acknowledge the medical school's primary authority over academic affairs and the education and evaluation of students, the role of the school in the appointment and assignment of clinical faculty, and the treatment of students who are exposed to hazards or are injured. The CAAM-HP must be notified of anticipated changes in affiliation status of a program's clinical facilities. The CAAM-HP reviews, but does not approve, the affiliation agreements.

The country provided a copy of the CAAM-HP standards (Ex. 10). As documentation of the implementation of those standards, it also provided a blank copy of the database that its schools are required to complete (Ex. 19).

Additional information is requested. Staff accepts the country's narrative and a portion of its supporting documentation, but the country is requested to provide a completed copy of the applicable section of the database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 34: TSOM Medical Education Database: Educational Resources.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Part 3: 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 14 and the Procedures, Exhibit 8.

Exhibit 26 is an Overview of the CAAM-HP Surveyors' Orientation.

Exhibit 20 is CAAM-HP's Schedule for a Full Accreditation Survey of Trinity School of Medicine. This visit was carried out in 2015.

Exhibit 12 is Site Visit Report of 2015 compiled by the survey team following the site visit to the Trinity School of Medicine.

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 25 is the CAAM-HP's Guidelines for Accreditation Survey Visits on behalf of the Caribbean Accreditation Authority for Education in Medicine and other Health Professions. See p. 12, 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 8, See 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's narrative notes that the CAAM-HP conducts on-site reviews that encompass the medical school and all branch campuses, other locations, and clinical clerkship sites prior to granting accreditation. The areas reviewed encompass all of the requirements of this section.

As documentation of the information provided in the narrative, the country provided a CAAM-HP self study guide (Ex. 14), CAAM-HP procedures manual (Ex. 8), and sample TUSM on-site review report (Ex. 12).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Analyst Remarks to Response

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 25 is the CAAM-HP's Guidelines for Accreditation Survey Visits on behalf of the Caribbean Accreditation Authority for Education in Medicine and other Health Professions. See p. 12, which describes how the site visit schedule should be determined if geographically remote sites will be visited.

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

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

Pursuant to Standard ER-8, required clerkships should be conducted in healthcare settings where staff in accredited 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 Medical Education Database, Section V: Educational Resources, Exhibit 19, at Part B.

Analyst Remarks to Narrative

As discussed in the country's narrative, the CAAM-HP reviews encompass the entire medical education program, including all clinical clerkship sites. The agency's procedures address how remote sites will be scheduled for review. The sites are evaluated against the CAAM-HP standards and must address the quality of the sites and who is responsible for quality assurance. The standards also include requirements related to the quality and types of instruction provided, as well as the need for appropriate facilities and other resources, such as instruction space and library facilities. The staff in clinical settings must be part of accredited graduate education programs.

As documentation of the implementation of the CAAM-HP clinical clerkship review process, the country provided a copy of its

standards document (Ex. 10), the CAAM-HP review guidelines (Ex. 25), a blank copy of the CAAM-HP medical education database (Ex. 19), and a sample TUSM site visit report (Ex. 12).

Staff accepts the country's narrative and most of its supporting documentation, but the country is requested to provide a completed copy of its database document.

Country Response

In support of this question, Trinity School of Medicine's completed medical education database is attached as follows: Exhibit 34: TSOM Medical Education Database: Educational Resources.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

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 25 is the CAAM-HP's Guidelines for Accreditation Survey Visits on behalf of the Caribbean Accreditation Authority for Education in Medicine and other Health Professions. See p. 12, which describes how the site visit schedule should be determined if geographically remote sites will be visited. Exhibit 9 contains the CAAM-HP's Accreditation Guidelines for New and Developing schools, which requires—as an essential prerequisite for obtaining initial or provisional accreditation—schools to identify their clinical teaching sites. Clinical site visits occur during every accreditation and reaccreditation review, and may be scheduled during the period of accreditation. See Example of the CAAM-HP's Schedule for a Full Accreditation Survey for Trinity School of Medicine, Exhibit 20.

CAAM-HP will 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. CAAM-HP has published this new policy on its web site, written to all schools advising of the new policy and requested schools to provide a list of all clinical affiliates to facilitate tracking.

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.

The meeting discussed the need for a full database of clinical sites for each school and acknowledged that there would be cost implications for the schools. 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.

CAAM-HP has formally adopted as policy, the requirement that all clinical sites receive on-site visits, with immediate effect."

It is important to point out however, that in the Caribbean region there are medical schools at varying stages of development, for

example, large long established medical schools as well as small new and developing medical schools. In the CAAM-HP experience the larger and older medical schools have to date been accredited for four to five years and the smaller schools accredited for two years. This therefore makes it difficult to specify a time frame applicable to all schools. Furthermore, the small schools use fewer clinical affiliates thus making it possible to carry out visits to the clinical affiliates within two years.

Additionally, it must be borne in mind that the off-shore schools have more than one intake of students per year thus it is unlikely that students will not be present at a core clinical site during the period of accreditation.

Analyst Remarks to Narrative

The country states that the CAAM-HP guidelines call for the basic science component of the medical education program to be visited during the on-site review. In response to concerns raised at previous NCFMEA meetings, CAAM-HP recently established a policy requiring that all clinical sites will be visited during a school's period of accreditation. New schools and developing schools, such as the TUSM, must provide a list of all clinical teaching sites as a prerequisite to obtaining provisional or initial accreditation.

As documentation, the country provided a copy of CAAM-HP's on-site review guidelines (Ex. 25), the agency's guidelines for new schools (Ex. 9), and a site visit itinerary showing that all of the TUSM's clinical sites were visited and reviewed in March 2015.

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Analyst Remarks to Response

Onsite Review, Question 4

Country Narrative

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

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. Please see response to Clinical Teaching Facilities, Question 1 for additional information regarding review of affiliation agreements. Reference is also made to the 2015 site visit report, Exhibit 12.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require that the medical schools have a signed affiliation agreement with each clinical site. The standards specify what should be covered in the affiliation agreement. The CAAM-HP reviews all affiliation agreements for compliance with its standards, although it does not formally approve the agreements. The affiliation agreements are again reviewed during the course of the agency's on-site review visits to the various clinical sites.

As documentation of the implementation of the CAAM-HP standards, the country provided a copy of a 2015 TUSM site visit report (Ex. 12).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Analyst Remarks to Response

Onsite Review, Question 5

Country Narrative

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

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.

Analyst Remarks to Narrative

The country states in its narrative that the CAAM-HP does not currently conduct site visits at clinical sites in which the visits are considered to be applicable to more than one school. The country notes that the CAAM-HP accredits a variety of schools and that some schools only have clinical sites within the home country, whereas some schools have clinical sites in the U.S. In the case of the TUSM, the school has clinical sites both in the country and in the U.S.

If the agency visits a clinical site that has students from more than one CAAM-HP accredited school, it only focuses on the students from the school that is currently being reviewed. However, it is noted that CAAM-HP will be reconsidering its standards at its July 2016 general meeting, and at that time the agency will be considering whether to make "simultaneous assessments" that are applicable to the review of more than one school.

The country provided no documentation for this section, although ED staff notes that the country provided a copy of a March 2015 itinerary related to the review of the TUSM's clinical sites in a prior section (Ex. 20), and this indicated that reviews were being conducted at sites both within the country and in the U.S.

Staff accepts the country's narrative and supporting documentation, but additional information and supporting documentation are requested regarding any changes related to the requirements of this section that the CAAM-HP might have made to its policies at its July 2016 general meeting.

Country Response

This is an issue which requires more consideration by CAAM-HP.

CAAM-HP appreciates the importance of adopting a written policy specifying that if the clinical programme located in the United States or in a comparable third country, the medical school accreditor must have conducted an on-site visit and approved the clinical training programme.

However, the difficulty arises regarding a requirement that the policy should specify that those approved clinical training programmes must be offered in conjunction with the education programmes offered to students enrolled in medical schools in the

approved foreign country or in the United States as this seems to suggest a non-compliance with Standard ED-23 which states:

“Supervision of student learning experiences must be provided throughout required courses/clerkships by members of the medical school’s faculty.”

Analyst Remarks to Response

The country reports that, while this subject was considered at the CAAM-HP meeting in July 2016, the matter is still under consideration at this time.

The Committee may wish to request additional information from the country regarding CAAM-HP’s ongoing deliberations regarding comparability with the requirements of this question.

Staff Conclusion: Additional Information requested

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

As set forth in the Procedures, Exhibit 8, 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. 15) 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 26. 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 8. To avoid potential conflicts of interest, the dean of a school to be visited is asked to review the composition of the proposed survey team and to inform the Secretariat of any potential problems.

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

As stated in Article 1, Use of Terms, of the Agreement Establishing The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (“Agreement”), “Contracting Party” means a Member State or an Associate Member State of the Community for which this Agreement is in force. “Community” means the Caribbean Community (CARICOM), including the CARICOM Single market and Economy established by the Revised Treaty of Chaguaramas signed at Nassau, the Bahamas, on July 5, 2001. Member States that to date have signed the Agreement are Antigua & Barbuda, The Bahamas, Barbados, Belize, 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

As described in the country’s narrative, CAAM-HP maintains a roster of qualified on-site evaluators for use in conducting on-site reviews in its behalf. The evaluators are educators and practitioners, with many serving as the deans of medical education programs. Team members are chosen on an as-needed basis, based upon the reviews that are to be conducted. The CAAM-HP conducts on-site reviewer orientation training to familiarize the evaluators with the agency’s requirements. Site review teams also include one CAAM-HP representative in addition to the educators/practitioners. Teams are usually comprised of a team chair, a team secretary, two additional reviewers, and the CAAM-HP representative.

As documentation of the implementation of the CAAM-HP procedures, the country provided a copy of the agency’s procedures

document (Ex. 8) and the agency's on-site reviewer training document (Ex. 26).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Analyst Remarks to Response

Re-evaluation and Monitoring, Question 1

Country Narrative

As per the CAAM-HP's Procedures, Exhibit 8, 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. See Procedures, Exhibit 8. 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 8.

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.

Analyst Remarks to Narrative

As described in the country's narrative, CAAM-HP's typical grant of accreditation lasts six years, but lasts until the agency takes formal action to either grant reaccreditation, or deny accreditation, to the school. The agency may specify shorter periods to accreditation as needed, such as for schools on provisional accreditation, which may be granted for only two years. The country notes that in addition to periodic reaccreditation reviews, all accredited schools must also submit annual reports for review by the CAAM-HP.

As documentation to support its narrative, the country provided a copy of the CAAM-HP procedures document (Ex. 8). However, the country did not submit a completed copy of an annual report. The country is requested to submit a copy of the TUSM's most recent annual report form.

Additional information is requested. The country is requested to provide a copy of the TUSM's most recent annual report form.

Country Response

In support of this question, Trinity School of Medicine's progress report is attached as follows: Exhibit 37: TSOM Progress Report 2016. This report was submitted in keeping with the conditions of accreditation and was considered at the July 2016 meeting of the Authority.

It should be noted that there is no standard form for progress reports. Schools are asked to report on progress being made to address areas flagged in CAAM-HP's letters and in site visit reports.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of a completed copy of an annual report form. In response to the staff request, the country has provided completed copies of the TUSM progress report in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Re-evaluation and Monitoring, Question 2

Country Narrative

As set forth in the Procedures, each accredited medical school is required to complete annual questionnaire surveys that are carried out under the auspices of the CAAM-HP. The Annual Medical School Questionnaire collects academic and enrollment data

and is the administrative responsibility of the Secretariat staff who will review the questionnaires to keep the content consistent with other CAAM-HP survey documents and bring any significant changes to the notice of the Chair of the CAAM-HP. Data received from the CAAM-HP annual questionnaires are compiled into a statistical summary report for the CAAM-HP members and otherwise made available to relevant schools and the public. A copy of the CAAM-HP Annual Medical School Questionnaire is attached as Exhibit 27.

As per the Procedures, Exhibit 8, p. 21 and Appendix H, 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.

Exhibit 22 represents Trinity School of Medicine Policy on Mistreatment and Harassment (included in the Faculty Handbook).

Analyst Remarks to Narrative

As described in the country's narrative and in a previous section, the CAAM-HP requires its accredited schools to submit annual reports in order for the agency to evaluate the school for continued compliance with its standard throughout the accreditation period. The agency compiles the annual report form data into a summary report for each school.

As has also been noted previously, the CAAM-HP has established a process for students to submit complaints directly to the agency and also requires its schools to have a policy for handling complaints at the school level. Schools are required to define and publicize standards of conduct, develop policies for dealing with violations of those standards, and specify how complaints will be promptly registered and evaluated. There must be a formal process for handling any actions that may negatively impact a student's status. The country reports that CAAM-HP site visitors are made aware of any student complaints prior to conducting the on-site review. The on-site review team must also report any student complaints that arise during the course of the on-site review visit.

As documentation, the country provided a blank copy of the CAAM-HP's database (Ex. 21), a blank copy of the agency's annual report form (Ex. 27), a copy of the agency's procedures (Ex. 8), and a copy of the TUSM's policy on professionalism.

Staff accepts the country's narrative and a portion of its documentation. However, the country is requested to provide a completed copy of the database form (Ex. 21) and a completed copy of the TUSM's annual report form (Ex. 27).

Country Response

In support of this question, Trinity School of Medicine's medical education database is attached as follows: Exhibit 31: TSOM Medical Education Database: Students. The school has not yet submitted its Annual Medical School Questionnaire.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Substantive Change

Country Narrative

Pursuant to 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.

Pursuant to 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 8, p.14. 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 8, p.14.

Accredited institutions are required to notify the CAAM-HP if there is a planned change in programme ownership or governance. See Procedures, Exhibit 8, p. 41. 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, Section III: Educational Programme, Exhibit 11, at Part B and Medical Education Database, Section V: Educational Resources, Exhibit 19, at Part B.

CAAM-HP appreciates the benefit that specified deadlines may provide to medical education programmes and CAAM-HP to facilitate timely review and implementation of appropriately assessed substantive changes. It is proposed that Standard ER-1 be amended to read as follows:

CAAM-HP must be notified one year in advance of plans or the implementation of any substantial change in the number of students enrolled or in the resources of the institution, including the faculty, physical facilities or the budget.

Analyst Remarks to Narrative

As described in the country's narrative, the CAAM-HP standards require medical schools to notify the agency of substantive changes. The standards specify the circumstances that constitute a substantive change, such as changes in the curriculum, the number of students to be enrolled, institutional resources such as faculty, facilities, budget, or a change in ownership or governance. The school must notify the agency via a report of planned changes, and the notification may trigger an on-site visit. The agency requires a one-year advance notification of any substantial change in the number of students enrolled, or in the resources such as the faculty, physical facilities, or budget. The country reports that the CAAM-HP is in the process of adopting additional notification timeframes.

As documentation of the implementation of the CAAM-HP requirements, the country provided a copy of the CAAM-HP procedures document (Ex. 8) and blank copies of the CAAM-HP database documents.

Staff accepts the country's narrative and a portion of its documentation. However the country is requested to provide completed copies of the database documents, rather than blank copies.

Country Response

In support of this question, Trinity School of Medicine's completed medical education databases are attached as follows: Exhibit 32: TSOM Medical Education Database: Educational Programme; Exhibit 34: TSOM Medical Education Database: Educational Resources.

Analyst Remarks to Response

In the draft staff analysis, the country was requested to provide additional documentation in the form of completed copies (as opposed to the blank copies originally provided) of the various sections of its Medical Education Database. In response to the staff request, the country has provided completed copies of the TUSM database in support of its original narrative.

Staff accepts the country's additional documentation, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

St Vincent and the Grenadines' 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 C of the Procedures, Exhibit 8, sets forth the Conflict of Interest Guidelines and Statement for the CAAM-HP Members, Staff, and Surveyors.

Analyst Remarks to Narrative

The country reports that it uses the policies that have been established by the CAAM-HP, which has a conflict of interest policy that covers those persons who are involved in the accreditation, evaluation, and decision-making process, including CAAM-HP members, staff, and on-site reviewers.

As documentation, the country provided a copy of the CAAM-HP procedures (Ex. 8).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Analyst Remarks to Response

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

As described in the country's narrative and under previous sections, each CAAM-HP on-site review team includes on CAAM-HP representative to serve as a resource person. ED staff also noted under a previous section that all on-site review team members must undergo orientation and training on the agency's policies and standards prior to participating as a member of an on-site review team.

As prior documentation of the CAAM-HP's procedures related to this area, the country provided a copy of CAAM-HP training materials that are used to orient on-site reviewers prior to serving on an on-site review (Ex. 26).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Analyst Remarks to Response

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 28; Procedures, Exhibit 8.

Analyst Remarks to Narrative

As described in the country's narrative, CAAM-HP accrediting decisions are based upon its review of the report of an on-site evaluation team that has been trained in the agency's standards.

As documentation of the implementation of the CAAM-HP procedures, the country provided a copy of the CAAM-HP site team report guidelines (Ex. 28). The country also provided a copy of the TUSM's most recent on-site review report under previous sections (Ex. 12).

Staff accepts the country's narrative and supporting documentation, and no additional information is requested.

Analyst Remarks to Response

Accrediting/Approval Decisions, Question 2

Country Narrative

At present, the CAAM-HP does not base any part of its accreditation on benchmarks, such as licensing rates or established minimum levels of performance of graduates of its accredited medical schools. In CAAM-HP's experience, data such as performance in postgraduate, residency 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. CAAM-HP recognizes and supports the importance of benchmarks as part of the quality assurance process and will give this further consideration during the July Annual General Meeting.

Analyst Remarks to Narrative

The country reports in its narrative that the CAAM-HP has not set any outcomes benchmarks for use by its schools. However, the country also reports that this matter was to have been considered at the CAAM-HP general meeting in July 2016.

The country is requested to provide additional information and documentation regarding any actions regarding the establishment of benchmarks that the CAAM-HP might have taken at its July 2016 meeting.

Country Response

On the matter of establishment of benchmarks, this was discussed at the July 2016 meeting of the Authority. The matter is still under careful consideration. Reference is made to Exhibit 29, Extract: Draft Minutes of CAAM-HP July 2016 Meeting.

Analyst Remarks to Response

The country reports that, while this subject was considered at the CAAM-HP meeting in July 2016, the matter is still under consideration at this time.

The Committee may wish to request additional information from the country regarding CAAM-HP's ongoing deliberations regarding comparability with the requirements of this question.

Staff Conclusion: Additional Information requested

Accrediting/Approval Decisions, Question 3

Country Narrative

The CAAM-HP does not at present base any part of its accreditation on benchmarks, such as licensing rates or established minimum levels of performance of graduates of its accredited medical schools. Accredited schools are required to submit to the CAAM-HP an Annual Medical School Questionnaire, Exhibit 27, which requests data on the placement for residency of the last graduating class. CAAM-HP does comment on such data. CAAM-HP is considering steps to incorporate outcomes data analysis into its decision-making process.

Analyst Remarks to Narrative

As described in the narrative and noted in the previous section, the CAAM-HP has not set any outcomes benchmarks for its schools and does not use performance data in reaching an accrediting decision. It has been noted that the agency planned to consider this topic at its July 2016 general meeting and that changes may be adopted.

Additional information is requested. The country is requested to provide additional information and supporting documentation about any July 2016 changes that CAAM-HP might have made to its policies regarding outcomes benchmarks.

Country Response

On the matter of the establishment of outcomes benchmarks, this was discussed at the July 2016 meeting of the Authority. The matter is still under careful consideration. Reference is made to Exhibit 29, Extract: Draft Minutes of CAAM-HP July 2016 Meeting.

Analyst Remarks to Response

The country reports that, while this subject was considered at the CAAM-HP meeting in July 2016, the matter is still under consideration at this time.

The Committee may wish to request additional information from the country regarding CAAM-HP's ongoing deliberations regarding comparability with the requirements of this question.

Staff Conclusion: Additional Information requested

Accrediting/Approval Decisions, Question 4

Country Narrative

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

Standards ED-42 and ED-43, and their related Database requests, require schools to provide data on the performance of graduates in licensure examinations and placement in postgraduate training programmes. See Medical Education Database, Section III: Educational Programme, Exhibit 11, at Part B. The CAAM-HP is considering steps to incorporate more systematically and comprehensively outcomes-data analysis as part of the accreditation decision-making process.

CAAM-HP supports the general trend to assess outcomes data as part of the quality assurance process, while it also recognizes ongoing discourse regarding the specific role outcomes data should play in that process and the extent to which outcomes data should be part of a holistic quality assurance review or a determinative factor in final accreditation decisions.

CAAM-HP notes however, that specific measures such as residency placement in U.S. programmes over which a school has no control may not necessarily be the best tool for assessment.

Steps to incorporate more systematically and comprehensively outcomes-data analysis as part of the accreditation decision-making process will be included in the discussion on the revised standards. Implementation of this new requirement is not likely before 2018.

Analyst Remarks to Narrative

As has been noted in previous sections, the CAAM-HP has not established any performance benchmarks for its schools. The country reports that the CAAM-HP does not require its schools to provide data on the performance of graduates in licensure examinations and placement in postgraduate training programs and to report this information to the agency. As has been noted previously, CAAM-HP was scheduled to consider this topic at its July 2016 general meeting, at which time the agency's requirements related to the reporting of benchmarks might be modified.

Additional information is requested. The country is requested to provide additional information and supporting documentation regarding any changes that the CAAM-HP made to its outcomes benchmark reporting requirements at its July 2016 meeting.

Country Response

On the matter of the establishment of outcomes benchmarks, this was discussed at the July 2016 meeting of the Authority. The matter is still under careful consideration. Reference is made to Exhibit 29, Extract: Draft Minutes of CAAM-HP July 2016 Meeting.

Analyst Remarks to Response

The country reports that, while this subject was considered at the CAAM-HP meeting in July 2016, the matter is still under consideration at this time.

The Committee may wish to request additional information from the country regarding CAAM-HP's ongoing deliberations regarding comparability with the requirements of this question.

Staff Conclusion: Additional Information requested
