Background

At its fall 1998 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) initially determined that the standards and processes used by the Netherlands for approving medical education programs were comparable to the United States.

The NCFMEA formally reaffirmed its prior determination that the standards and processes used by the Netherlands to accredit medical schools were comparable to those used in the United States in fall 2008. In fall 2011, the NCFMEA formally accepted the update report submitted by the Netherlands regarding its accrediting activities, to include its accreditation of medical schools in Saba. The country's accreditation activities are the subject of this report.

Summary of Findings

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

-- NCFMEA may wish to ask further questions of the country during their meeting to ensure that the information they are getting meets the needs of the committee.

Staff Analysis

Outstanding Issues

Please provide information on NVAO's assessment of the SABA University School of Medicine.

Country Narrative

Mid-Term Review

Doctor of Medicine Programme,
Saba University School of Medicine

22 February 2016

EXECUTIVE SUMMARY

In accordance with the agreement as part of the NVAO accreditation decision of 2013 an international panel of experts executed a mid-term review of the Doctor of Medicine (MD) degree programme at Saba University School of Medicine (SUSOM) in January 2016. This review particularly aimed at the assessment of the progress made on ten key recommendations adhering to the 2013 accreditation and on the assessment of the students’ results. The review panel found that SUSOM has implemented the key recommendations and could maintain the very satisfactory level of students’ results. Substantial progress has been made as the result of the effort put in in terms of both educational work and financial investments. The main conclusion of the mid-term review is that SUSOM meets the terms of the agreement of the NVAO accreditation decision of 2013.

Recommendations 2012/2013

A comprehensive revision of the curriculum including its assessment and the assessment procedures, a further investment in faculty and faculty development, and a more formal system of quality assurance have dealt with the ten major recommendations identified in the previous assessment procedure.

In consultation with outside experts, SUSOM developed a more modern vision of medical education fitting with its unique setting. This exercise resulted in a fundamental revision of the curriculum that is now competency-based. The new curriculum offers mostly multi-disciplinary courses of an integrative nature. Also the integration between the preclinical curriculum on the island and the clinical curriculum on the continent improved significantly.
SUSOM was able to consolidate its responsibility for the clerkships although to some extent it will always be a shared responsibility with the hospitals. Currently, the clerkships are clustered in about twenty hospitals in five geographical areas. A substantial effort was made to define expectations for clinical clerkships and to establish both a standardized package of educational experiences and a standardized approach to assessment during the clinical rotations. Overall the reorganisation of the rotations has proven to be beneficial to both the students and the school.

The teaching method has transformed from a more traditional lecture-based format to a contemporary student-centred learning experience resulting in a hybrid programme. The revised teaching format also correlates better with the competency-based intended learning outcomes. The introduction of the curriculum mapping application LCMS+ has proven to be very valuable especially as it has been adapted to SUSOM's specific needs. The implementation of modern teaching methods is a work in progress and the faculty's engagement in adopting them is encouraging. There certainly is evidence of availability of on-going faculty development opportunities. SUSOM clearly invested in faculty and in infrastructure, and will continue to do so, in order to enable student-centred teaching.

Assessments were brought in line with the programme’s objectives and standard assessment procedures were defined meeting the requirements of the Dutch educational law. An examination committee has been formed, and it has a clear understanding of its role and tasks.

A formal quality assurance committee has been created, and a quality assurance plan is provided. The committee defined a standard package of critical indicators of educational success that are monitored regularly. The dashboard established for this purpose is particularly valuable. Points of attention include ensuring the independence of the quality assurance committee and external evaluators, and stimulating a bottom up approach with the active involvement of all stakeholders.

Students’ results
The quality of student progression in both the Basic Sciences curriculum and the Clinical Medicine curriculum is commendable. The students’ results expressed in USMLE passing rates and residence locations over the past three years have maintained their high level. The record of students’ results has actually improved since 2012.

Peer review
The outcomes of the peer review are equally satisfying. SUSOM has made substantial effort to address the five additional issues raised by the previous panel:

? The intended learning outcomes are now published on the school’s website and listed in various documents available to faculty and students.

? The revised SUSOM curriculum increases clinical based activities during the pre-clinical years. Direct clinical exposure remains rather low, though, potentially impacting learning in context. Further possibilities are being explored.

? All core clerkships are now to be completed before beginning the fourth year electives as confirmed by the students during the interviews.

? The research line focuses on the teaching of scientific methodology and needs further development throughout the entire curriculum. A Research Focus Committee has been installed to propose a strategy and identify opportunities to start small-scale research projects. The ultimate aim is that scholarly activities are supportive of the teaching and learning community.

? The information dossier makes the financial situation of SUSOM and its budgeting process more transparent to the review panel.

Conclusion
SUSOM has proven to be remarkably responsive to the recommendations made in the 2012 NVAO review. Continued efforts to modernize the curriculum and to develop a robust and meaningful culture of continuous quality improvement are both noted, and should be encouraged to continue. At this stage, it is important for SUSOM to focus on the revised curriculum implementation process and to consolidate quality improvement activities.

The Hague, 22 February 2016

Prof. dr. Harry Hillen, Michèle Wera MA, chair secretary

Composition of the panel:
1. Professor Harry Hillen, PhD, em. Professor of Internal Medicine and em. Dean Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands (chair);
2. Shawn E. McCandless, MD, Associate Professor/Director, Center for Human Genetics, School of Medicine, Case Western Reserve University, Cleveland, Ohio, US;
3. Andrew Lamb Joselow, BA, 4th year medical student, Tulane University, New Orleans, Louisiana, US (student member).
A fourth expert was not deemed necessary as the panel could make good use of the reports on the core clinical clerkship sites in the US. These were reviewed by Tony Peacock, MD, honorary secretary of ACCM, the Accreditation Commission on Colleges of Medicine, in Dublin, Ireland.

Secretary to the panel: Michèle Wera MA, policy advisor NVAO, in The Hague, Netherlands.

**Analyst Remarks to Narrative**

In October 2015, the Secretary letter notified the Netherlands that based upon Saba’s status of as a special municipality within the country of the Netherlands, that a formal action was being taken to remove Saba as a separate entity on the list of NCFMEA comparable countries. As a result, the request for this special report was made for the country to report on the status of the Accreditation Organization of the Netherlands and Flanders (NVAO)’s standards regarding the SABA University School of Medicine.

The country has provided a midterm report from the review of the institution that indicates that they have reviewed the SABA University School of Medicine in January 2016. This review was conducted based upon a review of the curriculum including its assessment, a review of faculty, and in regards to quality assurance. It is mentioned in the report that students may be assigned to one of five clinical clusters, however it remains unclear from the report how/if the team conducted a review of the clerkship sites.

It appears as though strides in continuing to improve the preclinical and clinical interaction of its students have occurred, as well a concerted effort for revising student learning outcomes. The report also indicates that a focus has been given to student results on both the Basic Sciences curriculum and the Clinical Medicine curriculum. However, the specific details about the review of student results was not included in the report.

The details of the midterm report (exhibit 1) also demonstrates a qualified team of reviewers conducted the review panel and drafted the report. The report includes a copy of the agenda during the visit and the documents that provided information for the report. The report concludes with information stating that while improvements have occurred, is recommended that the Saba University School of Medicine continue to focus on the revised curriculum implementation process and to consolidate quality improvement activities.

NCFMEA may wish to ask the country for additional information about the competency-based intended learning outcomes (ILOs), about how reviews are conducted of the clerkship sites, and the future plans for continuing to ensure that the curriculum is fully implemented.

**Country Response**

1. It is mentioned in the report that students may be assigned to one of five clinical clusters, however it remains unclear from the report how/if the team conducted a review of the clerkship sites.

   Answer NVAO: The report mentions that “A fourth expert was not deemed necessary as the panel could make good use of the reports on the core clinical clerkship sites in the US. These were reviewed by Tony Peacock, MD, honorary secretary of ACCM, the Accreditation Commission on Colleges of Medicine, in Dublin, Ireland.”

   Prior to the team’s visit of Saba medical school this expert visited 10 clinical clerkship sites in the US and wrote Clinical Training Site Evaluation reports on all sites. These reports were taken into account by the review team. Saba Medical School considers this information in the application file as confidential and only accessible to the review team.

2. The report also indicates that a focus has been given to student results on both the Basic Sciences curriculum and the Clinical Medicine curriculum. However, the specific details about the review of student results was not included in the report.

   Answer NVAO: Saba Medical School considers this information in the application file as confidential and only accessible to the review team. The exact students results are therefore not included in the review report.

3. NCFMEA may wish to ask the country for additional information about the competency-based intended learning outcomes (ILOs), about how reviews are conducted of the clerkship sites, and the future plans for continuing to ensure that the curriculum is fully implemented.

   Answer NVAO: the present NVAO accreditation decision of Saba Medical School is valid until 13 September 2018. The next external evaluation by an independent expert team is scheduled for this year, 2017. The programme assessment will cover 11 standards of the NVAO accreditation framework: 1 intended learning outcomes (ILOs), 2 academic orientation of the curriculum, 3 content, 4 learning environment, 5 intake, 6 faculty, 7 facilities, 8 tutoring, 9 quality assurance, 10 student assessment, and 11 achieved learning outcomes. The follow-up procedures of the first review and the midterm review will be taken into consideration and will therefore also include the the implementation of the revised curriculum and the review of the clerkship sites.

**Analyst Remarks to Response**
In response to the draft analysis, the country has provided information stating that a review of the clerkship sites has been conducted, but that the report of the visits is considered confidential. In addition, the country has also stated that it is the same case for the student learning outcomes. The country has explained in their narrative that they are planning another external evaluation in 2017 to review the curriculum.

While the country states that these reviews have been conducted, there was no evidence provided demonstrating this review. NCFMEA may wish to ask further questions of the country during their meeting to ensure that the information they are getting meets the needs of the committee.

Staff Conclusion: Additional Information requested