

Name: Dominican Republic	Meeting Date: 04/01/2019	Response Submit Date: 03/08/2019	Status: Final Review	Type: Redetermination
---------------------------------	---------------------------------	---	-----------------------------	------------------------------

U.S. Department of Education
Redetermination for the Dominican Republic

Prepared April, 2019

Background

In October 1997 the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Dominican Republic to evaluate medical education programs leading to the M.D. or equivalent degree were comparable to standards of accreditation used to evaluate medical education in the United States.

The NCFMEA reaffirmed its prior determination of comparability in October 2012 after requesting additional information from the country regarding various issues of concern. At that time, the NCFMEA requested that the Dominican Republic submit an update report for review at the Spring 2014 meeting. At the Spring 2016 NCFMEA meeting, the committee requested the Dominican Republic submit a report on US Medical Licensing Examination (USMLE) data. The 2016 report was accepted, and the country was then requested to submit a petition for redetermination of comparability at the Spring 2019 NCFMEA meeting. That petition is the subject of the current analysis.

Summary of Findings

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

-- The NCFMEA may wish to request the country provide Decree 56-10, of 06/02/2010 and Resolution No. 01-2013 in English, per the guidelines of the NCFMEA, which requires countries to provide English translations of all documents that are submitted with the application. [Approval of Medical Schools, Question 1]

-- The NCFMEA may wish to request the country provide Decree 56-10, of 06/02/2010 and Resolution No. 01-2013 in English, per the guidelines of the NCFMEA, which requires countries to provide English translations of all documents that are submitted with the application. [Accreditation of Medical Schools]

-- The NCFMEA may wish to request the country provide Resolution No. 01-2013 in English, per the guidelines of the NCFMEA, which requires countries to provide English translations of all documents that are submitted with the application. [Accreditation of Medical Schools, Question 2]

-- The NCFMEA may wish to request a copy of the medical school's organizational manuals and academic-administrative structure described in the original narrative to further answer this question. [Administrative Personnel and Authority, Question 3]

-- The NCFMEA may wish to request the country provide clarification on the following statement "the entire medical education program, including the pre-medical part (corresponding to general studies), can be compared abroad, according to the current regulations and procedures in each institution" in relation to whether or not the country allows any part of the preclinical educational program (basic sciences portion of the program) to be taken outside of the country in which the medical school is located. [Remote Sites, Question 1]

-- The NCFMEA may wish to request the country provide the complete paragraph one of the provided response to whether or not the medical schools are encouraged to make available sufficient opportunities for medical students to participate in research and other scholarly activities of faculty. [Curriculum, Question 3]

-- The NCFMEA may wish to request the country provide the English translation of the procedures for handling students' complaints at the INTEC included as evidence. Pursuant to the guidelines of the NCFMEA, countries are required to provide English translations of all documents that are submitted with the application. [Student Complaints, Question 2]

-- The NCFMEA may wish to inquire whether or not the country has plans to adopt or establish facilities for the humane care of animals when animals are used in teaching and research to adhere to the requirements of this guideline. [Facilities, Question 2]

-- The NCFMEA may wish to request the country provide the Ethics policy and conflict management document for the INTEC, listed but not included as evidence, for review of the conflict of interest policies pertaining to faculty and staff. [Faculty, Question 2]

-- The NCFMEA may wish to request the country provide the English translation of the outcomes statistics until 2017 included as evidence. Pursuant to the guidelines of the NCFMEA, countries are required to provide English translations of all documents that are

submitted with the application. [Accrediting/Approval Decisions, Question 4]

Staff Analysis

Basic Eligibility Requirements, Q1

Country Narrative

57 American students are now attending courses of Medicine at Instituto Tecnológico de Santo Domingo [Technological Institute of Santo Domingo] (INTEC).

Evidence: Statistics on American students enrolled in INTEC.

Analyst Remarks to Narrative

The country attests that American students are enrolled in one accredited medical program in the country. Specifically, the country identified the Technological Institute of Santo Domingo with enrollment of 57 American students and provided the nationality statistics of the medical program as evidence to demonstrate adherence to this question (exhibit 1).

Staff Conclusion:

Comprehensive Response Provided

Basic Eligibility Requirements, Q2

Country Narrative

The Medicine curriculum program of the Instituto Tecnológico de Santo Domingo (INTEC), has been recertified in February 2018, declaring it as eligible to be granted federal loans as of May-July 2018 Quarter, in the framework of the Title IV of the Program of the State Department of Education of the United States of America.

Analyst Remarks to Narrative

The country attests that the Instituto Tecnológico de Santo Domingo (INTEC) is certified by the Office of Federal Student Aid. Specifically, Department staff confirmed that the INTEC medical program, which was reinstated in February 2018, is the only eligible and participating foreign graduate medical school of the country.

Staff Conclusion:

Comprehensive Response Provided

Basic Eligibility Requirements, Q3

Country Narrative

Yes, The Ministry of Higher Education, Science and Technology (MESCYT, in Spanish) will continue sending data required by NCFMEA on a timely basis.

Analyst Remarks to Narrative

The country agrees to have the Ministry of Higher Education, Science and Technology continue to respond in a timely manner to data and monitoring requests from the NCFMEA.

Staff Conclusion:

Comprehensive Response Provided

Basic Eligibility Requirements, Q4

Country Narrative

Yes, MESCYT agrees to submit an application for comparability within the period specified by NCFMEA.

Analyst Remarks to Narrative

The country's Ministry of Higher Education, Science and Technology agrees to submit an application for comparability by the deadline specified by the NCFMEA and at least once every six years.

Staff Conclusion:

Comprehensive Response Provided

Basic Eligibility Requirements, Q5

Country Narrative

Yes, MESCYT agrees to observation of the country/accrediting entity's quality assurance activities by NCFMEA members.

Analyst Remarks to Narrative

The Ministry of Higher Education, Science and Technology agrees to the observation of the country/accrediting entity's quality assurance activities by the NCFMEA members and Department staff as deemed appropriate by the NCFMEA.

Staff Conclusion:

Comprehensive Response Provided

Basic Eligibility Requirements, Q6

Country Narrative

Yes, MESCYT keeps its commitment to update Department staff with current contact information for country representatives and other relevant parties.

Analyst Remarks to Narrative

The country's Ministry of Higher Education, Science and Technology agrees to update Department staff with current contact information for country representatives and other relevant parties.

Staff Conclusion:

Comprehensive Response Provided

Approval of Medical Schools, Question 1

Country Narrative

In the Dominican Republic, the Ministry of Higher Education, Science and Technology (MESCYT), a State Department, is the entity empowered to evaluate medical education quality (Law 139-01, Ch. IV, letters d, k, m, p, q, and r. To execute this function, it has the Regulation for Quality Evaluation of Higher Education Institutions and the Norms for the Approval, Regulation, and Accreditation of Medical Schools. Resulting from a decision to strengthen the specific entity inside MESCYT, in charge of complying with the function of accreditation, it was created the National Commission for the Accreditation of Medical Education (CONAEM, in Spanish), by means of Resolution 01-2018.

Evidence:

- Law 139-01 on Higher Education, Science and Technology (Article 38, letter h).
- Regulation for Quality Evaluation of Higher Education Institutions.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.
- Resolution 01-2018 by CONESCyT.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic, 2012. Chapter 6. INSTITUTIONAL IDENTITY.

Analyst Remarks to Narrative

The country attests that the Ministry of Higher Education, Science and Technology (MESCYT), is the entity with the authority to approve or deny the operation of medical schools, which is the name established by Decree No. 56-10, 02/06/2010, which renamed

the Office of State of Upper Education, Science and Technology SEESCYT listed in the law, per the agency narrative in the Approval of Medical Schools question 2. However, this Decree has not been provided for analysis.

Further, the country provided the Regulation for Higher Education Institutions and Law 139-01 on Higher Education, Science and Technology, which identifies the regulations regarding the National System of Higher Education, Science, and Technology, as the State Department of the country responsible for the upper education of the career of medicine, now entitled the MESCYT, and the functions of this entity, which is to evaluate medical education quality (exhibit 2-3). Additionally, the country provided the Regulation for Quality Evaluation of Higher Education Institutions and the Norms for the Approval, Regulation, and Accreditation of Medical Schools, which provides the MESCYT standards utilized to review the accreditation of the medical schools (exhibits 4 and 5 (found in the Accreditation of Schools question)). Lastly, the country established the National Commission for the Accreditation of Medical Education (CONAEM), who are now involved in accreditation activities, within the MESCYT in 2018; however the country has not clearly delineated the duties, roles, and responsibility of the CONAEM and MESCYT with the accreditation of medical schools.

Staff Conclusion:

Additional information Requested

Country Response

The decree 56-10, of 06/02/2010, refers to the change of denomination of the secretaries of State to be called Ministries. This decree authorizes that the Law 139-01, for example, where it says SEESCYT to say MESCYT. The MESCYT continues to have the same functions, roles, and attributions contained in Law 139-01. Subsequently, the organization of the Ministries was established in the Organic Law of Public Administration No. 247-12.

Regarding the creation of CONAEM, under the protection of the Law 247-12, the ministries (in this case, MESCYT) can form Commissions (advisory or decision-making) for the fulfillment of a specific function or mission in the scope of its competence. Such is the case of the CONAEM, a special internal entity created by MESCYT in August 2018, approved by its highest decision-making body (CONESCYT), to fulfill the specific functions concerning the Evaluation and Accreditation of Medicine Schools. As a public entity, it operates under the MESCYT, and its opinions will be submitted to the CONESCYT for general knowledge and its ratification. Therefore, MESCYT continue to be responsible for the evaluation and accreditation of Schools of Medicine and Programs of Medical Education in the country.

The functions of CONAEM are:

- To know and approve the internal regulations that govern it and submit them to the CONESCYT for their ratification.
- To know and approve the national standards for accreditation of medical schools and medical education programs in the Dominican Republic and submit them to the CONESCYT for their ratification.
- Supervise and guide the performance of the functions of the Executive Secretary, the Technical Team, the Accreditation Committee and the Peer Evaluators group
- To know and follow up the requests of Higher Education Institutions (IES) to initiate accreditation processes of medical education.
- To decide on strategies, procedures, and instruments for external evaluation processes of Schools and Programs of Medical Education.
- To guarantee the follow-up of the application of the standards (criteria) of the Liaison Committee on Medical Education (LCME) and the presentation of a report on the comparability of Medical Education in the Dominican Republic to Medical Schools in the United States.
- To know and decide on the accreditation reports prepared by the Accreditation Committee through the Executive Secretary and submit them to CONESCYT for ratification and issuance of the corresponding certification.
- Establish and protect an up-to-date system of information, containing the relevant decisions regarding the processes under its responsibility.
- Supervise, monitoring the application of regulations, standards, work plans, and accreditation decisions.
- Carry out any other functions deriving from the Law of Higher Education, Science and Technology, its internal regulations, nature, mission and objectives of the CONAEM.
- To know and approve the Commission's Management report.

Evidence:

Decree 56-10 of 06/02/2010

Organic Law of the Public Administration No.247-12, Official Gazette No. 10691 of August 14, 2012.

Approved document of the National Commission for the Accreditation of Medical Education (CONAEM).

Analyst Remarks to Response

In response to the draft staff analysis, the country provided additional explanation and documentation. Specifically, the country explained the authorization and change to denomination of the secretaries of State to be called Ministries in the country. In addition, the country provided Decree 56-10, of 06/02/2010 and Resolution No. 01-2013, which identifies the Ministry of Higher Education, Science and Technology (MESCYT) as the entity responsible for accreditation; however, the entire Decree and Resolution are in Spanish (exhibits 1 and 4 found in the Approval of Medical Schools, Question 2).

Lastly, the country narrative provided the list of functions for the National Commission for the Accreditation of Medical Education (CONAEM) in accrediting medical schools in accordance with the Ministry of Higher Education, Science and Technology (MESCYT). The country also provided Law 247-12 and the CONAEM approval document from the highest education authority of the country, the National Council for Higher Education, Science, and Technology (CONESCYT), which allows Ministries the ability to form commissions to assist in fulfilling the specific functions concerning the Evaluation and Accreditation of Medicine Schools, which is the role of the CONAEM within the MESCYT (exhibits 2 and 3 found in the Approval of Medical Schools, Question 2).

Staff Conclusion:

Additional Information requested

Approval of Medical Schools, Question 2

Country Narrative

The Ministry of Higher Education, Science and Technology (MESCYT) is responsible for the monitoring and/or continued certification/ recertification /authorization of medical schools.

Evidence:

- Law 139-01, Article 38 letters g, h, i, k, l. (SEESCYT, which is MESCYT today, Decree No. 56-10, 02/06/2010).
- Regulation for Higher Education Institutions, Chapter IV, Article 35

Analyst Remarks to Narrative

The country attests that the Ministry of Higher Education, Science and Technology (MESCYT) is responsible for the monitoring and/or continued certification/ recertification /authorization of medical schools. Specifically, the country's law 139-01 Article 39 states that the MESCYT will carry out the national policies regarding higher education, science, and technology; and observe, and have others observe, the provisions of this law, as well as the policies, regulations, and resolutions that may be decided by the National Council for Higher Education, Science, and Technology (CONESCYT) and the President. In addition, the Regulation for Higher Education Institutions identifies the titles for upper education to include the career of medicine as a graduate degree and the requirement of evaluations of the medical programs.

Staff Conclusion:

Comprehensive Response Provided

Approval of Medical Schools, Question 3

Country Narrative

In the Dominican Republic, CONESCyT, upper body of the Ministry of Higher Education, Science and Technology (MESCYT), is responsible for the approval, suspension, intervention or definite closure of a Higher Education Institution.

Evidence:

- Law 139-01 on Higher Education, Science and Technology (Article 38, letter h).

Analyst Remarks to Narrative

The country attests that the Ministry of Higher Education, Science and Technology (MESCYT) of the National Council of Upper Education, Science and Technology (CONESCyT) is the governmental entity with the authority to close a medical school or to take away its right to operate. Specifically, the country's Law 139-01 Article 38 states that the MESCYT will approve the suspension, intervention, or definitive closing of institutions of higher education, science, and technology, according to the present law (exhibit 2).

Staff Conclusion:

Comprehensive Response Provided

Accreditation of Medical Schools

Country Narrative

In the Dominican Republic, the Ministry of Higher Education, Science and Technology (MESCYT), a State Department, is the entity empowered to evaluate medical education quality (Law 139-01, Ch. IV, letters d, k, m, p, q, and r. To execute this function, it has the Regulation for Quality Evaluation of Higher Education Institutions and the Norms for the Approval, Regulation, and Accreditation of Medical Schools. Resulting from a decision to strengthen the specific entity inside MESCYT, in charge of complying with the function of accreditation, it was created the National Commission for the Accreditation of Medical Education (CONAEM, in Spanish), by means of Resolution 01-2018.

Evidence:

- Law 139-01 on Higher Education, Science and Technology (Article 38, letter h).
- Regulation for Quality Evaluation of Higher Education Institutions.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.
- Resolution 01-2018 by CONESCyT.

Analyst Remarks to Narrative

The country attests that the Ministry of Higher Education, Science and Technology (MESCYT), is the entity with the authority to approve or deny the operation of medical schools, which is the name established by Decree No. 56-10, 02/06/2010, which renamed the Office of State of Upper Education, Science and Technology SEESCyT listed in the law, per the agency narrative in the Approval of Medical Schools question 2. However, this Decree has not been provided for analysis.

Further, the country provided Law 139-01 on Higher Education, Science and Technology, which identifies the regulations regarding the National System of Higher Education, Science, and Technology, as the State Department of the country responsible for the upper education of the career of medicine, and its functions of this entity, which is to evaluate medical education quality (exhibits 2). Additionally, the country provided the Regulation for Quality Evaluation of Higher Education Institutions and the Norms for the Approval, Regulation, and Accreditation of Medical Schools, which provides the MESCyT standards utilized to review the accreditation of the medical schools (exhibits 4 and 5). Lastly, the country established the National Commission for the Accreditation of Medical Education (CONAEM), who are now involved in accreditation activities, within the MESCyT in 2018 (exhibit 18); however the country has not clearly delineated the duties, roles, and responsibility of the CONAEM and MESCyT with the accreditation of medical schools.

Staff Conclusion:

Additional information Requested

Country Response

The decree 56-10, of 06/02/2010, refers to the change of denomination of the secretaries of State to be called Ministries. This decree authorizes that the Law 139-01, for example, where it says SEESCyT to say MESCyT. The MESCyT continues to have the same functions, roles, and attributions contained in Law 139-01. Subsequently, the organization of the Ministries was established in the Organic Law of Public Administration No. 247-12.

Regarding the creation of CONAEM, under the protection of the Law 247-12, the ministries (in this case, MESCyT) can form Commissions (advisory or decision-making) for the fulfillment of a specific function or mission in the scope of its competence. Such is the case of the CONAEM, a special internal entity created by MESCyT in August 2018, approved by its highest decision-making body (CONESCyT), to fulfill the specific functions concerning the Evaluation and Accreditation of Medicine Schools. As a public entity, it operates under the MESCyT, and its opinions will be submitted to the CONESCyT for general knowledge and its ratification. Therefore, MESCyT continue to be responsible for the evaluation and accreditation of Schools of Medicine and Programs of Medical Education in the country.

The functions of CONAEM are:

- To know and approve the internal regulations that govern it and submit them to the CONESCyT for their ratification.
- To know and approve the national standards for accreditation of medical schools and medical education programs in the Dominican Republic and submit them to the CONESCyT for their ratification.
- Supervise and guide the performance of the functions of the Executive Secretary, the Technical Team, the Accreditation Committee and the Peer Evaluators group
- To know and follow up the requests of Higher Education Institutions (IES) to initiate accreditation processes of medical education.
- To decide on strategies, procedures, and instruments for external evaluation processes of Schools and Programs of Medical Education.
- To guarantee the follow-up of the application of the standards (criteria) of the Liaison Committee on Medical Education (LCME) and the presentation of a report on the comparability of Medical Education in the Dominican Republic to Medical Schools in the United States.

- To know and decide on the accreditation reports prepared by the Accreditation Committee through the Executive Secretary and submit them to CONESCyT for ratification and issuance of the corresponding certification.
- Establish and protect an up-to-date system of information, containing the relevant decisions regarding the processes under its responsibility.
- Supervise, monitoring the application of regulations, standards, work plans, and accreditation decisions.
- Carry out any other functions deriving from the Law of Higher Education, Science and Technology, its internal regulations, nature, mission and objectives of the CONAEM.
- To know and approve the Commission's Management report.

Evidence:

Decree 56-10 of 06/02/2010

Organic Law of the Public Administration No.247-12, Official Gazette No. 10691 of August 14, 2012.

Approved document of the National Commission for the Accreditation of Medical Education (CONAEM).

Analyst Remarks to Response

In response to the draft staff analysis, the country provided additional explanation and documentation. Specifically, the country explained the authorization and change to denomination of the secretaries of State to be called Ministries in the country. In addition, the country provided Decree 56-10, of 06/02/2010 and Resolution No. 01-2013, which identifies the Ministry of Higher Education, Science and Technology (MESCYT) as the entity responsible for accreditation; however, the entire Decree and Resolution are in Spanish (exhibits 1 and 4 found in the Approval of Medical Schools, Question 2).

Lastly, the country narrative provided the list of functions for the National Commission for the Accreditation of Medical Education (CONAEM) in accrediting medical schools in accordance with the Ministry of Higher Education, Science and Technology (MESCYT). The country also provided Law 247-12 and the CONAEM approval document from the highest education authority of the country, the National Council for Higher Education, Science, and Technology (CONESCYT), which allows Ministries the ability to form commissions to assist in fulfilling the specific functions concerning the Evaluation and Accreditation of Medicine Schools, which is the role of the CONAEM within the MESCYT (exhibits 2 and 3 found in the Approval of Medical Schools, Question 2).

Staff Conclusion:

Additional Information requested

Accreditation of Medical Schools, Question 2

Country Narrative

Answer: Our country's system for establishment and oversight of quality medical education programs is based on Law 139-01, Chapters IV and V, in the Regulation for Quality Evaluation of Higher Education Institutions, and the Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic.

In order to offer programs on medical education, the Higher Education Institutions follow a process that consists in the submission of an application, evaluation and approval, that includes not only the entity itself but also the medical education program to be developed. When [the program is] in operation, MESCYT, through the Academic Directorate of the Health Area, Vice-ministry of Higher Education, monitors the development of medical education programs approved.

Once the institution complies with terms regulated by the Law, the five-year assessment process begins according to the Regulation for the Evaluation of Higher Education Institutions, which includes the stages for institutional self-study, external evaluation (by evaluators), elaboration and approval of an institutional improvement plan and the follow-up of the improvement plan. Each one of these stages is complied with according to the guidelines established by MESCYT. The institutions that comply with the evaluation standards established, receive the corresponding certifications. The institutions that show deficiencies, depending on the degree and nature of the limitations found, will count on up to three years to overcome them (Articles 73, Law 139-01).

In the case of the medical schools, quality assurance and oversight is a continuous process, and follows the guidelines established in the Norms for the Regulation, and Accreditation of Medical Schools. The components, standards and indicators, considered in the evaluation matrix used to assess the quality of the institutions and programs, comply with the comparability criteria related to medical education in the United States.

As part of the MESCYT's Vice-ministry of Evaluation and Accreditation of Higher Education Institutions, the Department of Quinquennial Evaluation has the responsibility to organize, lead and implement the periodic evaluation (every five years) made by this ministry to all Higher Education Institutions, including the ones that offer careers in the area of Health Sciences (see Decree on the creation of the Vice-ministry).

This department makes a work plan of the evaluation process, creates the protocols and the instruments/documents to be used, coordinates the formation of the External Evaluators Team, based on a required profile, monitors all the stages of the accreditation

process and the improvement plans of the Higher Education Institutions and, as a consequence, of Medical Schools.

Evidence:

- Law 139-01
- Regulation for Higher Education Institutions
- Regulation for Quality Evaluation of IES-HEI
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.
- Decree for the creation of the Vice-ministry of Evaluation and Accreditation of Higher Education Institutions (IES-HEI).

Analyst Remarks to Narrative

The country attests that Law 139-01, the Regulation for Quality Evaluation of Higher Education Institutions, and the Norms for the Approval, Regulation, and Accreditation of Medical Schools describe the system utilized by the Ministry of Higher Education, Science and Technology (MESCYT), formerly the SEESCYT, to establish and oversee the quality of medical education programs. Specifically, the Law states that the tasks of the MESCYT are to formulate, plan, evaluate, supervise and execute public policies for higher education, science, and technology programs (exhibit 2). The Regulation for Higher Education Institutions then lists the criteria for evaluation; and the Regulation for Quality Evaluation of Higher Education Institutions requires the MESCYT to ensure the effective development of evaluation processes to be implemented every five years for the schools based on this criteria (exhibits 3 and 5). The Norms for the Approval, Regulation, and Accreditation of Medical Schools then outlines the standards of evaluation for the schools established by the MESCYT pursuant to the Law and Regulations (exhibit 4).

The country further describes the process the Institution of Higher Education for the medical education program which includes submission of an application for consideration; evaluation of the institution and the medical program; and approval by the MESCYT for the establishment of the medical education program. The country further attests that the Academic Directorate of the Health Area, Vice-ministry of Higher Education, then monitors the development of the approved medical education programs; however the Decree defining the relationship of this entity to this process has not been provided for analysis. After complying with the MESCYT's five-year assessment process, which includes the submission of an institutional self-study, external evaluation, and approval of an institutional improvement plan, the institution's medical education program is certified to operate. Law 139-01 requires institutions three years to overcome deficiencies found during an evaluation the medical program (exhibit 2).

The country also attests that the evaluation matrix within the Norms for the Approval, Regulation, and Accreditation of Medical Schools provide the requirements for continuous oversight and quality assurance along with the components, standards and indicators essential for the medical school, which is led by the Vice-ministry of Evaluation and Accreditation of Higher Education Department of Quinquennial Evaluation. The evaluation by this entity includes the coordination, creation, and formulation of materials for the external evaluation teams to monitor and evaluate the accreditation process and improvement plans of the medical school and the affiliated institution.

Staff Conclusion:

Additional information Requested

Country Response

The MESCYT is organized in Vice Ministries each one is associated with an assigned function that facilitates the fulfillment of its goals. The Law 139-01 identified an executive body formed by four functional bodies (Art. 36). The institutional task demanded the internal reorganization of the Ministry, creating other functional instances. In the case of the Vice-Ministry of Evaluation and Accreditation, it is precisely responsible for promoting activities and actions for the evaluation and accreditation of higher education institutions, of a program, some of its functions or its constituent elements for the assurance of the quality of the higher education system. It ensures that HEIs, once approved (function assigned to another Vice Ministry), meet the quality standards established for the Dominican higher education. To attain it, it uses processes of periodic, regulatory evaluations of the exercise of institutional management. In the case of Medicine Schools, both the training program and the body that administers them are evaluated periodically, according to standards that facilitate international comparability. Furthermore, to facilitate this process of evaluation and specific accreditation, MESCYT recently created the CONAEM.

Required evidence:

- Resolution No. 01-2013, which approves the organizational structure of the Ministry of Higher Education Science and Technology (MESCYT).

Analyst Remarks to Response

In response to the draft staff analysis, the country provided additional explanation and documentation. Specifically, the country explained further the role of the Vice-Ministries and their responsibility for promoting activities and actions for the evaluation and accreditation of higher education institutions. In particular, the Commission for the Accreditation of Medical Education (CONAEM) serves as Vice-Ministry when evaluating and accrediting medical schools in accordance with the role of the Ministry of Higher Education, Science and Technology (MESCYT). In addition, the country provided Resolution No. 01-2013, which identifies the MESCYT and its Vice-Ministries as the entities responsible for accreditation of medical schools in the country; however, the

Resolution has been provided in Spanish, which is not able to be reviewed by the Department staff (exhibit 4 found in the Approval of Medical Schools, Question 2).

Staff Conclusion:

Additional Information requested

Mission and Objectives, Question 1

Country Narrative

Yes. Article 7 of Law 139-01 on Higher Education, Science and Technology provides that higher education should contribute to " economic competitiveness and sustainable human development; to promote the generation, development and spread of knowledge in all its forms; to contribute to the preservation of national culture, and to develop the attitudes and values for the education of responsible persons, with ethical consciousness, and solidarity, thoughtful, innovative, and critical, capable of improving their quality of life, focusing on the respect for the environment and our country's institutions and the validity of the democratic order".

Following this disposition, the Norms for the Approval, Regulation, and Accreditation of Medical Schools of the Dominican Republic, in Chapter II, Article 7 on RESPONSIBILITY OF MEDICAL SCHOOLS, letter a, establishes that it is the responsibility of the medical schools "to educate professionals in Medicine with the necessary competencies to practice medicine with quality, a high sense of responsibility, social consciousness and humanity." That way, medical schools when designing their educational programs should comply with the requirements established in Chapter 10, item 10.1, letter i) including in their curriculum courses that assure not only the technical competencies of the profession but also the complete education of the future professional for practice.

Evidence:

- Law 139-01 on Higher Education, Science and Technology.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that Law 139-01 describes the mission and objectives of Higher Education Science and Technology programs in accordance with this question. Specifically, the law requires higher education to provide the highest quality of scientific education to contribute to economic competitiveness and sustainable human development; the diffusion of knowledge; preservation of natural culture; and the development of attitudes and values required for the formation of responsible persons with a sense of ethics and solidarity for people who are reflective, innovative, critical, and capable of bettering the quality of living while consolidating the respect of the environment and institutions of the country and of democracy(exhibit 2).

The Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms), established by the Ministry of Upper Education, Science and Technology (MESCYT), which is the approving entity of the medical schools for the country, outlines the responsibility of the medical school per the aforementioned law. In particular, the Norms expect medical schools to form professionals of medicine with the necessary competencies to exert the medicine with quality, a high sense of responsibility, social consciousness and humanity (exhibit 4). The Norms also requires the medical school to offer a program of medicine that takes in account the attainment of competencies that ensure the integral training of the professionals' future practice (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Mission and Objectives, Question 2

Country Narrative

The Regulation for Higher Education Institutions establishes in Chapter VII, Article 49, the faculty participation requirements, providing that: "The faculty of Higher Education Institutions should be constituted by professionals duly qualified to comply with the responsibilities of their positions. It is required that those professors have a Professional Degree at the same or preferably higher level he/she teaches, as well as a minimum experience of two (2) years within its area of knowledge."

In the case of Medical Schools, the Norms for the Approval, Regulation, and Accreditation of Medical Schools of the Dominican Republic consider in Chapter 21, all about faculty: personal and professional talents (letters b and d), responsibilities to be complied in the school (letters a, g, h and k). Specifically, letter g states: "professors should participate in the design, implementation and evaluation of the curriculum, which should be applied and publicized among the student population. The professor is responsible to execute the required program and he/she should be supervised by the School for such purposes".

Faculty participates in the elaboration of the Plan of Studies, and its objectives definition is consistent with the institution's mission,

vision, objectives and values (Chapter 8 of the Norms). The professor participates in formulating and implementing the curriculum through committees and coordination, declared in the organizational structure and the school catalog (Chapter 9, letters b, d and e of the Norms). It is the Professor who evaluates students' learning, taking into account the evaluation system established for that course by the institution; and it is the medical school that evaluates effectiveness of the educational program following the established evaluation methodology (Chapter 13 of the Norms)

Evidence:

- Regulation for Higher Education Institutions.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country's Regulations for Higher Education Institutions from the Office of State of Upper Education, Science and Technology (SEESCYT), which is now the Ministry of Upper Education, Science and Technology (MESCYT), establishes the requirement that the educational bodies of the institutions of upper education have to be consulted by professionals properly described to fulfill the responsibilities of the educational programs charge. Specifically, the country requires these professionals, the professors, to have a professional degree at the same or preferably higher level taught, in addition to a minimum of two years of teaching experience within the area of knowledge being taught (exhibit 3).

Additionally, the country's Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) requires the educational body of the medical schools to include professors who have the responsibility to develop the curriculum, its execution, and determine the progress of the students. In particular, professors are to participate in the design, implementation and evaluation of the curriculum; manage and execute the program required; and participate in the processes of recruitment, contracting, retention, promotion and discipline of the medical school and have formal committees that operate and document processes and decisions with the participation of the professors in these processes (exhibit 4). Lastly, the Norms require the mission and vision of the medical school to include knowledge from all of the university community and be reflected in the plan of studies and in the academic activities, which includes professors, who participate in the development of the plan of studies for medical schools consistent with the institution's mission, vision, objectives and values and evaluate student learning against these established indicators (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Mission and Objectives, Question 3

Country Narrative

Educational programs developed by medical schools should fulfill citizens' educational needs, related to national development and to international demands for quality. As a consequence, the programs result from internal and external diagnostics, and in conformity with the nature, mission and objectives declared by corresponding universities and medical schools. These programs go through a process of formulation, evaluation and approval, first inside the institution proposing them, and then within the Ministry of Higher Education, Science and Technology (MESCYT). In this process, faculty and authorities of the medical school of the institution proposing the educational program participate in the formulation phase, as well as the expert evaluators and the authorities of MESCYT [who participate] in the phase of evaluation and approval.

Every plan of studies is required to be approved by CONESCYT, and after that, those educational programs can be executed by the corresponding schools and faculties. Every change in the contents on approved curriculum has to be submitted to CONESCYT to be reviewed and approved.

Evidence:

- Law 139-01.
- Regulation for the Evaluation and Approval of Careers leading to a Degree.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that faculty and authorities of the medical school participate in the formulation phase of the medical school along with external evaluators and members of the Ministry of Upper Education, Science and Technology (MESCYT). Specifically, the country's Regulation for Evaluation and Approval of Careers to Level of Degree requires medical schools to develop careers at the level of degree pursuant to the skills of institutions of upper studies and universities outlined in the existing Law 139-01 and other country Regulations. Further, the mission, values, ends, aims and nature of the educational entity must include faculty to create new careers required to meet the needs of training of the citizens, linked to the national development and the international demands of integration to ensure the objectives of the educational program are formally adopted by faculty and the governing bodies (exhibits 2, 4 and 6).

The country also acknowledges that the National Council of Upper Education, Science and Technology (CONESCYT) approves the plan of study and changes to approved curriculum for the educational program. However, the country has not clearly described the CONESCYT's role in the accreditation process.

Staff Conclusion:

Additional information Requested

Country Response

The creation of any IES must be requested to the MESCYT, and the CONESCYT is responsible for its approval, once the evaluation has been carried out and the requirements have been met in accordance with the established regulations. In case of modifications of the conditions in which it was approved, for example, changes in the approved curriculum; the submission and approval by CONESCYT for the new curriculum to be implemented is once again required. (Law 139-01, Chapter V, Article 43-48).

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that the National Council for Higher Education, Science, and Technology (CONESCYT) is the highest education authority of the country, which is pursuant to Law 139-01 (exhibit 2 found in Approval of Medical Schools, Question 1) and is responsible for approving the creation and accreditation of institutions of higher education, science, and Technology. Thus, the Ministry of Higher Education, Science and Technology (MESCYT), a sub-committee of the CONESCYT, is then responsible for the quality review, evaluation and accreditation of medical education for the country.

Staff Conclusion:

Comprehensive response provided

Mission and Objectives, Question 4

Country Narrative

The Dominican Republic's requirements to ensure the objectives of the educational program can be assessed in terms of student progress, developing competencies [demanded by] the profession and expected by the public, are provided in Chapter 11 of the Norms for the Approval, Regulation and Accreditation of Medical Schools in the Dominican Republic, which establish, in relation to the program curricular base, that:

- The plan of studies should be designed adopting curricular models recognized by the international medicine education and it should comply with the requirements of MESCYT.
- The design should be made in phases or levels, respecting order and execution.
- The curricular structure should establish different educational stages: premedical [studies], basic sciences and clinical sciences.
- Students should experience learning in service during their education (rotating internship).
- Education should focus on a biopsychosocial vision of health problems at local and global level.
- The plan of studies should integrate diverse teaching strategies, for valid medical education, in order to favor learning and evaluation.
- Students' evaluations should reflect the level of learning reached, completely.
- The evaluation system of each course should be consistent to the characteristics and particularities of each area and should take into account what the evaluation methodology establishes, as described by the Norms (Chapter 13).

Evidence:

- Norms for the Approval, Regulation and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) requires the medical school objectives be stated in outcomes-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician. Specifically, the Norms requires the medical school's plan of study be designed by adopting the models of curriculum recognized by international medical education and comply with the requirements established in the regulations of the MESCYT; contain defined stages or levels of curriculum execution and structure with established formative assessments identified for the training of doctors; allow students to receive academic training and experience learning through rotations; student participation in elective subjects, basic and clinical science investigations to build the knowledge of and orient the student to medicine; and provide evaluation designs that reflect the knowledge obtained in the transition of basic sciences to the clinical sciences (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Mission and Objectives, Question 5

Country Narrative

Medical education program graduates must comply with the requirements established in Article 15, letter a of the Regulation for Higher Education Institutions (IES-HEI) with respect to Degrees. Same way, Article 23 of the Regulation for the Evaluation and Approval of Careers leading to a Degree establishes that Higher Education Institutions may add other requirements they consider pertinent for the permanence and graduation of students.

In the case of medical education programs, to obtain the Degree of Medical Doctor, [the student] has to comply with all the requirements of the plan of studies of the medical school (admission profile, approval of all courses in the plan, rotating internship completed, thesis or final project work submitted, and a minimum grading point average reached or surpassed). Once the Medical Doctor Degree is granted, the graduate will do an internship required by law during one (1) year, as intern in a Hospital of the State, where he/she will be trained in the four basic medical services: General Medicine, Gynecology/Obstetrics, Surgery and Pediatrics (Law 146, modified by Law 148 on Internship of Recently Graduated Medical Doctors). Once the internship is completed, and the corresponding certifications granted, the graduate will request the Executive Power for his/her exequatur, which allows him/her to practice as medical doctor in our country.

The requirement of including pre-internship periods and rotating internships in the plan of studies before obtaining the Medical Doctor Degree and after doing the internship required by law (pasantía), contributes to the strengthening of competencies of recently graduated medical doctors in order to provide proper and quality medical care.

This process is also a prerequisite for a graduate with a license to perform as a medical doctor (exequatur) and to continue his/her education as a specialist in the programs of Medical Residencies.

Evidence:

- Law 478, which modifies Law 146 on Internships for Recently Graduated Medical Doctors.
- Regulation of the IES-HEI.
- Regulation for the Evaluation and Approval of Careers leading to a Degree.

Analyst Remarks to Narrative

The country's medical school requirements for preparation of graduates to qualify for licensure and to provide competent medical care are provided in the Regulation for Higher (Upper) Education Institutions (HEI) and the Regulation for the Evaluation and Approval of Careers leading to a Degree (exhibits 3 and 6). In particular, the HEI regulations require the medical school students to abide by the established plans of study for the medical school as approved by the MESCYT; which includes the admissions mandates; approval of the curriculum of courses with expected grade point averages; completion of an internship rotation; and the submission of a thesis or final project. Further, the country's Regulation for the Evaluation and Approval of Careers leading to a Degree authorizes medical schools to add other requirements they consider pertinent for the permanence and graduation of students in addition to the aforementioned requirements. Upon a graduates attainment of the medical doctor degree from the medical school, the country's Law 478, Internships for Recently Graduated Medical Doctors, then requires one year of internship training for the graduate on General Medicine, Gynecology/Obstetrics, Surgery and Pediatrics in a Hospital (exhibit 7). The granting of the medical doctor degree, the completion of the internship and any additional certifications then affords the graduate an opportunity to request to practice as a medical doctor in the country, which are all prerequisites for licensure.

Staff Conclusion:

Comprehensive Response Provided

Governance, Question 1

Country Narrative

Yes, there are requirements. The Ministry of Higher Education, Science and Technology (MESCYT), which is responsible for evaluating medical education in the Dominican Republic, requires medical faculties or schools to be part of a University duly authorized by CONESCYT, for them [schools] to operate (See Norms). Also, in order to be delivered, medical education programs should be approved by CONESCYT (See regulation).

For a medical school to be authorized to offer a medical education program, it is

- A curricular base with all the characteristics established by the Regulation for the Evaluation and Approval of Careers leading to a Degree.
- An academic-administrative organizational structure, clearly described for the support of the career (See Norms, Chapters 6, 7 and 8).
- An entering and graduating profile in order to admit and graduate students.
- A faculty with the characteristics (a, b, d) established by the Norms.
- Adequate physical facilities; didactic, technological, data and financial resources.

Evidence:

- Norms for the Approval, Regulation and Accreditation of Medical Schools in the Dominican Republic.
- Regulation for the Evaluation and Approval of Careers leading to a Degree.

Analyst Remarks to Narrative

The country attests that the Ministry of Higher Education, Science and Technology (MESCYT) is responsible for evaluating the quality of medical education in the country. The MESCYT recognition and approval of operations authorizing the award of Doctor in Medicine degrees is provided to medical schools that have fulfilled the standards established in the Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) of the country (exhibit 4). These requirements for authorization include admission and administrative profiles; approval of all curriculum courses in the plan of study, which includes faculty input; internship rotation; and adequate physical facilities; didactic, technological, data and financial resources (exhibits 4 and 6). The country also attests that the medical faculties or schools must be part of a University duly authorized and approved by CONESCYT to operate and deliver medical education programs (exhibit 6). However, the role of the CONESCYT has not been fully described in the petition.

Staff Conclusion:

Additional information Requested

Country Response

It is the CONESCYT, as the highest decision-making body of the MESCYT, which approves or authorizes the creation of IES-HEI and their education programs in accordance with the existing rules and regulations, which were included. It also certifies compliance with the established quality standards, based on the evaluations carried out by the competent instance of the MESCYT, as established by Law 139-01.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that the National Council for Higher Education, Science, and Technology (CONESCYT) is the highest education authority of the country, which is pursuant to Law 139-01 (exhibit 2 found in Approval of Medical Schools, Question 1) and is responsible for approving the creation and accreditation of institutions of higher education, science, and Technology. Thus, the Ministry of Higher Education, Science and Technology (MESCYT), a sub-committee of the CONESCYT, is then responsible for the quality review, evaluation and accreditation of medical education for the country.

Staff Conclusion:

Comprehensive response provided

Governance, Question 2

Country Narrative

Yes, all medical schools are held accountable for their operations to the higher decision-making body of their universities and to MESCYT. MESCYT, as regulating entity of the Higher Education System in the Dominican Republic, and CONESCYT as well, as the upper body of decision-making of the Higher Education System, should determine if the Medical School is complying or not with its mission, in conformity with the quality evaluation of higher education and with all the norms applicable to this matter. CONESCYT has the power to revoke the authorization [to operate] or the accreditation of any Medical School that does not comply with the standards. The requirements are included in Law 139-01, Article 38, as well as in the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Chapter 9, letters a and g).

Evidence:

- Law 139-01.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Ministry of Higher Education, Science and Technology (MESCYT) is responsible for evaluating the quality of medical education in the country. The MESCYT recognition and approval of operations authorizing the award of Doctor in Medicine degrees is provided to medical schools that have fulfilled the standards established in the Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) of the country (exhibit 4). The country attests in the Approval of Medical Schools question 1 that the MESCYT is the designated entity that has the authority to approve or deny the operation of medical schools in the country that offer educational programs leading to the M.D. degree; however, the country has identified the National Council of Upper Education, Science and Technology (CONESCYT) in this question as the entity with the power to revoke the accreditation/operation power of any Medical School that does not comply with the standards.

Staff Conclusion:

Additional information Requested

Country Response

According to Law 139-01, the CONESCyT is the highest governing body of the country's higher education system. The decisions issued by this body are established by the executive body of the higher education system, which is structured as a ministry by departments for the fulfillment of the policies, functions, and attributions under its responsibility. The highest authority of this executive body is the Minister of Higher Education Science and Technology. Its functions and obligations are described in Law 139-01. In this regard, IES-HEIs request to the MESCYT, the approval of its operation, who carries out the pertinent evaluations and submits to the CONESCyT, for the approval or not of its medical education programs. The Law 139-01 also provides regulatory evaluation, monitoring, and accreditation of institutions and approved education programs for which the MESCYT, carries out the corresponding processes and submits results to the CONESCyT for its decision. This body is endowed with the authority to approve, deny or revoke the recognition or accreditation of institutions and education programs.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that the National Council for Higher Education, Science, and Technology (CONESCYT) is the highest education authority of the country, which is pursuant to Law 139-01 (exhibit 2 found in Approval of Medical Schools, Question 1) and is responsible for approving the creation and accreditation of institutions of higher education, science, and Technology. Thus, the Ministry of Higher Education, Science and Technology (MESCYT), a sub-committee of the CONESCYT, is then responsible for the quality review, evaluation and accreditation of medical education for the country.

Staff Conclusion:

Comprehensive response provided

Administrative Personnel and Authority, Question 1**Country Narrative**

In the Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic, Chapter 9, letters a, b, c, d, e, f and g, the requirements of the academic-administrative structure that supports Medical Schools operation are established. They should have several positions and levels of organization, an organizational chart, an organization manual with the responsibilities, duties and rights of administrative officials, professors, students, and work committees, included and clearly defined. A development plan (or strategic plan), an annual operation plan (POA) and an operations budget are also required.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country's requirements for the administration of the medical schools are outlined in the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) to demonstrate compliance to this question. Specifically, the Norms requires the medical school to belong and be governed by regents of an institution of upper education; have an organizational structure/chart and a manual with specified responsibilities of the Dean, Directors, Coordinators and other members of the institution; ensure the Dean and/or Director of the school of medicine is responsible to administer the school; have a catalogue that includes course descriptions, requirements and the mission, vision and aims of the school; have permanent committees for curriculum, basic sciences, clinical sciences and institutional committees for admissions, investigations, publications, and libraries; and have a plan for the annual operative development and budgetary commitments for the school (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Administrative Personnel and Authority, Question 2**Country Narrative**

ARAEM* Norms (Chapter 9), establish that the administration of the Medical School should be exercised by a dean or school director, who has the authority to decide the way to manage and use resources, having access with relative ease to the highest authority of the university. The following requirements are established:

- Be a medical doctor;
- Be a well-recognized professional,
- Have and be known for his leadership within the community he/she serves.

- Have proven experience to direct a medical school.
- Be a full-time employee of the school.
- Have received a clear order to direct the school.

According to the provisions of the Regulation, Chapter V, Articles 36, 37 and 38, the dean must have free access to the Rector (President) of the university and to the rest of the university officials, as necessary as to comply with the responsibilities of the position, and the authority to use spaces and [implement] mechanisms for the effective management of human, material, technological and economic resources to operate the school.

Evidence:

- Regulation for the Evaluation and Approval of Careers leading to a Degree.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools of the Dominican Republic. (ARAEM)*

Analyst Remarks to Narrative

The country's requirements for the administration of the medical schools are outlined in the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) and the Regulation for the Evaluation and Approval of Careers leading to a Degree to demonstrate compliance to this question. Specifically, the Norms requires the medical school to have an organizational structure/chart and a manual with specified responsibilities of the Dean, which includes being a medical doctor, leader in the community with direct experience with a medical school, Directors, Coordinators and other members of the institution; and a Dean and/or Director of the school of medicine who reports to the President of the institution the medical school is affiliated and serves as the highest authority of the medical school responsible for administering and managing the medical school and its resources (exhibit 4). Similarly, the Regulation for the Evaluation and Approval of Careers leading to a Degree requires the academic personnel and administration of the medical school to have responsible academic personnel to fulfill the aims of the school; and administrative personnel with suitable preparation to contribute to the attainment of the mission, ends, and institutional aims; and defined spaces and mechanisms of effective management of human resources for the planning, programming, coordination, execution, evaluation, monitoring, and accompaniments of the institutional aims of each career offered within the medical school (exhibit 6).

Staff Conclusion:

Comprehensive Response Provided

Administrative Personnel and Authority, Question 3

Country Narrative

Chapter III, Article 22, letter d of Law 139-01, establishes that: ..."Higher Education Institutions should offer their members an adequate sociopsychological and pedagogical environment and material, should have the resources and physical facilities that allow them to comply with their functions, as well as the resources consistent to their curricular offering, incorporating advancements in science and technology in the areas they participate in. In that sense, when determining the most effective form of organization, each institution defines the levels of authority to be given to their chiefs of departments and higher authorities, established in their academic-administrative structure and described in their organization's manuals.

In the case of medical schools, the applicable Norm, Chapter 9, letter f requires the existence of a school's organization and structure manual, that includes the description of positions and functions, the structure and organization of the school, the responsibilities, duties and rights of administrative officials, professors, students and work committees. In letter g it is also required an annual operation development plan and a budget that shows expenses and debts. After discussing and approving this plan, the members of the faculty execute the authority of the position to assure the compliance of the objectives of each educational program.

Evidence:

- Law 139-01.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country has provided requirements from Law 139-01 and the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) to demonstrate compliance to this question. Specifically, the law requires institutions of higher education to offer personnel and students an adequate spiritual and pedagogical environment with accurate materials/resources and physical facilities to fulfill the function and requirements of the curriculum. The country further attests that medical schools are given the autonomy to define the level of authority for the chiefs of departments, and higher authorities of the medical schools, which are described in their organizational manuals and academic-administrative structure of the school. However, the country has not provided evidence of this assertion.

Similarly, the Norms requires the medical school to have a manual of organization and structure for the school, that includes the description of charges, functions, responsibilities, duties and rights of the administrative officials, faculty, students and committees,

along with a plan for the annual operative development and budgetary commitments of the medical school (exhibit 4). Lastly, the country has provided the Regulation for Higher Education Institutions as evidence for this question; however the relevance of this document to this question has not been provided in the narrative.

Staff Conclusion:

Additional information Requested

Country Response

The regulations of Institutions of Higher Education were not included as evidence of this question however, such regulations ratify in its Chapter 1, Article 10, the criterion of academic, administrative, and institutional autonomy of HEIs, established in Law 139-01, to organize effectively and assign authority to the members of the faculty, accordingly to achieve the set goals. This criterion implies that every School of Medicine must have a handbook of internal organization where the positions and functions of its organizational structure are established; an annual Operational Development Plan and a budget that allows it to efficiently instruct its students, being a requirement of the Standard for the Approval, Regulation, and Accreditation of Schools of Medicine (Chap.9).

Evidence:

Regulation for Higher Education Institutions.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided the Regulation for Higher Education Institutions, which describes the academic, administrative, and institutional autonomy of medical schools for determining the resources needed to effectively instruct students. Specifically, the Regulation requires the medical schools to have a handbook of internal organization including the positions and functions of its organizational structure (exhibit 5). However, the country has still not provided a copy of the medical school's organizational manuals and academic-administrative structure described in the original narrative and their response for analysis.

Staff Conclusion:

Additional Information requested

Chief Academic Official, Question 1

Country Narrative

Chapter 9 of the Norms for the Approval, Regulation and Accreditation of Medical Schools in the Dominican Republic, on Academic-Administrative Structure, establishes the qualifications required for a person to be in the position of chief academic official of a medical school: "The administration of a Medical School will be under the direct responsibility of the Dean and/or director of the school, and he/she should have the following characteristics to be in such a position: be a medical doctor, have leadership and the respect of the medical community, be an expert and have experience in medical education, have confidence with and access to the university's Rector and have a full-time dedication [to his duties]".

Evidence:

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country has provided requirements outlined within the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) to demonstrate compliance to this question. Specifically, the Norms requires the medical school to have an organizational structure/chart and a manual with specified responsibilities of the Dean, which includes being a medical doctor, leader in the community with direct experience with a medical school, and able to devote complete time to the position; and the Dean and/or Director of the school of medicine is to report to the President of the institution the medical school is affiliated and serves as the highest authority of the medical school responsible for administering and managing the medical school and its resources (exhibit 4)

Staff Conclusion:

Comprehensive Response Provided

Chief Academic Official, Question 2

Country Narrative

Law 139-01, Article 33, letter b establishes that every higher education institution will have academic, administrative and institutional

autonomy to "define its governing bodies, establish its mission and select its authorities according to the mechanisms established in its bylaws", and h "to establish a regime for the access, permanence and promotion of teaching and non-teaching staff". Chapter VIII, Article 54 of the Regulation for Higher Education Institutions states that: "the responsible [officials] for the academic-administrative management: rectors, vice-rectors, deans, school directors, academic programs directors..." should be hired in compliance with the internal bylaws of the IES-HEI, taking into account the requirements for entry, permanence, promotion and retirement". So, the determination of the selection process to choose a chief academic official of the Medical School is a power of each institution if it complies with the requirements established in the Norms (Chapter 9, letter c), and if the process defined in its bylaws or internal regulations is complied with efficiency.

Evidence:

- Law 139-01, Article 33, letters b and h.
- Regulation for Higher Education Institutions (IES-HEI).
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country's Law 139-01 and the bylaws within the Regulation for Higher Education Institutions comprise the Norms for the Approval, Regulation, and Accreditation of Medical Schools requirements for the selection process of the chief academic official of the medical school. Specifically, Law 139-01 states that the institutions are to define their origins of governance, establish their own mission, and elect their own authorities according to the mechanisms set forth in their rules and regulations; and establish rules for the access, permanence and promotion of teachers and other personnel as well as the appointment and removal procedures for the personnel who work at the institutions (exhibit 2). The Regulation for Higher Education Institutions then states that the academic management of the institution, which includes the rectors, vice-chancellors, deans, and directors of the institutes, schools, academic programs, investigations and institutions of upper education, are to be hired pursuant to agreements according to the organic statute/bylaws of the Higher Education Institution, taking in account the requirements of entry, permanence, promotion and retreat (exhibit 3).

The medical schools are then reviewed utilizing the Norms for the Approval, Regulation, and Accreditation of Medical Schools which requires the medical school to determine the selection process of the chief academic official, which is the Dean and/or Director of the school of medicine, based upon the aforementioned Law and Regulation. In particular, the medical school is to have an organizational structure/chart and a manual with specified responsibilities of the Dean and/or Director of the school of medicine, which includes being a medical doctor; leader in the community with direct experience with a medical school; able to devote complete time to the position; the authority reporting to the President of the institution the medical school is affiliated; and serve as the highest authority of the medical school responsible for administering and managing the medical school and its resources (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Faculty

Country Narrative

When submitting the application for the approval to operate as a Higher Education Institution, every university must attach the internal regulations that will govern its operations and the plans of studies to be offered. They are prepared taking into account the guidelines established by Law 139-01 (Art.43), the Regulation for IES-HEI (Art.19) and specific norms. In the particular case of the Norms for the Approval, Regulation, and Accreditation of Medical Schools, the requirements for admissions are detailed in Chapter 17, letters e and g, in which the admission committees, conformed by faculty and officials for the selection of applicants, are established.

Regarding the plan of studies, the participation of the faculty in the formulation of the plan of studies and its subsequent implementation and evaluation, is established in Question 2 of Part 3 of this form. The criteria and standards for the participation of the faculty in designing, implementing and evaluating the curriculum, as well as their participation in the recruiting, retention, promotion and staff discipline, are described in Ch. 2, letters b, e, g and h of the Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Evidence:

- Law 139-01.
- Regulation for IES-HEI.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

Specifically, the Law permits institutions autonomy in creating the administrative, institutional, and academic of a medical school which is reviewed and approved by the Ministry of Higher Education, Science and Technology (MESCYT) and the National Council

for Higher Education, Science and Technology (CONESCYT) (exhibit 2). The country's Regulations for Higher Education Institutions from the Office of State of Upper Education, Science and Technology (SEESCYT), which is now the Ministry of Upper Education, Science and Technology (MESCYT), establishes the requirement that the educational bodies of the institutions of upper education have to be consulted by professionals properly described to fulfill the responsibilities of the educational programs charge. Specifically, the country requires these professionals, the professors, to have a professional degree at the same or preferably higher level taught, in addition to a minimum of two years of teaching experience within the area of knowledge being taught (exhibit 3).

In addition, the country's Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) requires the educational body of the medical school to include professors who have the responsibility to develop the curriculum, its execution, and determine the progress of the students. In particular, professors are to participate in the design, implementation and evaluation of the curriculum; manage and execute the program required; and participate in the processes of recruitment, contracting, retention, promotion and discipline of the medical school and have formal committees that operate and document processes and decisions with the participation of the professors in these processes (exhibit 4). Lastly, the Norms require the medical school to include knowledge from all of the university community and be reflected in the plan of studies and in the academic activities, which includes professors, who participate in the development of the plan of studies for medical schools consistent with the institution's mission, vision, objectives and values and evaluate student learning against these established indicators (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Remote Sites, Question 1

Country Narrative

In the Dominican Republic, the medical education curriculum is conducted at geographically separated locations during the second educational phase, called rotating internship, and for that purpose clinical facilities located in health establishments, domestic and overseas, are used. The requirements applied for evaluating the medical school in order to guarantee the education quality are specified in the Norms, Chapter 11, item 11.5, which establishes that:

- a)The program must be under the supervision of coordinators and professors designated by the medical school.
- b)Rotations will be conducted only in public or private establishments with which the medical school has an agreement.
- c)Hospitals or health centers, domestic or overseas, should be accredited by competent national bodies and approved by the Department of Medical Education of MESCYT.
- d)The rotation academic program should be previously approved by MESCYT.
- e)The student should be supervised and evaluated based on criteria previously determined and approved by MESCYT.
- f)Rotation completed, the university should receive from the health establishment an evaluation that states the performance of the student in this educational activity.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools of the Dominican Republic, Ch. 11, item 11.5.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the requirements for medical education curriculum conducted at geographically separated locations of the medical school. Specifically, the Norms require hospitals of education be authorized by the Ministry of Higher Education, Science and Technology (MESCYT) for student rotations. The Norms also outline the evaluation of the medical school and the clinical facilities for student rotations, which includes the requirement that hospitals or centers of national health in which the students do rotations, have to be accredited by the competent national organization and approved by the MESCYT, prior to implementation; and the program must be under the supervision of coordinators and professors designated by the medical school to ensure education quality is upheld by the program. Lastly, the country attests that the rotation internships at approved clinical facilities, located in health establishments domestic and overseas, are utilized during the second phase of the medical program. However, the country has not directly acknowledged whether or not the preclinical educational program (basic sciences portion of the program) may be taken outside the comparable country in which the medical school is located. It should also be noted that the country currently has one eligible and participating foreign graduate medical school with the Department, the Instituto Tecnológico de Santo Domingo [Technological Institute of Santo Domingo] (INTEC), which was reinstated in February 2018.

Staff Conclusion:

Additional information Requested

Country Response

In compliance with the established norms, only a part of the curriculum of the medical education program, regarding the pre-internship and the rotating internship, can be offered in geographically separate places. This is in hospitals and specialized centers previously approved for such purpose. However, the entire medical education program, including the pre-medical part

(corresponding to general studies), can be compared abroad, according to the current regulations and procedures in each institution.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that the preclinical educational program is offered in the country; yet, the pre- and the rotating internships conducted in the hospitals may be offered in geographically separate places. The country further attests that the entire medical program may be compared abroad; however, the country has not distinguished what "compared abroad" means in relation to this question.

Staff Conclusion:

Additional Information requested

Remote Sites, Question 2

Country Narrative

In the Dominican Republic, the medical education curriculum is conducted at geographically separated locations during the second educational phase, called rotating internship, and for that purpose clinical facilities located in health establishments, domestic and overseas, are used. The requirements applied for evaluating the medical school in order to guarantee the education quality are specified in the Norms, Chapter 11, item 11.5, which establishes that:

- a)The program must be under the supervision of coordinators and professors designated by the medical school.
- b)Rotations will be conducted only in public or private establishments with which the medical school has an agreement.
- c)Hospitals or health centers, domestic or overseas, should be accredited by competent national bodies and approved by the Department of Medical Education of MESCYT.
- d)The rotation academic program should be previously approved by MESCYT.
- e)The student should be supervised and evaluated based on criteria previously determined and approved by MESCYT.
- f)Rotation completed, the university should receive from the health establishment an evaluation that states the performance of the student in this educational activity.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools of the Dominican Republic, Ch. 11, item 11.5.

Analyst Remarks to Narrative

The country again attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the requirements for medical education curriculum conducted at geographically separated locations of the medical school. Specifically, the Norms require hospitals of education be authorized by the Ministry of Higher Education, Science and Technology (MESCYT) for student rotations. The Norms also outline the evaluation of the medical school and the clinical facilities for student rotations, which includes the requirement that hospitals or centers of national health in which the students do rotations, have to be accredited by the competent national organization and approved by the MESCYT, prior to implementation; and the program must be under the supervision of coordinators and professors designated by the medical school to ensure education quality is upheld by the program. Lastly, the country attests that the rotation internships at approved clinical facilities, located in health establishments domestic and overseas, are utilized during the second phase of the medical program. However, the country has not directly acknowledged whether or not the medical schools offer all or part of the medical education program at geographically separated locations.

Staff Conclusion:

Additional information Requested

Country Response

Complying with the established standards of approval, regulation, and accreditation, the country's medical schools can offer part of the medical education program in geographically separate places. (Chap.11, paragraphs 11.4 and 11.5)

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) require the preclinical educational program of medical schools to be offered in the country (found in exhibit 4 in the original response). However, the pre- and rotating internships may be offered at hospitals in geographically separate places.

Staff Conclusion:

Comprehensive response provided

Program Length, Question 1

Country Narrative

The Norms for the Approval, Regulation, and Accreditation of Medical Schools of the Dominican Republic, in Chapter 10 (EDUCATIONAL PROGRAM), item 10.2 Curricular Structure), letter f, quote: "The minimal duration of any program of the career of medicine, including premedical [studies/component], will never be less than 5 years, for a total of 260 weeks.

Evidence:

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the program length requirement for medical education leading to the M.D. (or equivalent) degree to demonstrate adherence to the question. Specifically, the Norms require a minimum length of any program of the career of medicine; never will be able to be lower than 5 years (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 1

Country Narrative

Basic Sciences [component] is the second level of studies in a medical program. In this level of studies, it is a requirement to offer the courses known or identified as Medical Basic Sciences. The main objective of this instruction period is to provide the student with the knowledge, basic and/or general skills to recognize what is usual, unusual, organic or inorganic, as well as health problems and the means to prevent them. It is also required to include, in the curriculum, laboratory work and/or practical exercises that lead to a better understanding of the biomedical phenomena and events and their critical analysis. The students are also required to obtain a minimum average of 2.5 [points] to be promoted to this part of the program.

Evidence:

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the curriculum requirements to demonstrate adherence to these questions. Specifically, the Norms require the curriculum of medical basic sciences to include anatomy; microbiology; biochemical; embryology; histology; physiology; genetics; immunology; pathology; behavioral science; public health; preventive medicine; epidemiology; semiology; patient medical relation; pathophysiology; pharmacology; basic support of life; and ethical medicine, which are offered as the second level of studies in the medical program (exhibit 4). The country further attests that this second level of instruction for the medical basic sciences provides students with the knowledge, skills and experiences to recognize, solve, and prevent health issues. Lastly, the Norms require medical basic science instruction to include laboratory and/or practical exercises that allows students understanding and observation of phenomena or bio-medical events for critical analysis.

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 2

Country Narrative

Basic Sciences [component] is the second level of studies in a medical program. In this level of studies, it is a requirement to offer the courses known or identified as Medical Basic Sciences. The main objective of this instruction period is to provide the student with the knowledge, basic and/or general skills to recognize what is usual, unusual, organic or inorganic, as well as health problems and the means to prevent them. It is also required to include, in the curriculum, laboratory work and/or practical exercises that lead to a better understanding of the biomedical phenomena and events and their critical analysis. The students are also required to obtain a minimum average of 2.5 [points] to be promoted to this part of the program.

Evidence:

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country again attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the curriculum requirements to demonstrate adherence to this question. Specifically, the Norms require the curriculum of medical basic sciences to include anatomy; microbiology; biochemical; embryology; histology; physiology; genetics; immunology; pathology; behavioral science; public health; preventive medicine; epidemiology; semiology; patient medical relation; pathophysiology; pharmacology; basic support of life; and ethical medicine, which are offered as the second level of studies in the medical program (exhibit 4). The country further attests that this second level of instruction for the medical basic sciences provides students with the knowledge, skills and experiences to recognize, solve, and prevent health issues. Lastly, the Norms require medical basic science instruction to include laboratory and/or practical exercises that allows students understanding and observation of phenomena or bio-medical events for critical analysis.

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 3

Country Narrative

In the Basic Sciences Component the schools are required to include courses with contents of Anatomy, Biology, Chemistry, Microbiology, Parasitology, Biochemistry, Embryology, Histology, Physiology, Genetics, Immunology, Pathology, Behavioral Sciences, Public Health, Preventive Medicine, Epidemiology, Semeiology, Patient-Doctor Relationship, Pharmacology and Therapeutics, Basic Life Support, Medical Ethics.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the requirements of this question. Specifically, the Norms require the curriculum of medical basic sciences to include anatomy; microbiology; biochemical; embryology; histology; physiology; genetics; immunology; pathology; behavioral science; public health; preventive medicine; epidemiology; semiology; patient medical relation; pathophysiology; pharmacology; basic support of life; and ethical medicine, which are offered as the second level of studies in the medical program (exhibit 4). The Norms also require medical basic science instruction to include laboratory and/or practical exercises that allows students understanding and observation of phenomena or bio-medical events for critical analysis. However, the country has not identified opportunities for medical students to participate in research and other scholarly activities of faculty.

Staff Conclusion:

Additional information Requested

Country Response

to community service, and to patient management in hospital and community work (See Standards,). They are also oriented towards research and reflection on their practice, with the presentation of case studies, theoretical-practical investigations, essays, monographs, publications, and up-to-date formative training. The medical training program also requires the presentation of a final investigation as a basic requirement for obtaining a medical degree.

The Norms of Approval, Regulation, and Accreditation of Schools of Medicine (Cap.14) require that they must have a research policy, with clear and defined research guidelines, in order to promote, support, and encourage research as a substantial part of the received training. It is also required that the School of Medicine offer facilities to undertake scientific research projects, for both, teachers and students.

Evidence:

The Standards for the Approval, regulation, and accreditation of medical schools. Chap.11, paragraphs 11.4 and 11.5.
Regulation for the Evaluation and Approval of undergraduate degrees.

Analyst Remarks to Response

The country has provided an incomplete response in paragraph one of the draft staff analysis. However, paragraph two explains that the Norms/Standards for the Approval, Regulation, and Accreditation of medical schools provide guidelines and requirements for both teachers and students to participate in research projects/investigations as part of their medical training in designated facilities (exhibit 6).

Staff Conclusion:

Additional Information requested

Curriculum, Question 4**Country Narrative**

In the Basic Sciences Component the schools are required to include courses with contents of Anatomy, Biology, Chemistry, Microbiology, Parasitology, Biochemistry, Embryology, Histology, Physiology, Genetics, Immunology, Pathology, Behavioral Sciences, Public Health, Preventive Medicine, Epidemiology, Semeiology, Patient-Doctor Relationship, Pharmacology and Therapeutics, Basic Life Support, Medical Ethics.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country again attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the requirements of this question. Specifically, the Norms require the curriculum of medical basic sciences to include anatomy; microbiology; biochemical; embryology; histology; physiology; genetics; immunology; pathology; behavioral science; public health; preventive medicine; epidemiology; semiology; patient medical relation; pathophysiology; pharmacology; basic support of life; and ethical medicine, which are offered as the second level of studies in the medical program (exhibit 4). However, the country has not described, if any, the instructional programs for active learning and independent study to develop the skills necessary for lifelong learning of the students.

Staff Conclusion:

Additional information Requested

Country Response

Yes. The medical training program, specifically in its clinical cycle, must include instructional programs for active learning and independent study.

Evidence:

Standards for the Approval, regulation, and accreditation of medical schools. Chap.11, paragraphs 11.4 and 11.5.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that the Standards for the Approval, Regulation and Accreditation require medical school clinical cycles to include instructional programs for active learning and independent study (exhibit 6).

Staff Conclusion:

Comprehensive response provided

Curriculum, Question 5**Country Narrative**

In the Basic Sciences Component the schools are required to include courses with contents of Anatomy, Biology, Chemistry, Microbiology, Parasitology, Biochemistry, Embryology, Histology, Physiology, Genetics, Immunology, Pathology, Behavioral Sciences, Public Health, Preventive Medicine, Epidemiology, Semeiology, Patient-Doctor Relationship, Pharmacology and Therapeutics, Basic Life Support, Medical Ethics.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country again attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the requirements of this question. Specifically, the Norms require the curriculum of medical basic sciences to include anatomy; microbiology; biochemical; embryology; histology; physiology; genetics; immunology; pathology; behavioral science; public health; preventive medicine; epidemiology; semiology; patient medical relation; pathophysiology; pharmacology; basic support of life; and

ethical medicine, which are offered as the second level of studies in the medical program (exhibit 4). However, the country has not described if opportunities are available for medical students to participate in service-learning activities.

Staff Conclusion:

Additional information Requested

Country Response

Yes. Medical Schools are required to offer opportunities for medical students to participate in in-service learning activities.

Evidence:

Standards for the Approval, regulation and accreditation of medical schools. Chap.11, paragraphs 11.4 and 11.5.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that the Standards for the Approval, Regulation and Accreditation require medical schools to provide opportunities for medical students to participate in-service learning activities (exhibit 6).

Staff Conclusion:

Comprehensive response provided

Curriculum, Question 6

Country Narrative

In the Basic Sciences Component the schools are required to include courses with contents of Anatomy, Biology, Chemistry, Microbiology, Parasitology, Biochemistry, Embryology, Histology, Physiology, Genetics, Immunology, Pathology, Behavioral Sciences, Public Health, Preventive Medicine, Epidemiology, Semeiology, Patient-Doctor Relationship, Pharmacology and Therapeutics, Basic Life Support, Medical Ethics.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the course requirement for the medical programs to demonstrate adherence to this question. Specifically, the Norms require the curriculum of medical basic sciences to include anatomy; microbiology; biochemical; embryology; histology; physiology; genetics; immunology; pathology; behavioral science; public health; preventive medicine; epidemiology; semiology; patient medical relation; pathophysiology; pharmacology; basic support of life; and ethical medicine (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Curriculum, Question 7

Country Narrative

Basic Sciences Instruction requires to include practical laboratory exercises and simulators in order to facilitate the development of the ability to make accurate quantitative observations of biomedical phenomena and their critical analysis, which are considered to be essential in the education of the medical doctor. Medical schools in the Dominican Republic are required to provide, at least, the following laboratories. 1) Physiology and Pharmacology, 2) Histology, 3) Pathologic Anatomy, 4) Microbiology and Parasitology 5) Human Anatomy, 6) Biochemistry and 7) Genetics. These laboratories should be designed to provide demonstrations, procedures and practices. The use of simulators and specialized software is recommended. It is also required for every laboratory to have its own manual of procedure in which routines, safety instructions, emergencies, etc., are described, and also a practice manual that describes the activities for each subject involved.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the laboratory

curriculum requirements to demonstrate adherence to this question. Specifically, the Norms require medical basic science instruction to include laboratory and/or practical exercises that allow students understanding and observation of phenomena or bio-medical events for critical analysis; provide demonstrations of procedures and practices; and provide use of simulators and specialized software (exhibit 4). The laboratories are also to include manuals for procedures, safety, and instructions for emergencies. Lastly, the country included a list of laboratory courses for medical schools, which include physiology and pharmacology; histology; pathologic anatomy; microbiology and parasitology; human anatomy; biochemistry; and genetics labs.

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 1

Country Narrative

The main objective of this educational component is to introduce the student to the knowledge, practices, and techniques of problem solving in the medical practice. Education at this level requires the student to get a direct experience, under the direct supervision of medical school instructors. That way, the student should be trained in patient's initial procedures, including clinical history, physical examination and preliminary diagnostics. The program should guarantee the student's participation in the different moments and procedures of the hospital. This level of education should also include public health topics as well as educational opportunities in multidisciplinary areas that provide the student the competencies needed for the holistic practice of the profession.

Besides, for this stage, courses in the areas of Internal Medicine, Pediatrics, Psychiatry, Gynecology/Obstetrics, Surgery, and Community or Social Family Medicine are required to be included.

In the pre-internship stage, areas required are: Internal Medicine, Surgery, Psychiatry, Gynecology/Obstetrics, and Pediatrics. For Internal Medicine, the contents required are Cardiology, Neurology, Endocrinology, Pneumology, Neonatology, Infectious Diseases, Diagnostic Imaging, Nephrology, Rheumatology, Gastroenterology, Psychiatry, Oncology-Clinical Hematology. For Surgery, the contents required are General and Vascular Surgery, Urology, Traumatology and Orthopedics, Ophthalmology, and Otorhinolaryngology.

Every plan of studies of Medicine, in order to be approved by CONESCyT, needs to include clinical experience according to established Norms (Ch.11). Once the plan of studies is being executed, MESCYT, by means of the Department of Medical Education, monitors the development of the plan and oversees the compliance of the curriculum as approved. For that reason, it demands and checks the reports of hospitals and schools on the development of the provided program, and, if necessary, visits hospitals with rotating internship programs where the compliance of the requirements established by the norms is evaluated (Chapter 23).

Norms require that schools provide clinical facilities to assure the development of professional competencies of students, and for that reason they should have:

- An agreement, affiliation or contract between the hospital and the medical school (Chapter 11, item 11.5, letter i);
- An academic program of the rotation area in the plan of studies (item 11.5, letter e-iii);
- Teaching and supervision of student to comply with the academic plan (item 11.5, letter e-iv) and 23.1, letter i);
- Student's full-time participation during rotating internships phase (letter b);
- Compliance with labor hours in the hospital during internship and pre-internship phases for a total of 100 weeks in the clinical cycle (letter f);
- The student must be duly vaccinated in order to initiate his/her clinical rotations and should show documentary proofs (Chapter 20, item 20.1, letter b);
- Evaluation of the student by means of an instrument that gathers all the cognitive and non-cognitive achievements in all rotation areas (Chapter13, letter f).

The Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic, in Chapter 11 (CURRICULAR BASE), item 11.1 (Plan of Studies) and 11.3.2, Clinical Sciences, have clearly established in letters a, b, c, d, e, f, g, h, the standards to be reached to ensure that clinical instruction at medical schools cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

The Norms also establish periods for the evaluation, supervision and monitoring of academic programs in order to verify the compliance of the educational objectives (Chapter 6, letters d and e). In order to facilitate the verification of compliance, a form tool is used for the evaluation of hospitals in rotating internships.

Evidence

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.
- Form for the Evaluation of Hospitals and Rotating Internship.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country indicates that the objectives of the medical education program include introducing students to various aspects of medical practice; providing students with supervised experience; offering students training on patient procedures; participation in hospital/clinical experiences; and exposing students to educational opportunities in multidisciplinary areas. The country then provided the list of courses offered within the medical education programs, which includes pre-internship clinical courses, to meet these objectives.

The country also attests that medical schools submit plans of studies with the inclusion of clinical experience to the National Council of Upper Education, Science and Technology (CONESCYT) and upon approval, the Ministry of Higher Education, Science and Technology (MESCYT) monitors the implementation of the plans clinical experience. The MESCYT monitoring includes visits to rotating internship hospitals, and the review of hospital reports and agreements pertaining to the medical school student's clinical experience.

Additionally, the country provided the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms), which outlines the requirements of clinical facilities to ensure that students develop professional competencies (exhibit 4). Lastly, the Norms define the standards for clinical science instruction and their expected evaluation, supervision and monitoring procedures, which is demonstrated by the Form for the Evaluation of Hospitals and Rotating Internship provided as evidence (exhibit 8 found in Clinical Experience, Question 2).

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 2

Country Narrative

In the Dominican Republic, all programs of medical education require a wide content of clinical experience. In the answer to question 1, part I (Clinical Experience) of this section, matters concerning this aspect are described.

Analyst Remarks to Narrative

The country's Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms), provide requirements for clinical facilities to ensure students develop professional competencies during their rotation internships. The Norms also define the standards, which are listed in clinical experience, question 1, for clinical science instruction and their expected evaluation, supervision and monitoring procedures, which are demonstrated by the Form for the Evaluation of Hospitals and Rotating Internship, Pensum of the Career of Medicine (INTEC) form and the Evaluation sheet and Grade Report of Rotating Internship of PUCMM's Medical School provided as evidence (exhibits 8-10).

Staff Conclusion:

Comprehensive Response Provided

Clinical Experience, Question 3

Country Narrative

The standards to assess medical schools in said context are considered and redacted in the curricular base of the Norms (Chapter 11). Letters r, s, t, and u indicate the standards that our country's medical schools should comply with in relation to the teaching pedagogical models. When monitoring medical schools, MESCYT makes verification visits emphasizing curricular management taking into account the aspects described by the Norms. For the assessment of patient care in ambulatory and hospital settings, a Form for the Evaluation of Hospitals with rotating internships is used. In the plan of studies [or pensum], the time required for each course in hours of theory, laboratory and hospital instruction should be specified (see pensum and course syllabus of Geriatrics and Emergency Medicine).

Norms in force take into account several aspects that contribute to ensure that the clerkship in the rotating internship allows the student to undertake a thorough study of patients and their health conditions. These aspects identify the requirements related to the academic-curricular management of the program and the facilities where the clinical rotations take place.

Regarding academic-curricular management, the standards to assess the educational practice, clinics included, are in the Norms, Chapter 13, that establishes the conditions to be met by medical schools in relation to evaluation methodologies. Medical schools are required to define and inform the students about their evaluation system for every course, in conformity with the characteristics and particularities of each area of knowledge and the educational phase of the program of studies. It is also required that

evaluations be formative or summative. The evaluation system should collect the students' achievements, taking into account cognitive and non-cognitive aspects (technical skills, behavior, attitudes and communication skills). Their ability to use data in an adequate manner in order to solve problems encountered should also be assessed. Evaluation methods should also include direct observations by professors and tutors and the student's feedback.

Regarding facilities for clinical rotations (Chapter 23 of the Norms), the medical school should work with hospitals in which the delivery of instruction is part of the care practice of the hospital; and also, it should have programs of medical residencies in the areas where rotations take place, in order to ensure the specialized equipment required, as well as the inflow of cases and thorough study of patients with diseases representative of the clerkship (letters c and e). The student is required to know his/her rights and duties in the hospital and he/she will be subject to evaluation for each rotation by the professor and the school, evaluation that will be defined based on diverse parameters related to the medical practice (letter j).

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.
- Form for the Evaluation of Hospitals and Rotating Internship.
- Pensum [plan of studies] of the Career of Medicine (INTEC)
- Syllabus of Geriatrics and Emergency Medicine Courses.
- Evaluation sheet and Grade Report of Rotating Internship of PUCMM's Medical School.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) define the standards for clinical science instruction and their expected evaluation, supervision and monitoring procedures (exhibit 4). The Ministry of Higher Education, Science and Technology (MESCYT) then monitors the implementation of the procedures within the schools clinical experience plan; which includes visits to rotating internship hospitals, and the review of hospital reports and agreements pertaining to the medical school student's experience. The country provided evidence of the assessment of the hospital sites for review (exhibits 8, 9 and 10 (found in Clinical Experience, Question 2). The country also lists the syllabus for geriatrics and emergency medicine courses as evidence in the narrative; however this document has not been provided for review.

The country further indicates that the Norms provide requirements for academic-curricular management, which allows students to undertake a thorough study of patients and their health conditions during their rotation internships at the clinical facilities. In addition, the Norms outline the medical schools evaluation system requirements and responsibilities that involve informing students about formative/ summative evaluations of all courses; the collection of cognitive and non-cognitive student achievement data for review; and the use of additional evaluation methods for the assessment of student performance. Finally, the Norms require clinical rotation facilities to work with the medical school to ensure delivery of instruction is part of the care practice of the hospital; ensure medical residency programs are housed at the rotation sites to provide student training on specialized equipment; and clearly inform students of their rights and evaluation parameters.

Staff Conclusion:

Additional information Requested

Country Response

Evidence: Programs the Geriatrics and Emergency Programs INTEC

Analyst Remarks to Response

In response to the draft staff analysis, the country provided the syllabus for geriatrics and emergency medicine courses listed as evidence in the original narrative demonstrating the medical schools adherence to the required clinical science instruction (exhibit 8).

Staff Conclusion:

Comprehensive response provided

Supporting Disciplines

Country Narrative

The Norms for the Approval, Regulation and Accreditation of Medical Schools in the Dominican Republic require that every plan of studies leading to a Medical Doctor Degree should provide learning experiences in service as well as the development of competencies for community work leading to social labor and population improvement. Ethical and basic research principles should also be introduced.

Besides the approach of Basic Sciences and Clinics disciplines in the curriculum, It is required for the educational program to initiate with the premedical phase, aimed to strengthen and extend general knowledge in different areas that support medical practice. These areas require 90 to 113 credits, organized per courses defined in a logical and coherent order that are pre-requisites for the

student to be promoted to Basic Sciences. The Areas of knowledge to be approached are: Behavioral Sciences, Natural Sciences (Organic and Inorganic Chemistry, Physics, Biology) Social Sciences (Dominican and World History and Economics), Mathematics, Spanish, English, Scientific Methodology, Information Technologies, among others (electives), Ch.11, item 11.2.

Evidence:

- Norms for the Approval, Regulation and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) designate the supporting discipline requirements to demonstrate adherence to this question. Specifically, the Norms require a plan of study from the medical school which describes learning experiences pertaining to service, the development of competencies for community work; and the introduction of ethical and basic research principles. In addition to the basic science and clinical disciplines of the curriculum, the medical school are also required to incorporate knowledge from different areas of medical practice, including behavioral, natural, and social sciences; mathematics, Spanish, English, scientific methodology, and information technology (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Ethics, Question 1

Country Narrative

It is a requirement in the plans of studies or medical education programs in the Dominican Republic to include courses in the area of Basic Sciences with contents of Basic Life Support and Medical Ethics (Ch. 11, item 11.3.1., letter d). Another requirement is to have a plan of studies consistent with the biopsychosocial approach of local and global health problems.

That way, the plan of studies should include contents and strategies to develop and instill ethical and human values that allow the graduate to exhibit an adequate professional behavior and to offer a respectful treatment to patients, their families and other related persons.

To assess the mechanisms that the medical school has in place to monitor and evaluate the success of the instruction in medical ethics and human values, it has to comply with standards in Chapter 12 of the Norm:

- The course must be part of the plan of studies in the premedical cycle.
- The course should have a defined syllabus or program with the distribution of the hours per week.
- The program has to be adjusted to the format established in the guidelines established in the Regulation for the Evaluation and Approval of Careers leading to a Degree of MESCYT.
- The appointed professor should comply with the profile required to deliver the course.
- [It should have] integrated and diagnostic tests that allow to determine if students have achieved the learning objective established.
- Regarding Bioethics and Primary Care, the program contents should continue to be managed as crosscutting axes during the whole career.

Evidence:

Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Norms for the Approval, Regulation, and Accreditation of Medical Schools of the Dominican Republic, Ch. 12, letters a and b, and Ch. 13, letters a, b, c and e).

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) outline the medical schools ethical requirements for adherence to this question. Specifically, the Norms require a plan of study from the medical school that includes contents and strategies to develop ethical values and humans that graduate with professional behaviors and respectful treatment of patients and their affiliates and basic scientific approaches to local and global problems. The Norms also require the medical school to have mechanisms in place to monitor and evaluate successful instruction of medical ethics and human values, which include integrated and diagnostic tests to determine if students have achieved the learning objective established by the school and Norms standard requirements, which are then assessed by the Ministry of Higher Education, Science and Technology (MESCYT) (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Communication Skills, Question 1

Country Narrative

As part of the graduate profile of the medical education program, it is required for graduates to develop communication skills that allow them to adequately relate and communicate with patients, families, colleagues and other professionals. For that purpose, the Norms for the Approval, Regulation, and Accreditation of Medical Schools provide that the educational program should incorporate at least six (6) obligatory credits in Spanish communication (as mother tongue). It is also required the mastering of English communication, which should be covered with at least twelve (12) obligatory credits in medical education programs.

The assessment of the extent and nature of the educational experience provided by these programs in communication [skills] are verified by means of the provisions of Chapters 12 and 13 of the Norm:

- The course should be part of the plan of studies in the premedical cycle.
- It should have a defined syllabus or program with the distribution of hours per week.
- The program has to be adjusted to the format established in the guidelines in the Regulation for the Evaluation and Approval of Careers leading to a Degree of MESCYT.
- The appointed professor should comply with the profile required to deliver the course.
- [It should have] integrated and diagnostic tests that allow to determine if students have achieved the learning objective established.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic, Ch. 11, item 11.2, letter b).
- Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic, Ch. 12.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) outline the communication skill requirements for adherence to these questions. Specifically, the Norms requires medical schools to include Spanish and English courses within the curriculum of the medical education program to ensure graduates develop communication skills that allow them to adequately relate and communicate with patients, families, colleagues and other professionals. The Norms also require communication courses be part of the medical schools plan of studies with a defined syllabus; meeting the format requirements established in the guidelines of the Regulation for the Evaluation and Approval of Careers leading to a Degree (exhibit 6 found in the Mission and Objectives, Question 3); be administered by a professor competent in its deliver; and provide integrated diagnostic tests to determine if students have achieved the established learning objectives (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Design, Implementation, and Evaluation, Question 1

Country Narrative

The Norms for the Approval, Regulation, and Accreditation of Medical Schools assign an active role to faculty regarding their participation within the medical school, specifically in the development and evaluation of the curriculum. It is provided that professors should participate in the implementation and evaluation of the curriculum, and they should apply it and publicize it (letter g, Ch. 21). The definition of the mechanisms of participation of faculty in internal processes of the school as well as in the design, implementation and evaluation of the curriculum, is decided by the institution (letter h of the Norm); but the existence of this mechanism, clearly defined, is a requirement the institutions must comply with. MESCYT, by means of its oversight and evaluation bodies, verifies the compliance with the criteria and standards using those mechanisms (Chapter IV, Articles 27, 28 and 30 of the Regulation for the Evaluation and Approval of Careers leading to a Degree).

Evidence:

- Regulation for the Evaluation and Approval of Careers leading to a Degree.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) outline the medical schools role of faculty to demonstrate adherence to this question. Specifically, the Norms require professors/faculty to participate in the design, implementation and evaluation of the curriculum of the institutions, which include medical schools; manage the execution of the curriculum, under institutional supervision; and provide it to the student population (exhibit 4). In addition, the Norms reiterates the Regulation for the Evaluation and Approval of Careers leading to a Degree guidelines, which requires professors to be included in the creation of formal internal processes and mechanisms pertaining to the curriculum, through various institutional committees,

that are monitored and evaluated by the Ministry of Higher Education, Science and Technology (MESCYT) (exhibit 6).

Staff Conclusion:

Comprehensive Response Provided

Design, Implementation, and Evaluation, Question 2

Country Narrative

Yes, in order to evaluate the effectiveness of the curriculum, Norms in force require Medical Schools to collect and use information/data on students' performance, during and after the educational program, to show that the objectives of the program are complied with (Ch.15, item 15.1). The definition of the system (data collection process and procedures) for the evaluation of the programs is a decision of the Institution itself and its school. This system should be adjusted to the guidelines established in the Regulation for the Evaluation and Approval of Careers leading to a Degree (in Chapter VII, 47).

Yes, the evaluation of the plans of studies of all Higher Education Institutions, including the plans of medical schools, and the corresponding approval of their offering, is made by the Ministry of Higher Education Science and Technology (MESCYT), which is in charge of promoting, regulating, assessing and administering the National System of Higher Education, Science and Technology, and to oversee for the enforcement of all the provisions of Law 139-01 and its Regulations. The evaluation process of the plans of studies developed by the medical schools has two phases: a phase of internal evaluation or self-study, done by the school itself; and a phase of external evaluation organized by MESCYT (Chapter VII, Articles 45, 46, of the Regulation for Careers leading to a Degree).

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.
- Regulation for the Evaluation and Approval of Careers leading to a Degree.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) and the Regulation for the Evaluation and Approval of Careers leading to a Degree provide the requirements for the evaluation of medical school curriculum to demonstrate adherence to this question. Specifically, the Norms require the medical education programs to be evaluated periodically by the school, including active participation of the professors, using the schools data collection process and procedures for evaluation based on the guidelines of the Regulation for Evaluation and Approval of Careers of Degree (exhibits 4 and 6). The country further attests that the Ministry of Higher Education Science and Technology (MESCYT) is the entity responsible for the approval of medical school evaluation plans, which includes the submission of plans of studies developed by the medical schools; a self-study, also prepared by the school; and an external evaluation of the documents by MESCYT selected reviewers.

Staff Conclusion:

Comprehensive Response Provided

Design, Implementation, and Evaluation, Question 3

Country Narrative

The Norms in force establish in Chapters 10, 11, 12, 13 and 15 the requirements for the design, implementation and evaluation of the plan of studies of a medical school, which have been explained in previous paragraphs. Item 15.1 establishes that the medical schools should have a collection and use system of information/data that, once verified, are integrated to MESCYT information system. All this information/data contribute to the analysis of the effectiveness of the plan of studies and to the integration of significative improvements to medical education national curriculum.

The Norms for the Approval, Regulation and Accreditation of Medical Schools require institutions to periodically evaluate their program as part of their internal efficiency. This evaluation should consider management and curricular guidelines in the Regulation for the Evaluation and Approval of Careers leading to a Degree as well as the internal regulations of the institutions. Information resulting from the evaluation process of the curriculum and the internal management, based on the statistical results of operation, should be used for the preparation and implementation of improvement plans. The level of coherence between the resulting data of the self-study process and the actions established in the improvement plans is the measurement used to assess the process of continuous improvement (Articles 61 and 62, Law 139-01).

Evidence:

- Law 139-01.

- Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic.
- Regulation for the Evaluation and Approval of Careers leading to a Degree.

Analyst Remarks to Narrative

The country attests that Law 139-01, Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic and the Regulation for the Evaluation and Approval of Careers leading to a Degree provide requirements to adhere to this question (exhibits 2, 4 and 6). The country attests that the medical schools conduct internal evaluations on their program curriculum utilizing internal data processes and procedures. The medical school internal evaluations are then integrated into the Ministry of Higher Education, Science and Technology (MESCYT) information system for review. The country further attests that the MESCYT then assesses the medical school data through the review of data from the self-study process and progress from documented implementations of the medical school improvement plan within the self-study as it pertains to curriculum to comprise its assessment of the school. The country provided an External Evaluation Report for the INTEC for review to demonstrate the aforementioned assertion (exhibit 14 found in Onsite Review, Question 1).

It should also be noted that the country currently has one eligible and participating foreign graduate medical school with the Department, the Instituto Tecnológico de Santo Domingo [Technological Institute of Santo Domingo] (INTEC), which was reinstated in February 2018.

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 1

Country Narrative

In the Dominican Republic, admission to medical programs follows a process regulated by MESCYT, and also the regulations of the university the medical school is part of. In order to enter universities, it is a national norm that every student should take and pass the Academic Orientation and Measurement Test (POMA, in Spanish), a standardized diagnostic exam that determines the admission to Higher Education in the Dominican Republic. Besides complying with the admissions required by MESCYT, every entering student should comply with the requirements established by the university (See Chapter III, of the Regulation for IES-HEI) and the program in particular.

The Norms for the Approval, Regulation, and Accreditation of Medical Schools also require that, in order to enter the Premedical Cycle, the student must be a High School Graduate; and, in order to enter the Basic Sciences Cycle, the student must have a minimum Grade Point Average of 2.5 / 4, and have approved all courses of Premedical Cycle.

Quality evaluation of the school's admission practices verify if the national regulation norms are complied with or not, as well as the specific norms of the institution and the program in particular, in relation to the admissions [procedure].

Analyst Remarks to Narrative

The country attests that the Ministry of Higher Education, Science and Technology (MESCYT) regulates the medical schools admission processes. Specifically, the MESCYT requires students to pass Academic Orientation and Measurement Test in Spanish if they wish to apply to Higher Education Institutions in the country as well as meeting separate University requirements. In addition, the country's Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) designates medical education program entry phase in two phase; which includes phase one as premedical admission for high school graduates; and phase two, which is the basic sciences cycle of the program upon completion of phase one with a 2.5 or better grade point average (exhibit 4 found in faculty). Lastly, the country states that "Quality evaluation of the school's admission practices verify if the national regulation norms are complied with or not, as well as the specific norms of the institution and the program in particular, in relation to the admissions [procedure];" however staff is not able to deduce the meaning of this statement.

It should also be noted that the country currently has one eligible and participating foreign graduate medical school with the Department, the Instituto Tecnológico de Santo Domingo [Technological Institute of Santo Domingo] (INTEC), which was reinstated in February 2018.

Staff Conclusion:

Additional information Requested

Country Response

The country has defined mandatory requirements for admission to undergraduate level studies, described in the Regulation of Higher Education Institutions. The medical training program requires in addition to these general requirements, those established in the Norms for the approval, regulation and accreditation of medical schools, which recognizes that institutions may require other

requirements for admission to their medical program. The Admissions Department of the institution and Schools of Medicine apply these requirements to grant admission to their training program. Hence, the quality of admission practice is determined by the degree of compliance with the requirements that have been established.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided additional clarity on the quality evaluation of medical school's admission verification practices. Specifically, the country explains that the quality of admission practices are determined by the degree of compliance with the requirements that have been established in the Norms for the Approval, Regulation and Accreditation of medical schools and any additional requirements for admission by the institution.

Staff Conclusion:

Comprehensive response provided

Admissions, Recruiting, and Publications, Question 2

Country Narrative

In general terms, Chapter III, Article 12 of the Regulation for Higher Education Institutions indicates the requirements for entering any level of Higher Education. This way, all students should submit the following documents:

- A Birth Certificate or other original analogous citizenship document, certified or legalized.
- A Photocopy of the Identity and Electoral Card or a copy of the passport, if a foreigner.
- High School Diploma or an equivalent document of middle technical level.
- Dominican and foreign students who have a High School Diploma issued in another country should submit the high school certificate or an equivalent document, legalized in the Dominican Consulate accredited by the country of origin [of the document] or in the corresponding jurisdiction.
- A Form by the Registration Department with basic information required by the related university.
- A Certification of the application to the entering diagnostic test, issued by MESCYT for all superior technician and degree levels.
- A Medical Certificate.
- These requirements do not exclude others that the Higher Education Institutions may establish as part of their institutional policies of internal information.

The Norms for the Approval, Regulation, and Accreditation of Medical Schools in our country, based on the requirements already indicated, establish specific requirements for the admission of students to the career of Medicine. This way, all admitted students to the Higher Education System of our country, in the careers of medicine, should comply with these requirements.

Letter e in Chapter 17 of the mentioned Norms establishes that: "in order to be admitted to the medical school, all students should comply with the profile and the admissions requirements established by the Institution and by MESCYT for the career of Medicine. To enter premedical cycle, it is mandatory to be a high school graduate; and to enter Basic Sciences [Cycle], students should have completed and approved the premedical program or a bachelor's degree in Natural Sciences, with a minimum average of 2.5 based on a four-point scale (4)". In addition to these ones, the medical schools could add other requirements according to their philosophy and nature.

Evidence:

- Regulation for the Higher Education Institutions, Chapter III, Article 12.
- Norms for the Evaluation, Approval, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Regulation for Higher Education Institutions outlines the requirements and document submission admission into Higher Education Institutions (exhibit 3 found in faculty). The Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) then outline specific admission requirements for student entry to the medical education programs, which includes the premedical cycle of admission for high school graduates; the basic sciences cycle of admission to the program upon completion of the premedical cycle of the program with a 2.5 or better grade point average; and any additional University specific requirements (exhibit 4 found in faculty).

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 3

Country Narrative

Schools (Chapter 17, letter g) requires that the admission of the students of medicine should be a decision of the Admissions Committee formed by the director of admissions, the director of the school of medicine or his/her delegate, and faculty representatives of the school of medicine. Based on that requirement, the admitted students are selected for medical study by the Admissions Committee.

Evidence:

- Norms for the Evaluation, Approval, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the selection and admission requirements for Higher Education Institutions, which includes medical education programs, are outlined in the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms). Specifically, the Norms require medical schools to have an Admissions Committee comprised of the director of admissions, the director of the school of medicine, and faculty representatives of the school of medicine. Upon completion of the applicants review, the Admissions Committee makes a decision on the student's entry into the medical school.

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 4

Country Narrative

In the Dominican Republic, every medical school may establish in its internal regulations the size of the applicant pool and the entering class, taking into account the guidelines established in the Regulation for the Evaluation and Approval of Careers leading to a Degree. Its Article 40 establishes that the programs leading to a Degree should be conducted within a framework of quality and pertinence needed for relevant learning, inquiry, intellectual production, permanent information access, linkage between theory and practice, innovation and experimentation demanded by the functions of [education] delivery, research, and extension. Also, Article 42 provides that: "consistent with the nature of degree educational offering, the educational model and the number of students, Higher Education Institutions will provide an academic infrastructure with, at least,; a library and documentation center with clear policies, laboratories and workshops duly equipped, adequate access in number and quality to Information and Communication Technologies, institutional mechanisms to support professional practices and the linkage with the labor market, technical, audiovisual and multimedia resources, spaces and facilities for sports, artistic and cultural activities". Therefore, the size of the applicant pool and the entering class in each institution would be limited by the conditions of the facilities of the academic and physical infrastructure they have.

Evidence:

- Regulation for the Evaluation and Approval of Careers leading to a Degree.

Analyst Remarks to Narrative

The country attests that the size of the applicant pool and the entering class are contingent upon the institution's limitations and conditions for the academic facilities and the capacity of the physical infrastructure of the institution. Specifically, the Regulation for the Evaluation and Approval of Careers leading to a Degree provides guidelines allowing medical schools to establish internal regulations for the size of the applicant pool and the entering class that include a framework of quality learning, intellectual productivity, access, innovation and experimentation. The Regulation further requires the medical school to provide a library, laboratories, adequate access institutional mechanisms for professional practices, audiovisual/multimedia resources, facilities, and cultural activities consistent with the nature of the educational degree offered; educational model; and number of students (exhibit 6 found in Mission and Objectives, Question 3). The country provided the Norms for the Approval, Regulation, and Accreditation of Medical Schools as evidence (exhibit 4); however the Regulation for the Evaluation and Approval of Careers leading to a Degree is the only document referenced in the country's response.

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 5

Country Narrative

Standards for catalogues, publications and marketing materials used by medical schools are specified in Chapter 9, letter d of the Norms for the Approval, Regulation, and Accreditation of Medical Schools. The catalogue should include: mission, vision and

objectives, entering student profile, requirements and documents for admission, academic and administrative structure, the names of the main officials, members of faculty, graduating student profile, program description, courses description, credits distribution, hours for each subject or course, facilities offered (classrooms, laboratories, cafeterias, library, recreation areas, sports, other).

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norm) outline the requirements for this question. In particular, the Norms provide standards for medical school catalogues, which is to include the mission, vision, objectives, program descriptions, credit hours, and faculty members; publications; and marketing materials of the school (exhibit 4). The country provided the Instituto Tecnológico de Santo Domingo [Technological Institute of Santo Domingo (INTEC) External Evaluation Report for review to demonstrate adherence to these requirements (exhibit 14 found in Onsite Review, Question 1).

Staff Conclusion:

Comprehensive Response Provided

Admissions, Recruiting, and Publications, Question 6

Country Narrative

Yes, in the Dominican Republic, students have access to their grades every academic period attended, and for that purpose every institution decides the procedure of information delivery, keeping the base of confidentiality. In this sense, the Regulation for the Evaluation and Approval of Careers leading to a Degree and their programs, in Chapter III, Article 25, provides that students should be notified about their academic condition before enrolling for next academic period. Also, the Norms for the Evaluation, Regulation, and Accreditation of the Medical Schools establish that "the students should have access to their academic transcripts, which should be confidential, and they can demand it from the educational institution at any circumstance (Chapter 16, letter d).

Law 139-01 that creates the National System of Higher Education, Science and Technology, Article 33, grants the Higher Education Institutions, approved by CONESCyT, administrative and academic autonomy and identifies their attributions according to their nature [of those attributions]. For the approval of every IES-HEI, the Regulation for Higher Education Institutions, Article 19, requires the submission of diverse regulations directing their operations, among which there is the Regulation for Registration, which details access to grades and student's information management.

Evidence:

- Law 139-01.
- Regulation for the Evaluation and Approval of Careers leading to a Degree.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Law 139-01, Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) and the Regulation for the Evaluation and Approval of Careers leading to a Degree provide requirements to demonstrate adherence to this question (exhibits 2, 4 and 6). The country attests that students are to have access to their academic records pursuant to the regulation requirements of the Regulation for the Evaluation and Approval of Careers leading to a Degree (exhibit 6). Particularly, the medical school is to establish regulations for registration that provide the process and procedures regarding the safeguards in place for academic records and delivery of documents to students. The Norms and Regulations then require institutions/medical schools to provide students confidential access to their grades physically and electronically every academic period and provide students with the right to be notified about their academic condition prior to registering for the next academic period (exhibits 4 and 6)

The country further states that Law 139-01 allows approved institutions of higher education, science, and technology, which includes medical schools, academic autonomy to write, define and amend their own rules, regulations and procedures. The Regulation for Higher Education Institutions then defines the procedures for medical schools to receive approval for its internal rules and regulations by the Ministry of Higher Education, Science and Technology (MESCYT) for implementation (exhibit 3 found in Approval of Medical Schools, Question 1).

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 1

Country Narrative

Yes, the Regulation for the Evaluation and Approval of Careers leading to a Degree establishes in Chapter II, Article 12, the requirements that the institutions should comply with for the approval of a new career. Among these requirements there is letter h that clearly establishes the requirements of the evaluation system: to specify criteria, forms and techniques to be used for students learning performance evaluation in their formative and summative scope, as well as the criteria for passing or not passing courses, in conformity with the objectives of the career, the educational model, the knowledge and the expected professional competencies.

Also, the Norms for the Approval, Regulation, and Accreditation of Medical Schools, Chapter 13, resume mentioned requirements (letters a, b, and c): including a differentiation in the types of evaluations, consistent with the medical education program area. For the area of Premedical and Basic Sciences Cycles, preset evaluations must prevail by means of diverse techniques (exams, essays, presentations, etc.) In the Clinical area, the evaluation should integrate direct practice experience with patients, using evaluation methods and techniques that permit the assessment not only of cognitive aspects but also the abilities, behavior, attitudes and communication skills of students (letter f).

Evidence:

- Regulation for the Evaluation and Approval of Careers leading to a Degree.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Regulation for the Evaluation and Approval of Careers leading to a Degree and the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) provide requirements to demonstrate adherence to this question (exhibits 4 and 6). Specifically, the Ministry of Higher Education, Science and Technology (MESCYT) requires institutions to establish an evaluation system for their educational programs, which include the specific criteria, forms and techniques used to assess student learning; and formative and summative assessment measures of student performance and competencies, to obtain approval for the medical education programs.

The Norms standards then require medical schools to establish a system of overall assessment of each subject, consistent with the institutional policies; administration of formative and summative evaluations; and the incorporation of self-evaluation processes for students measure their level of learning (exhibit 4). The premedical and basic science cycles of the medical programs must also be evaluated utilizing various techniques, which may include the review of essays presentations and exams. Lastly, the, evaluation of student achievement at clinical facilities requires the review of student's direct interaction with patients and the assessment of cognitive aspects of the student's abilities, behavior, attitudes and communication skills at the facility.

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 2

Country Narrative

Yes, medical schools are free to establish their own methods of evaluating student achievement, as long as they are consistent with the general requirements of the evaluation system established in the General Regulation and Norm set in force by MESCYT, as above mentioned.

When evaluating plans of studies for their approval, one of the criteria to take into account is the teaching-learning process in Chapter II, letter g of the Regulation for the Evaluation and Approval of Careers leading to a Degree, that regards the pertinence of the methods and techniques directed to the student's profile. It is also needed an evaluation system with forms, techniques and criteria for approval, in conformity with the career's objectives and the educational model declared (Ch. II, letter h of the Regulation).

Also, MESCYT monitors the implementation of the plans of studies and evaluates them on the basis of compliance or not compliance to what is declared and approved (Articles 16 and 17 of the Regulation for the Evaluation and Approval of Careers leading to a Degree).

Evidence:

- Regulation for the Evaluation and Approval of Careers leading to a Degree.

Analyst Remarks to Narrative

The country attests that medical schools establish their own methods of evaluating student achievement pursuant to the Ministry of

Higher Education, Science and Technology (MESCYT) Regulation for the Evaluation and Approval of Careers leading to a Degree and the Norms for the Approval, Regulation, and Accreditation of Medical Schools (exhibits 4 and 6). Specifically, this regulation requires the medical school to have an evaluation process for education-learning, including methods and activities focused on the training of students; and a system of evaluation that identifies criteria used to evaluate the educational model of the school and the careers being attained by the student. Lastly, the country attests that the MESCYT is responsible for monitoring medical school's implementation of their plan of study, which includes the evaluation methods for student achievement, and assess them for compliance (exhibit 6).

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 3

Country Narrative

Our country has established requirements for the medical schools to accomplish in order to measure students' performance (described in paragraphs above). It is a process organized in three phases: the first one is about career entering requirements, which are verifiable by means of admission tests (national as well as institutional ones). The second phase, regarding permanence and graduation requirements, establishes grading criteria (academic performance), accumulated average and total of credits attended according to the education stages of the plan of studies for the career of Medicine (Chapter 11, item 11.2, letter f), as well as the compliance with the graduating profile established (verifiable in student's transcripts and academic record). And the third phase comprises graduates' outcomes in the National Exam for Medical Residencies and international tests (USMLE and MIR) per institution. The results of this process have to be delivered to MESCYT in the form of standardized statistics by each medical school.

Evidence:

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that medical schools are monitored in three phases pursuant to the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) standards for medical schools (exhibit 4). Specifically, the phases include the entry level – phase one, which requires national and institutional admission test verification of students attending a Higher Education Institution; the second phase or the academic performance phase includes the assembling of grading criteria and total credit requirements as outlined in the plan of study for the medical education program and verified by student transcripts; and the third phase is the outcomes assessment phase verified by the scores on the National Exam for Medical Residencies and other international tests. The Ministry of Higher Education, Science and Technology (MESCYT) then monitors and assesses the statistical data from the three phases of each medical school. The country provided the Regulation for the Evaluation and Approval of Careers leading to a Degree as evidence (exhibit 6); however the Norms for the Approval, Regulation, and Accreditation of Medical Schools is the only document referenced in the country's response.

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 4

Country Narrative

Our country has established requirements for the medical schools to accomplish in order to measure students' performance (described in paragraphs above). It is a process organized in three phases: the first one is about career entering requirements, which are verifiable by means of admission tests (national as well as institutional ones). The second phase, regarding permanence and graduation requirements, establishes grading criteria (academic performance), accumulated average and total of credits attended according to the education stages of the plan of studies for the career of Medicine (Chapter 11, item 11.2, letter f), as well as the compliance with the graduating profile established (verifiable in student's transcripts and academic record). And the third phase comprises graduates' outcomes in the National Exam for Medical Residencies and international tests (USMLE and MIR) per institution. The results of this process have to be delivered to MESCYT in the form of standardized statistics by each medical school.

Evidence:

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that medical schools are monitored in three phases pursuant to the Norms for the Approval, Regulation, and

Accreditation of Medical Schools (Norms) standards for medical schools (exhibit 4). Specifically, the phases include the entry level – phase one, which requires national and institutional admission test verification of students attending a Higher Education Institution; the second phase or the academic performance phase includes the assembling of grading criteria and total credit requirements as outlined in the plan of study for the medical education program and verified by student transcripts; and the third phase is the outcomes assessment phase verified by the scores on the National Exam for Medical Residencies, which requires a minimum national acceptable average pass rate for graduates of 60%, and other international tests. The Ministry of Higher Education, Science and Technology (MESCYT) then monitors and assesses the statistical data from the three phases of each medical school.

Staff Conclusion:

Comprehensive Response Provided

Student Achievement, Question 5

Country Narrative

Chapter 16, item 16.3 of the Norms for the Approval, Evaluation, and Accreditation of Medical Schools in the Dominican Republic include the requirements the schools should comply with in favor of students, which are:

- a) Students should have access to health services (preventive, diagnostic, and therapeutic ones, including confidential mental health counseling).
- b) Schools should offer financial aid counseling.
- c) Services to assist students in career choice, application to graduate programs and residency, and elective courses and rotations choice should be established.

Evidence:

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) provide the requirements to adhere to his section (exhibit 4). The country indicates that, the Norms require medical schools to offer students access to health services, including confidential services for mental health; and financial aid and career counseling. However, the country has not provided a narrative or evidence demonstrating whether or not the medical schools have formal processes for collecting and using information from students on the quality of courses and clerkships, including such measures as questionnaires, focus groups, or other structured data collection tools.

Staff Conclusion:

Additional information Requested

Country Response

Yes, Medicine Schools have formal processes to collect and use information from students about the quality of the courses and internships. Among other tools, Medical Schools use, for example, the standardized questionnaire, via intranet, to evaluate the quality of the courses taught, the learning methodologies and the teacher's performance. Electronic means are also used to evaluate the quality of the services offered by the departments. The information gathered through these formal processes is used to improve the services and processes offered. These processes are indicated in the Standard for the approval, regulation and accreditation of the Schools of Medicine, Chap.15, subsection 15.1.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that medical schools have a formal process for collecting and using information from students on the quality of courses and clerkships. In particular, medical schools utilize an internet based questionnaire to evaluate the quality of the courses taught, the learning methodologies and the teacher's performance in addition to other electronic information gathering tools to evaluate medical school services pursuant to the Standard for the Approval, Regulation and Accreditation of medical schools for the country (exhibit 6).

Staff Conclusion:

Comprehensive response provided

Student Services, Question 1

Country Narrative

Chapter 16, item 16.3 of the Norms for the Approval, Evaluation, and Accreditation of Medical Schools in the Dominican Republic include the requirements the schools should comply with in favor of students, which are:

- a) Students should have access to health services (preventive, diagnostic, and therapeutic ones, including confidential mental health counseling).
- b) Schools should offer financial aid counseling.
- c) Services to assist students in career choice, application to graduate programs and residency, and elective courses and rotations choice should be established.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) provide the student services requirements to demonstrate adherence to his question. Specifically, the Norms require medical schools to offer students access to health services, including confidential services for mental health; and financial aid and career counseling (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Student Services, Question 2

Country Narrative

Yes, students have access to their academic records. Considering the basic principle of autonomy consistent with the nature of Higher Education Institutions, they should establish in the Regulation for Registration the process and procedures regarding the safeguard of academic records as well as the registration, application, and delivery of documents to students and/or users of the academic process. That way, every academic period, the institutions deliver to students, physically or electronically, the results of their teaching-learning process. Same way, Chapter IV, Article 19, of the Regulation for the IES-HEI, requires the Academic Regulation to include the procedure for grades review as a way to guarantee management transparency and accountability.

Article 8 of the Constitution of the Dominican Republic establishes that one of the main purposes of the State is the effective protection of the human person and the maintenance of the means that allow the person to progressively improve within order and individual freedom and social justice, consistent with public order, general well-being and the rights of everyone. In this sense, Law 139-01, in its Article 10, establishes freedom as a basic principle of Higher Education; and in Article 12, the values that support the actions of the Higher Education System Institutions, indicating their responsible and transparent operations. These laws are embedded in the actions of the Higher Education System Institutions and demand the internal regulation for students' duties and rights, including their right to know their teaching-learning process outcome. For their approval and subsequent accreditation, Higher Education Institutions must submit to MESCYT their internal regulations, in which students' duties and rights are included in these terms.

Evidence:

- Law 139-01.
- Regulation for Higher Education Institutions.

Analyst Remarks to Narrative

The country attests that students have access to their academic records pursuant to the Regulation for Higher Education Institutions which requires the establishment of rules and regulations for education programs, which includes medical schools (exhibit 3). Particularly, the medical school regulations for registration are required to provide the process and procedures regarding the safeguards in place for academic records and delivery of documents to students. In addition, the institution is required to provide students access to their grades physically and electronically every academic period. However, the country has not provided evidence supporting this assertion for analysis.

The country further attests that Law 139-01 and the Regulation for Higher Education Institutions establish guidance on student access which incorporates the constitutional requirements for the State to have effective protections and the allowance of individual freedom for the general well-being and rights of everyone (exhibit 2 (found in Student Complaints, Question 1) and 3). The Law then establishes academic freedom as a basic principle of Higher Education Institutions, which include medical schools; and the requirement of the Institutions to be responsible and transparent with their operations. However, specific policies and procedures

from a medical school have not been provided to demonstrate such transparency.

Staff Conclusion:

Additional information Requested

Country Response

To facilitate the understanding of what is narrated in the response to requirement 16, the document Academic Procedures, Student's Manual of the PUCMM is included as an example.

Evidence:

Academic Procedures: Student Manual, Pontificia Universidad Catolica Madre y Maestra (PUCMM).

Analyst Remarks to Response

In response to the draft staff analysis, the country provided documentation demonstrating the transparent operations of student access to their academic records and the policies and/or procedures governing the confidentiality of these records. Specifically, the country provided the student manual for Pontificia Universidad Catolica Madre y Maestra (PUCMM) medical school, which provides the medical school's academic procedures and student access instructions to their records in the qualifications and review section of the manual (exhibit 9).

Staff Conclusion:

Comprehensive response provided

Student Complaints, Question 1

Country Narrative

By virtue of the provisions of Article 33 of Law 139-01, Higher Education Institutions have administrative autonomy to establish their internal policies. For the enforcement of this autonomy, MESCYT requires to develop mechanisms that permit to recognize and demonstrate the compliance of their educational objectives (Chapter 15, letter b of the Norms for the Evaluation, Regulation, and Accreditation of Medical Schools). Among these mechanisms, procedures for addressing student complaints related to internal process and standards should be considered. In this sense, each medical school decides the procedure to be followed in order to address potential complaints.

Chapter 16, item 16.4, of the Norms for the Evaluation, Regulation, and Accreditation of Medical Schools, requires medical schools to have a clearly defined regulation containing the procedure to be followed by the student, the appeals available to him/her and the times to address students' complaints.

Evidence:

- Law 139-01.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that Law 139-01 and the Norms for the Approval, Regulation, and Accreditation of Medical Schools provide the requirements and standards pertaining to student complaints for this question. Specifically, Law 139-01 establishes that institutions of higher education, science, and technology, which includes medical schools, have the autonomy to write, define and amend their own rules, regulations and procedures (exhibit 2). Similarly, the Ministry of Higher Education, Science and Technology (MESCYT) Norms requires medical schools to develop mechanisms demonstrating the fulfillment of their rules and regulations, which include complaint procedures, according to the educational aims of the school. In addition, the Norms require medical schools to have a clear process to attend to student complaints with published rules for students to follow in handling the complaint, along with the roads of appeal for the student (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Student Complaints, Question 2

Country Narrative

As established by the norms, the procedure for submitting and addressing complaints should be included in a formal document with

the steps to be followed by the decision bodies and the times of reply. When complaints transcend the institution and are submitted to MESCYT, as a regulator, this Ministry makes an inquiry following the procedure established, which includes appointment of a commission, interview of parties involved, inquiry and review of case documents; and the final decision taken is reported in writing to parties involved.

During last year, only one complaint was received: a student complained about his learning process evaluation and his grades. The inquiry included interviews to student, to professor, and to corresponding authority of the institution involved. The process was reviewed, and it was verified that they proceeded following the institution's internal policies and the Norms for the Approval, Regulation, and Accreditation of Medical Schools, and that the grades awarded as a result of the student's participation in the evaluated teaching-learning process was correct.

Evidence:

•Internal Process for Complaints (or denouncement) Management, MESCYT.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools and the Internal Process for Complaints (or denouncement) Management for the Ministry of Higher Education, Science and Technology (MESCYT) provides the requirements regarding student complaints for this question. Specifically, the Norms require medical schools to have a clear process to attend to student complaints with published rules, including timeframes and decision bodies, for students to follow in handling the complaint, along with the roads of appeal for the student (exhibit 4). However, the country has not provided evidence of the internal procedures of a medical school complaint process.

The Internal Process for Complaints (or denouncement) Management for the MESCYT, then describes the role of the MESCYT, who serves as a regulator of complaints elevated to their office, once the student has exhausted the medical schools complaint process; appoints a commission to further investigate the complaint; and renders a final decision on the complaint, which is distributed to the medical school and the student (exhibit 11). In addition, the country attests that only one complaint was received by the MESCYT in the last year utilizing this complaint process.

Staff Conclusion:

Additional information Requested

Country Response

As an example of the procedure used to review complaints, the procedure used by INTEC University is attached.

Evidence:

Procedure for handling students' complaints INTEC.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided the procedure for handling students' complaints utilized by the INTEC University; however, the content of the document is in Spanish (exhibit 10).

Staff Conclusion:

Additional Information requested

Finances, Question 1

Country Narrative

As established by Law 139-01, Article 44, for the Approval of Higher Education Institutions and their program offerings, every medical school should have a social, pedagogical and economic feasibility and financing plan. In this sense, medical schools are financed with three types of resources: students' tuition, research and/or donations, and State contribution (Article 90, Law 139-01).

Chapter 10, Article 100 of Law 139-01, constrains Higher Education Institutions to present public proof of the use of their funds by submitting their annual financial statements, certified by an independent auditor, to MESCYT (Chapter 24 of the Norms for the Evaluation, Regulation, and Accreditation of Medical Schools in the Dominican Republic).

Based on the provision of Article 32 of Law 139-01, the size and scope of each educational program of the medical schools is a decision taken by each institution, according to what is established in their internal bylaws, always in consistency with the resources required to guarantee a quality offering.

Evidence:

•Law 139-01.

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that Law 139-01 and the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) designate the requirements regarding medical school finances to demonstrate adherence to this question. Specifically, Law 139-01 establishes that approved Higher Education Institutions, which includes medical education programs, are to have a plan for funding including the social, pedagogical, and economic feasibility of the proposed plan. In addition, the Law establishes that financing of higher education, science, and technology, is the responsibility of the Dominican state for public higher education and to contribute economically toward financing private higher education. Further, the Law institutes the requirement that institutions of higher education, which include medical education programs, must provide financial statements, certified by an independent auditor at the Department of Finance, to the Ministry of Higher Education, Science and Technology (MESCYT) yearly (exhibit 2). The Norms standards then require the medical school to provide a statement of its financial capacity to continue offering their services, which should be consistent with the resources required, within the financial documents provided yearly to the MESCYT (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Facilities, Question 1

Country Narrative

The Norms for the Evaluation, Regulation, and Accreditation of Medical Schools, Chapter 22, provide that medical schools must have facilities and equipment that are qualitatively and quantitatively adequate to provide the instruments and environment to favor quality education. Letter b of said Norms establishes the minimum facilities the physical infrastructure must have, which include:

- School's Administrative Offices
- Adequate classrooms (with ventilation and audiovisual facilities)
- Premedical and Basic Sciences Laboratories
- Department of Admissions
- Department of Academic Registration
- Library
- Auditorium Availability
- Bioterium and/or simulated programs
- Meeting rooms
- Cafeteria
- Recreation areas, clinical facilities, of their own or [with assured use] due to agreements.

Evidence:

Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools(Norms) designate the requirements of the medical school facilities to demonstrate adherence to this question. Specifically, the Norms require medical school facilities to have administrative offices for faculty; suitable classrooms; premedical and basic science laboratories; admissions and registration departments; libraries; auditoriums; a cafeteria; and clinical sites with agreements.

Staff Conclusion:

Comprehensive Response Provided

Facilities, Question 2

Country Narrative

The size of the faculty of a medical school is determined by the authorities of the institution, and it is decided based on the number of students admitted, the structure of the curriculum implemented and the facilities the institution has.

The qualifications for appointment to the faculty are established in Chapter 21 of the Norms for the Approval, Regulation, and Accreditation of Medical Schools, as it provides that: "...professors should be trustworthy, intellectual, academic, ethical persons, chosen according to the Regulation for Faculty in each Institution" It also indicates that professors should have the preparation and the professional profile that supports their appointment in the area they teach.

Evidence:

•Law 139-01.

Analyst Remarks to Narrative

The country attests that the 139-01 as interpreted in the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) designates the requirements for medical school facilities for this question (exhibit 2 (found in Student Complaints, Question 1) and 4). Specifically, the Norms require medical school facilities to have administrative offices for faculty; suitable classrooms; premedical and basic science laboratories; admissions and registration departments; libraries; auditoriums; a cafeteria; and clinical sites with agreements. The country further attests that one of the factors for determining the number of medical school faculty is the capacity of the school facilities. Lastly, the country provides the Norms qualifications of faculty in the narrative; however the country has not responded to whether or not the medical school is encouraged to conduct biomedical research; and have facilities for the humane care of animals when animals are used in teaching and research to address this question.

Staff Conclusion:

Additional information Requested

Country Response

The Standards for the approval, regulation and accreditation of Schools of Medicine of the Dominican Republic, requires promoting, supporting and encouraging programs leading to biomedical research, complying with the research policies of the IES to which the School belongs. However, it does not establish anything regarding the establishment of facilities for animal care. (See Chap.14, literal a).

Analyst Remarks to Response

In response to the draft staff analysis, the country provided addition clarity to whether or not the medical school should be encouraged to conduct biomedical research and provide facilities for the humane care of animals. Specifically, the country attests that the medical schools are to comply with the institutional requirements of the University when promoting, supporting and encouraging programs leading to biomedical research, which is pursuant to the requirements within the Standards for the Approval, Regulation and Accreditation of medical school for the country (exhibit 6). However, the standards do not define or require facilities for animal care.

Staff Conclusion:

Additional Information requested

Faculty, Question 1

Country Narrative

Norms in force for medical schools, demand that the whole faculty of the medical program should comply with the requirements provided for their hiring based on clearly defined policies, consistent with the requirements indicated in the answer to the former question. This requirement is also expressed in letter g, Chapter 23 of said Norms.

Evidence:

•Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of the Medical Schools (Norms) and Regulations provide the faculty requirements to demonstrate adherence to this question. Specifically, the country requires professors, to have a professional degree at the same or preferably higher level taught, in addition to a minimum of two years of teaching experience within the area of knowledge being taught (exhibit 3). The country further attests that the size of the faculty of a medical school is determined by the authorities of the institution based upon the number of students admitted to the school; the structure of the curriculum implemented; and the capacity of the facilities at the school.

The Norms also outline the evaluation of the medical school and the clinical facilities for student rotations, which includes the requirement that hospitals or centers of national health in which the students do rotations, have to be accredited by the competent national organization and approved by the Ministry of Higher Education, Science and Technology (MESCYT), prior to implementation; and the program must be under the supervision of coordinators and professors designated by the medical school to ensure education quality is upheld by the program.

Staff Conclusion:

Faculty, Question 2

Country Narrative

The Norms for the Approval, Regulation, and Accreditation of the Medical Schools require that schools should have defined policies to deal with conflicts of interests, personal and professional ones, of professors and administrative staff (Chapter 21, letter I).

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of the Medical Schools (Norms) outline how to handle conflicts of interest. Specifically, the Norms require the medical schools to establish policies to handle conflicts of personal and professional interests of professors and administrative personnel; however, conflict of interest policies pertaining to faculty personal and professional interests have not been provided for analysis.

Staff Conclusion:

Additional information Requested

Country Response

As indicated in the corresponding response, the Norms for the approval, regulation and accreditation of Schools of Medicine require that the institutions have clear policies for the management of conflicts of interest of the professors and the administrative personnel. An example of this rule being fulfilled is the policy document of an IES that is appended.

Evidence: Ethics policy and conflict management INTEC.

Analyst Remarks to Response

In response to the draft staff analysis, the country again attests that the Norms for the Approval, Regulation and Accreditation of medical schools require institutions to have policies for the management of conflicts of interest of the professors and administrative personnel. However, the Ethics policy and conflict management document for the INTEC University listed as evidence for review of these policies has not been included for analysis.

Staff Conclusion:

Additional Information requested

Library

Country Narrative

In the Dominican Republic the quality of libraries of medical schools is evaluated taking into account the standards established by MESCYT in the Regulation for the Evaluation of Libraries of Higher Education Institutions. Moreover, Chapter 22, item 22.2 of the Norms for the Approval, Regulation, and Accreditation of Medical Schools, demands that medical area collections should have a sufficient, updated and available number of volumes consistent with the number of users. It also provides that medical journals of specialized areas should be prestigious ones, that [libraries] should grant access to electronic databases and connectivity services to national and international nets, among other requirements.

Evidence:

- Regulation for the Evaluation of Libraries of Higher Education Institutions, www.MESCYT.gob.do, base legal, Reglamentos.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Regulation for the Evaluation of Libraries of Higher Education Institutions and the Norms for the Approval, Regulation, and Accreditation of Medical Schools provides the library requirements to demonstrate adherence to this question. Specifically, the Regulation for the Evaluation of Libraries of Higher Education Institutions requires libraries to have a mission and structure for financial, human and physical resources and services (exhibit 12). Similarly, the Norms require the school

of medicine library to meet the aforementioned standards of quality established by the Ministry of Higher Education, Science and Technology (MESCYT) within the Regulation of Evaluation for Libraries and serve as a resource for the training of doctors that includes sufficient, updated and available volumes of text; periodic queries; magazines of medicine; periodic publications; access to electronic databases in the area of health sciences; a designated budget; and professional and knowledgeable personnel accessible to the entire academic population (exhibit 4 found in Faculty question 2).

Staff Conclusion:

Comprehensive Response Provided

Clinical Teaching Facilities, Question 1

Country Narrative

Yes, a copy of the affiliation agreements between medical schools and clinical teaching facilities must be submitted to MESCYT, [according to] Chapter 23, item 23.1, letter b of the Norms for the Approval, Regulation and Accreditation of the Schools.

The agreement should clearly specify:

- General identifying data of each one of the signing parties in the agreement, and the reason to enter the affiliation.
- The kind of relationship between the university and the hospital (clinical facilities available).
- Rights and duties of each party.
- Courses or clinical rotations to be attended and the specialization area.
- Process for students to enroll.
- The kind of supervision, control and academic evaluation on students and the responsible entities, among others.

The agreement just needs the approval of the authorities of the institutions involved, but it should be submitted to MESCYT for knowledge, verification of conditions and registration.

According to the Regulation for Higher Education Institutions (Article 25), any change in the conditions of agreements or the cessation of the affiliation of the institutions (university and hospitals/clinical facilities) should be immediately informed to MESCYT.

Evidence:

- Affiliation Agreement between UCE and Florida International University Board of Trustees.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.
- Regulation for Higher Education Institutions.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools and the Regulation for Quality Evaluation of Higher Education Institutions provide the clinical teaching facility requirements for this question. Specifically, the Norms require the medical school to have an academic agreement between the university and the hospital/clinical facilities that show the commitment of both parts in the process of training and follow-up with the students; and specify the type of relationship between the parties, which is then approved by the Ministry of Higher Education, Science and Technology (MESCYT (exhibit 4). In addition, the Regulation for the Quality of Higher Education Institutions requires any changes to the established agreement between the university and hospital/clinical facilities, be submitted and evaluated by the MESCYT (exhibit 5). The country has provided an affiliation agreement between the Universidad Central Del ESTE (UCE) and Florida International University Board of Trustees as evidence demonstrating the parameters of the agreement between the two parties as required by Norms and the Regulation (exhibit 13).

Staff Conclusion:

Comprehensive Response Provided

Onsite Review, Question 1

Country Narrative

Yes, as the entity responsible for approving, regulating and accrediting medical schools, MESCYT conducts on-site reviews before granting the approval/accreditation of these [medical schools].The evaluation is conducted based on the standards established in the Regulation for Quality Evaluation of Higher Education Institutions and the Norms for the Approval, Regulation and Accreditation of Medical Schools, which take into account aspects indicated in this on-site review section.

The on-site review is conducted after the medical school has submitted to MESCYT its self-study report, which is prepared based on the standards established in the Norms for the Approval, Regulation and Accreditation of Medical Schools. This report is the basis for external par evaluators, appointed and authorized by MESCYT, to verify the information derived from the institutional self-study (internal evaluation). The self-study and the on-site evaluation, conducted by external par [evaluators], encompass all components

of main campus and physical facilities geographically separated where the medical career programs and plans of studies are implemented.

Evidence:

- Copy of manual or guide of self-study or evaluation, MESCYT
- External Evaluation Report, INTEC.

Analyst Remarks to Narrative

The country attests that the Ministry of Upper Education, Science and Technology (MESCYT) is responsible for accrediting/approving medical schools in the country and conduct on-site reviews of the medical school prior to granting accreditation/ approval. Specifically, the medical schools are reviewed by the standards outlined in the MESCYT Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) to submit a self-study addressing the review of admission processes; curriculum plans; faculty requirements; student and graduate requirements to attain the title as medical doctor; facilities and infrastructure of the medical school; and resources, such as libraries and trainings, available to medical students.

The country further attests that that the assessment of the institutional self-study and the on-site review encompass the evaluation components of the plan of study for the medical school and its geographical locations. The country has provided an external evaluation report prepared by the MESCYT evaluators for review to demonstrate the aforementioned assessment (exhibit 14). The country also lists a Copy of manual or guide of self-study or evaluation, MESCYT as evidence within the narrative; however this document was not included as an exhibit for review.

The NCFMEA may wish to request a copy of the MESCYT manual or guide of self-study or evaluation, listed in the narrative as evidence but not included as evidence for the review of these questions.

Staff Conclusion:

Additional information Requested

Country Response

Evidence:

GUIDELINES TO DETERMINE COMPLIANCE WITH THE STANDARDS OF THE MEDICINE CAREER

Analyst Remarks to Response

In response to the draft staff analysis, the country provided the Guidelines to Determine Compliance with the Standards of the Medicine Career to demonstrate adherence to this guideline, which outlines the Ministry of Higher Education, Science and Technology (MESCYT) requirements for review of medical schools (exhibit 11 found in Clinical Teaching Facilities, Question 1).

Staff Conclusion:

Comprehensive response provided

Onsite Review, Question 2

Country Narrative

Norms for the Approval, Regulation and Accreditation of Medical Schools require that schools provide clinical facilities to assure the development of professional competencies of students, and for that reason, they should have formal agreements, affiliations or contracts with hospital to comply with this requirement (Chapter 11, item 11.5, letter i). Regarding facilities for clinical rotations (Chapter 23 of the Norms), the medical school should work with hospitals in which the delivery of instruction is part of the care practice of the hospital; and also, it should have programs of medical residencies in the areas where rotations take place, in order to ensure the specialized equipment required, as well as the inflow of cases and thorough study of patients with diseases representative of the clerkship (letters c and e). The student is required to know his/her rights and duties in the hospital and he/she will be subject to evaluation for each rotation by the professor and the school, evaluation that will be defined based on diverse parameters related to the medical practice (letter j). A copy of the affiliation agreements between medical schools and clinical teaching facilities must be submitted to MESCYT, [according to] Chapter 23, item 23.1, letter b of the Norms for the Approval, Regulation and Accreditation of the Schools.

Evidence:

Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Form for the Evaluation of Hospitals and Rotating Internships.

Evaluation sheet and Grade Report of Rotating Internship of PUCMM's Medical School.

Analyst Remarks to Narrative

The country's Norms for the Approval, Regulation and Accreditation of Medical Schools (Norms) state that an agreement between the medical school and the center of health in which the student rotation is intended will have explicit details of the elements that define this relation; a known agreement by the Ministry of Upper Education, Science and Technology (MESCYT) prior to its implementation; and authorized by the Department of Medical Education of the MESCYT as an affiliated hospital of education (exhibit 4). Therefore, the country requires the agreements between the clinical facilities and the medical school to include the professional competencies of the students to ensure student progress and be approved and presented to the MESCYT.

In addition, the country attests that the medical school works with the hospitals to ensure the instruction of the school and the care practice of the hospital are aligned during the student's clinical rotation. This alignment should include a school of medicine hospital that consist of teaching as part of the hospital; and contains programs of medical residences in the areas descriptive of the hospital rotations and internships for the student, which includes training on specialized equipment, specific cases and the study of patients with diseases representative of the clerkship. These requirements are then evaluated by the professor and the school utilizing parameters established through medical practice (exhibit 8 and 9). Specifically, the Norms require a student to know their obligations and rights in the hospital; and be subject to evaluation by the professor, who takes into account the diverse parameters related to medicine for each rotation of the student (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Onsite Review, Question 3

Country Narrative

For the approval/accreditation of medical schools and the medical program in particular, MESCYT requires an on-site evaluation to be conducted in order to verify the condition of the institutions where the educational program will take place. The evaluation is conducted based on the components established in the Regulation for Quality Evaluation of IES-HEI, and the criteria and standards of comparability for medical schools, indicated in the Norms in force.

Evidence:

- Regulation for Quality Evaluation of IES-HEI.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The Regulation for Quality Evaluation of the country requires the SEESCYT, now entitled the MESCYT, to evaluate the medical institutions (exhibit 5 found in Accreditation of Medical Schools question). In particular Article 21 of this regulation lists the evaluation authorities and required evaluation plan, which are further defined by the required standards found within the Norms for the Approval, Regulation, and Accreditation of Medical Schools (exhibits 4 and 5). The Regulation for Higher Education Institutions also states that the evaluations of the institutions of upper education are to be conducted by the MESCYT at least each five years and will give follow-up to the results of said evaluations (exhibit 3); however the requirements of roman numerals i-iii of this question have not been addressed in the narrative or the regulations provided by the country.

Staff Conclusion:

Additional information Requested

Country Response

- I) In our country, the offer of a medical training program requires the on-site review of the facilities, as part of the initial evaluation, within a period of 12 months after having made the request for accreditation approval.
- II) Once the program has been approved, the MESCYT conducts at least one visit per year of follow-up (on-site review) to the School of Medicine.
- III) In our country, it is not allowed to open new sites and place students in them, without the prior evaluation and on-site review of the facilities, facilities and the training program.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided responses to roman numerals i-iii of this guideline. Specifically, the country attests that on-site reviews and evaluations of facilities and training programs are required for new medical schools and the addition of medical school sites within a year of accreditation approval; and follow-up on-site reviews are required each year for approved medical schools.

Staff Conclusion:

Onsite Review, Question 4

Country Narrative

For the approval/accreditation of medical schools and the medical program in particular, MESCYT requires an on-site evaluation to be conducted in order to verify the condition of the institutions where the educational program will take place. The evaluation is conducted based on the components established in the Regulation for Quality Evaluation of IES-HEI, and the criteria and standards of comparability for medical schools, indicated in the Norms in force.

Evidence:

- Regulation for Quality Evaluation of IES-HEI.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The Regulation for Quality Evaluation of the country requires the SEESCYT, now entitled the MESCYT, to evaluate the medical institutions (exhibit 5 found in Accreditation of Medical Schools question). In particular Article 21 of this regulation lists the evaluation authorities and required evaluation plan, which are further defined by the required standards found within the Norms for the Approval, Regulation, and Accreditation of Medical Schools (exhibits 4 and 5). The country further attests that the MESCYT requires and conducts on-site evaluations of the medical schools to verify the condition of the institutions where the educational program will take place. Lastly, the country has provided the Regulation for Higher Education Institutions as evidence for this question; however the relevance of this document to this question has not been provided in the narrative.

Staff Conclusion:

Additional information Requested

Country Response

The regulation of IES-HEI was not included among the evidence regarding this question.

Analyst Remarks to Response

The country attests that the Regulation for Higher Education Institutions was not to be included for this question.

Staff Conclusion:

Comprehensive response provided

Onsite Review, Question 5

Country Narrative

For the approval/accreditation of medical schools and the medical program in particular, MESCYT requires an on-site evaluation to be conducted in order to verify the condition of the institutions where the educational program will take place. The evaluation is conducted based on the components established in the Regulation for Quality Evaluation of IES-HEI, and the criteria and standards of comparability for medical schools, indicated in the Norms in force.

Evidence:

- Regulation for Quality Evaluation of IES-HEI.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The Regulation for Quality Evaluation of the country requires the SEESCYT, now entitled the MESCYT, to evaluate the medical institutions (exhibit 5 found in Accreditation of Medical Schools question). In particular Article 21 of this regulation lists the evaluation authorities and required evaluation plan, which are further defined by the required standards found within the Norms for the Approval, Regulation, and Accreditation of Medical Schools (exhibits 4 and 5). The country further attests that the MESCYT requires and conducts on-site evaluations of the medical schools to verify the condition of the institutions where the educational program will take place.

Staff Conclusion:

Additional information Requested

Country Response

The regulation of IES-HEI was not included among the evidence related to this question.

Analyst Remarks to Response

The country attests that the Regulation for Higher Education Institutions was not to be included for this question.

Staff Conclusion:

Comprehensive response provided

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

The on-site evaluation of medical schools is performed by a team of two international evaluators selected by accrediting organizations plus one national evaluator previously trained, for each evaluated institution. The members of the team should have a previously established profile, in relation to their academic education and technical knowledge of medical education, as well as their compliance with the standards and comparability systems for quality evaluation. These teams, once identified, receive specific formation and training on the Norms for the Approval, Regulation, and Accreditation of the Medical Schools of our country and the management of documents used for the evaluation, as well as the knowledge of the particular laws that govern the National Health System operation and the Higher Education in our country. Materials used for the training are included in "Evidence".

Also, the formulation, review and proposal of standards for the evaluation/accreditation is done through commissions, called and conformed by MESCYT for these purposes, with the participation and representation of several institutions of the National Health System and university organizations. The participation and representation is per institution. The generated proposal is reviewed by an experts' commission appointed by MESCYT, which prepares the norm project for its final approval by CONESCYT.

Evidence: Materials for on-site evaluators training.

Analyst Remarks to Narrative

The country attests that qualifications and training of the individuals who participate in on-site evaluations of medical schools are found in the materials for on-site evaluators training (exhibit 15). Specifically, on-site evaluations are conducted by a team consisting of two international evaluators and one national evaluator with academic and technical knowledge of medical education; training on the requirements and standards within the Norms for the Approval, Regulation, and Accreditation of the Medical Schools along with the laws governing medical schools; and selected by accrediting organizations (exhibit 2 and 4). Lastly, the country attests that, once completed by the evaluators, the evaluation report is reviewed by the Ministry of Higher Education, Science and Technology (MESCYT) commission of experts and provides a proposal to the National Council of Upper Education, Science and Technology (CONESCYT) for final approval.

Staff Conclusion:

Comprehensive Response Provided

Re-evaluation and Monitoring, Question 1

Country Narrative

Medical schools undergo regular evaluation every five years (Quinquennial Evaluation), with monitoring visits every year to verify the compliance with the requirements and improvement plan.

Evidence:

- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that the Norms for the Approval, Regulation, and Accreditation of Medical Schools provides the requirements for periodic reevaluation to demonstrate compliance to this question; which requires regular evaluations of the medical schools every five years and annual monitoring for compliance (exhibit 4).

Staff Conclusion:

Comprehensive Response Provided

Re-evaluation and Monitoring, Question 2

Country Narrative

According to the Regulation for Quality Evaluation of IES-HEI (Chapter III), and the Norms for the Approval, Regulation, and Accreditation of the Medical Schools, Schools or Departments of Medicine should prepare a self-study report and submit it to MESCYT. This report includes an improvement plan and MESCYT verifies its implementation by conducting an on-site follow-up. The monitoring process performed implies the annual follow-up of medical schools in order to verify the compliance with the standards provided in the norms during the period of accreditation and, in particular, the follow-up of the improvement plan formulated on the basis of the self-study and the external evaluation outcomes.

Complaints submitted by students to MESCYT are taken into account to improve policies and internal processes of the institutions. This process of review of students' complaints implies the review of the case, based on evidence. The case analysis may bring to light some situations for the improvement of internal processes of institutions, recommendations that we deliver immediately to the institutions for their immediate attention. During the monitoring process, MESCYT verifies the incorporated improvements as a response to the recommendations previously established.

Evidence:

- Regulation for Quality Evaluation of Higher Education Institutions (IES-HEI).
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.
- Sample of Visit Report for the verification of the continuous compliance with the standards established in the Norms.

Analyst Remarks to Narrative

The country attests that the Regulation for Quality Evaluation and the Norms for the Approval, Regulation, and Accreditation of the Medical Schools (Norms) provide the medical school requirements to demonstrate adherence to this question (exhibits 4 and 5). Specifically, the Regulation for Quality Evaluation requires the medical school to submit a self-study report with strategies for continuous improvement during the evaluation process. The Ministry of Upper Education, Science and Technology (MESCYT) then monitors the schools continuous compliance with the Norms standards and progress with implementation of the improvement plan submitted with the self-study report annually. The country included a sample visit report as evidence to demonstrate the verification of the continuous compliance with the standards established in the Norms (exhibit 16); however, the sample visit report is blank.

Lastly, the country provides the process for reviewing student complaints pertaining to medical schools. In particular, the MESCYT investigates the complaints; identifies improvements or makes recommendations needed pursuant to the outcome of the complaint and monitors/verifies incorporated improvements based on the complaint with the medical schools annually.

Staff Conclusion:

Additional information Requested

Country Response

Evidence: Report of external evaluation of PUCMM

Analyst Remarks to Response

In response to the draft staff analysis, the country provided a completed report of external evaluation for the PUCMM University to demonstrate continuous compliance with the standards established in the Norms for the Approval, Regulation, and Accreditation of the Medical Schools (Norms) for the country.

Staff Conclusion:

Comprehensive response provided

Substantive Change

Country Narrative

The Career of Medicine must be approved by MESCYT in compliance with the requirements of the Regulation for the Evaluation and Approval of Careers leading to a Degree (Chapter II, Article 12), and in the Norms for the Approval, Regulation, and Accreditation of Medical Schools. Any change in the curricular base of an [already] approved career, schools will be allowed to make it if they report it to MESCYT and they comply with the requirements provided in Article 16 of that same Regulation. MESCYT will monitor and oversee for the adequate implementation of the new plan of studies assumed (Article 17).

Evidence:

- Regulation for the Evaluation and Approval of Careers leading to a Degree.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attest that the Ministry of Upper Education, Science and Technology (MESCYT) approves and reviews the compliance of medical schools pursuant to the requirements of the Regulation for the Evaluation and Approval of Careers leading to a Degree, which are also described within the standards of the Norms for the Approval, Regulation, and Accreditation of Medical Schools (exhibits 4 and 6). Specifically, the Regulation for the Evaluation and Approval of Careers leading to a Degree requires the opening of a new career, the institution of upper education, to request formally to the SEESCYT, now entitled the MESCYT, who may grant corresponding approval, presented by their maximum authority, to applications for the career of medicine that include: an introduction of the project of the career; justification of the importance of the career; scientific and technological aims, mission, and values; the base curricula; mode of educational delivery; academic planning and development of the program; methods of the educational learning activities; student and educational/administrative personnel requirements; and a system of evaluation (exhibit 6). The regulation further explains that the MESCYT is to approve changes in the curriculum of existing medical schools and monitor the implementation of the new plan of study (exhibit 6); however, the agency attests in the Mission and Objectives Question 3 that "Every change in the contents on approved curriculum has to be submitted to the National Council of Upper Education, Science and Technology (CONESCYT) to be reviewed and approved."

Staff Conclusion:

Additional information Requested

Country Response

The Ministry of Higher Education, Science, and Technology (MESCYT) is structured by two basic bodies: CONESCYT, which is its decision-making body, and the executive body made up of the Minister and his Vice-Ministers, Cabinet Director and Special Commissions, which operationalize the policies, functions, and attributions assigned by the Law to the Ministry of Higher Education, Science, and Technology. Therefore, the CONESCYT is part of the MESCYT. It corresponds to the executive body, to monitor, evaluate, supervise and regulate, the exercise of higher education institutions and the implementation of the approved curricula, and submit them to the decision of CONESCYT. Therefore, the changes in the conditions under which a program or institution has been approved or accredited, must be evaluated again by the corresponding and approved executive instances by the CONESCYT (Law 139-019).

Analyst Remarks to Response

In response to the draft staff analysis, the country provided additional clarity on the role of the National Council of Upper Education, Science and Technology (CONESCYT). Specifically, the country attests that the CONESCYT is the decision making body for the Ministry of Upper Education, Science and Technology (MESCYT). Thus, changes in the conditions under which a program or institution has been approved or accredited, must be evaluated by the MESCYT and approved by the CONESCYT, which is pursuant to Law 139-019 (exhibit 2).

Staff Conclusion:

Comprehensive response provided

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

The decision for the accreditation or not accreditation of a medical school is taken by a different body, independent of the instances that participate in the evaluation process of the institutions. The accreditation is a function of the National Council of Higher Education, Science and Technology (CONESCYT), higher body of decision of MESCYT, governed by Law 139-01, in relation to Higher Education, and by Law 14-91, of Civil Service and Administrative Career. In the evaluation process of the Higher Education Institutions, medical schools included, participate, in the first place, the school that is being evaluated, which makes an institutional self-study based on the guidelines and standards in force, and prepares a self-study report. That self-study report is revised and verified on-site by a team of par evaluators selected and appointed by MESCYT and totally conformed by three experts: two international ones and a national one, chosen from a pool of certified par evaluators, whose function is to evaluate the assigned institution. This team elaborates a report based on the data of the self-study report, observations and verifications consistent with the compliance of standards in force and the Norms for the Approval, Regulation, and Accreditation of Medical Schools. Afterwards, that report is submitted to CONESCYT for it to approve it or not.

As may be noted, in each stage of the process different actors intervene, guided by the same regulation, norms and standards, which facilitate a more independent, participative decision-taking agreed upon. This methodology helps reduce the bias or conflicts of interests that could arise with some participating actors in the process.

Evidence:

- Law 139-01.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that Law 139-01 and the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the requirements for this question. Specifically, Law 139-01 establishes that granting of accreditation is a function of the National Council of Higher Education, Science and Technology (CONESCYT), different from the independent body (the Ministry of Upper Education, Science and Technology (MESCYT)), who partakes in the evaluation process of the institutions/medical schools (exhibit 2). The medical schools are then evaluated by the guidelines and standards of the MESCYT's Norms with the submission of a self-study report (exhibit 4). The MESCYT then selects a team of experts and evaluators, who verify the self-study report on-site. The evaluation team provides a report of the schools consistency with the Norms standards based upon the self-study and on-site observations. The CONESCYT, then approves or denies the report and accreditation of the medical school; however the country attests in the response of the Approval of Medical Schools question one that the Ministry of Higher Education, Science and Technology (MESCYT) is the authority responsible to certify or license the medical schools. The country further attests that the utilization of participants at different designated offices within the country for the review and evaluation of the medical schools assists in reducing bias or conflicts of interests that could arise with those participating at each different level of the review process. However, the country has not provided policies regarding bias or conflict of interest by persons involved in the accreditation evaluation and decision-making process.

Staff Conclusion:

Additional information Requested

Country Response

To avoid a conflict of interest and prejudice of the members of the External Evaluation Commissions, it is the policy of the MESCYT to exclude people who have family and / or work ties with the institution to be evaluated, as well as any other relationship that may represent a real or perceived conflict and prevents you from carrying out impartial analysis. Another important practice is to present the selected evaluating peers to the Medical Schools to Evaluate, which can object to the proposed evaluators, presenting sustainable arguments. It is also a general practice to train the commissioned evaluators, prior to the start of the on-site evaluation process, providing them with all the necessary information on the national standards system, so that the evaluation is relevant, reducing the bias when applying them.

Evidence: Processes and procedures for the Evaluation and Accreditation of the Schools of Medicine, section 2.5.2., Phase II, External evaluation.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that external evaluators are selected pursuant to the Ministry of Higher Education, Science and Technology (MESCYT) policies within the Processes and Procedures for the Evaluation and Accreditation of the Schools of Medicine (exhibit 13). Specifically, the MESCYT policies, processes and procedures require external evaluators to not have family or work ties with institutions under evaluation or other relationships with the institution that may be perceived as a conflict. In addition, the external evaluators are also required to be trained prior to on-site evaluations.

The country also clarified the role of the National Council of Upper Education, Science and Technology (CONESCYT). Specifically, the country attests that the CONESCYT is the decision making body for the Ministry of Upper Education, Science and Technology (MESCYT). Thus, medical schools must be evaluated by the MESCYT and approved by the CONESCYT, which is pursuant to Law 139-019 (exhibit 2).

Staff Conclusion:

Comprehensive response provided

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

Article 71 of Law 139-01, authorizes MESCYT to provide for quinquennial evaluations of Higher Education Institutions with the aim to contribute to the development of the system and the institutions that conform it. This evaluation process is described in the Regulation for Quality Evaluation of Higher Education Institutions, and it is organized in three complementary stages: the self-study stage, performed by the own institution and oriented by the standards and regulatory norms; the external evaluation phase, performed by MESCYT; and the follow-up phase, to monitor the implementation of the improvement plan resulting from previous phases. This follow-up requires annual visits to accredited medical schools in order to verify the maintenance of the compliance to the specific standards and norms for the area of Medicine.

The evaluation process for the approval/accreditation of medical schools includes formation and training needed for the conscious application of the standards for quality evaluation of IES-HEI. Also, MESCYT redacts the Guides for Internal and External Evaluation, as well as the other indicative instruments, with the participation of Higher Education Institutions (Articles 22 and 23 of the Regulation for Quality Evaluation of IES-HEI).

Evidence:

- Law 139-01.
- Regulation for Quality Evaluation of Higher Education Institutions.
- Norms for the Approval, Regulation, and Accreditation of Medical Schools.

Analyst Remarks to Narrative

The country attests that Law 139-01, the Regulation for Quality Evaluation of Higher Education Institutions and the Norms for the Approval, Regulation, and Accreditation of Medical Schools (Norms) outline the requirements for this question (exhibits 2, 4 (found in Conflicts of Interest question 1), and 5). Specifically, Law 139-01 establishes that the Secretary of Higher Education, Science, and Technology, now the Ministry of Upper Education, Science and Technology (MESCYT), shall order that evaluations be carried out every five years, in coordination with the institutions of higher education. The Regulation for Quality Evaluation of Higher Education Institutions then describes the entities that complete the specific stages of review for the institution, in particular, the self-study is completed by the school pursuant with the Norms standards; the evaluation is completed by MESCYT evaluators along with the monitoring and improvement plan implementation by MESCYT members. Lastly, the country attests that the MESCYT provides training to the external committees for evaluation of medical schools and redacts institutional information during trainings to ensure that the standards for the accreditation/approval of medical schools are applied consistently to all schools that seek accreditation/approval. The country has also provided evidence of the materials for on-site evaluators training found in the Qualifications of Evaluators, Decision-makers, Policy-makers question (exhibit 15).

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 1

Country Narrative

Every stage of the evaluation process of medical schools requires the preparation of a report based on data collected, organized and redacted on criteria components and the standards for institutional assessment assumed. These include: institutional philosophy, administrative and academic organization, academic offering, academic offering organization, research and extension, human resources, infrastructure, material and financial resources, admissions and registration, service to students, learning evaluation, educational program outcomes, teaching and research resources. The assessment of the compliance with the standards and the subsequent accreditation by CONESCyT is determined by the verification of these data resulting from the presentation of concrete evidence, meetings with key actors of the self-study process, and direct observation by national and international expert evaluators.

Analyst Remarks to Narrative

The country attests that the evaluation process for the accreditation of medical schools require reports on the institutional components and standards of the medical school, which are assessed for compliance by the National Council of Upper Education, Science and Technology (CONESCyT). However, the country attests in the Approval of Medical Schools question one that the Ministry of Higher Education, Science and Technology (MESCYT) is the entity empowered to evaluate medical education quality for accreditation. The country further attests that the administrative; academic; financial; student learning services/resources; and the teaching and research outcomes are assessed through verification of the schools presentation of the self-study and direct observations by external evaluators.

Staff Conclusion:

Additional information Requested

Country Response

The National Council of Higher Education, Science, and Technology (CONESCyT), is the organism of the MESCYT, which makes the decision of approval or not of the accreditation of the Schools of Medicine. This decision is covered in the reports of external evaluation and Self-evaluation, results of the process of the evaluation of the quality of higher education institutions. The executive body of the MESCYT, through the Vice Ministry of Evaluation and Accreditation, organizes this process.

Analyst Remarks to Response

In response to the draft staff analysis, the country clarified the role of the National Council of Upper Education, Science and Technology (CONESCyT). Specifically, the country attests that the CONESCyT is the decision making body for the Ministry of Upper

Education, Science and Technology (MESCYT). Thus, medical schools quality of education are evaluated by the MESCYT and receive accreditation approval from the CONESCYT, which is pursuant to Law 139-019 (exhibit 2).

Staff Conclusion:

Comprehensive response provided

Accrediting/Approval Decisions, Question 2

Country Narrative

One of the components taken into account for the accreditation of a medical school is the one concerning the program evaluation and the monitoring of graduates, where the statistical outcomes of the educational program are gathered, expressed in number of students admitted, readmitted, transferred, withdrawn, drop outs, career change, graduates, graduates who took, approved or failed the medical residency exam, the USMLE and any other [exam].

Analyst Remarks to Narrative

The country attests that decisions made on the performance of the medical school for accreditation/approval is based upon program evaluations and monitoring data for graduates. Specifically, the country indicates that the statistical outcomes form program evaluation data, including the number/type of students within the school, and the monitoring data of the graduates, such as those that changed careers, passed or failed the country's medical residency exam and the United States Medical Licensing Examination (USMLE), are performance data indicators utilized for granting or not granting accreditation/approval. Collection of this data is evidenced in the Instrument for collecting statistical information from medical schools found in the Accrediting/Approval Decisions, Question 4 (exhibit17).

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 3

Country Narrative

All medical schools must report to MESCYT statistical data resulting from its educational process, as indicated in the former question. Information is collected with an instrument proposed by MESCYT, and its processed data are entered into MESCYT's statistical information system.

Evidence:

- Instrument for collecting statistical information from medical schools.

Analyst Remarks to Narrative

The country attests that the Ministry of Upper Education, Science and Technology (MESCYT) requires statistical data on the performance of the medical schools, based upon program evaluations and monitoring data for graduates, to make accreditation/approval decisions. Specifically, the country indicates that the statistical outcomes form program evaluation data, including the number/type of students within the school, and the monitoring data of the graduates, such as those that changed careers, passed or failed the country's medical residency exam and the United States Medical Licensing Examination (USMLE), are performance data indicators utilized for granting or not granting accreditation/approval. Collection of this data is evidenced in the Instrument for collecting statistical information from medical schools found in the Accrediting/Approval Decisions, Question 4 (exhibit17).

Staff Conclusion:

Comprehensive Response Provided

Accrediting/Approval Decisions, Question 4

Country Narrative

Yes, for national evaluation purposes, the statistics[resulting from the national exam for medical residency] are taken into account, and it is established that the minimum national acceptable average for graduates that pass the medical residency exam is 60%.

Once a year, three months after the completion of the annual calendar, the institutions should report to MESCYT the outcomes of

their educational process by submitting the corresponding statistics, redacted on the format prepared by MESCYT, emphasizing the criteria established in the Norms for the Approval, Regulation, and Accreditation of Medical Schools in the Dominican Republic.

Evidence:

•Statistics of years 2016 and 2017 on the outcomes of the educational process of Medical Schools of the Dominican Republic.

Analyst Remarks to Narrative

The country has established that the minimum national acceptable average for graduates that pass the national exam for medical residency is 60%. The statistical data from the performance outcomes of the medical school pursuant to the requirements within the Norms for the Approval, Regulation, and Accreditation of Medical Schools are prepared and collected annually by the Ministry of Upper Education, Science and Technology (MESCYT) (exhibit 4). Specifically, program evaluation, monitoring and examination score data from all of the country's medical schools are collected and compiled in the Instrument for collecting statistical information from medical schools by the MESCYT for review and determination of whether to grant accreditation or approval a particular school (exhibit17). It should be noted that the country currently has one eligible and participating foreign graduate medical school with the Department, the Instituto Tecnológico de Santo Domingo [Technological Institute of Santo Domingo] (INTEC), that was reinstated in February 2018 by the Department and is the first school identified on the Instrument for collecting statistical information from medical schools exhibit. The country narrative also identifies the Statistics of years 2016 and 2017 on the outcomes of the educational process of Medical Schools of the Dominican Republic as evidence; however this documentation has not been explained in the narrative or provided as evidence for analysis.

Staff Conclusion:

Additional information Requested

Country Response

Evidence: INCLUDE STATISTICS UNTIL THE YEAR 2017.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided the outcomes statistics until year 2017; however the content of the document is in Spanish not English.

Staff Conclusion:

Additional Information requested
