Background

At its September 2016 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) initially determined that the accreditation standards the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) used to evaluate medical education programs in Barbados were comparable to those used to evaluate such programs in the United States. At that meeting, the NCFMEA requested that Barbados provide an update report, which is the subject of this 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 Committee may want to request additional information as to how all core clinical sites are reviewed on a regular basis by CAAM-HP. The Committee may also want to request the specific completion rate data requests of RUSOM by the NCFMEA while the school was accredited by the Dominica Medical Board. [Overview of accreditation activities]

-- The Committee may want to request additional information on any upcoming visits to branch campuses or clinical clerkship sites. [Schedule of upcoming accreditation activities]

Staff Analysis

Current status of medical schools

Country Narrative

There are 4 operating medical schools in Barbados: 1 regional and 3 offshore. Below is a list of these schools currently operating in Barbados and their status with the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP):

1. The University of the West Indies (UWI) School of Medicine, Cave Hill Campus – This school was last visited by CAAM-HP in April 2016 as part of the full site visit to the UWI School of Medicine. The UWI is a multi-campus, regional institution with teaching sites in Jamaica, Trinidad, Barbados and The Bahamas. The medical programme of the UWI is one programme delivered across the four teaching sites. Following the site visit in 2016, the programme was accredited with conditions for 2 years, 2016-2018. See Appendix 6: CAAM-HP 2016 Assessment Letter to UWI Med. However, on the basis of annual reports, the CAAM-HP, at its Annual General Meeting in July 2018, extended the period of accreditation by three years to 2021. See Appendix 1: CAAM-HP 2018 Assessment Letter to UWI Med.

2. American University of Barbados (AUB) – This is a new and developing offshore medical school. It is registered in Barbados (see Appendix 40: AUB Certificate of Registration, Barbados) and received a Charter from the government (see Appendix 41: AUB Charter, Barbados). In July 2018, the MD programme was accorded Initial Provisional Accreditation for 2 years, 2018-2020 following a full site visit by CAAM-HP in June 2018. See Appendix 2: CAAM-HP 2018 Assessment Letter to AUB.

3. Ross University School of Medicine (RUSOM) – This is an offshore medical school which recently relocated its basic science campus to Barbados from Dominica. The operations of RUSOM in Dominica were devastated by Hurricane Maria in 2017. The last full site visit of RUSOM, Dominica by CAAM-HP was in January 2014. Following that visit, the MD programme was accredited with conditions for four years, 2014 to 2018. See Appendix 3: CAAM-HP 2014 Assessment Letter to RUSOM. In July 2018, given its unique situation and proposed relocation, CAAM-HP extended the accreditation status of RUSOM until December 2019. See Appendix 4: CAAM-HP 2018 Assessment Letter to RUSOM. The proposed site in Barbados was subsequently visited by CAAM-HP in October 2018 and the report of that visit is attached as Appendix 35: RUSOM Limited Site Visit Report, October 2018. RUSOM is now registered in Barbados (see Appendix 36: RUSOM Certificate of Registration) and has received a Charter from the government (see Appendix 37: RUSOM Charter, Barbados). A follow-up visit by CAAM-HP is scheduled for January 14, 2019 with respect to the school’s readiness for a January intake. A report of this visit will be prepared by the team leader.
4. American University of Integrative Sciences School of Medicine (AUIS) – This is another offshore medical school recently registered for one year by the Barbados Accreditation Council.

Analyst Remarks to Narrative

The country provided information and documentation concerning the current accreditation status with the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) of the four medical schools operating in Barbados. The four schools are University of the West Indies (UWI) School of Medicine, Cave Hill Campus; American University of Barbados (AUB); Ross University School of Medicine (RUSOM); and American University of Integrative Sciences School of Medicine (AUIS).

UWI, AUB and RUSOM are accredited by CAAM-HP and registered with the Barbados Accreditation Council, whereas AUIS is only registered with the Barbados Accreditation Council. The country did not provide any information about whether AUIS would be seeking accreditation by CAAM-HP or if it had any knowledge of the future plans of AUIS.

Country Response

UPDATE ON AUIS

The American University of Integrative Sciences (AUIS) is a new medical school set up in Barbados. New schools or proposed new schools seeking CAAM-HP accreditation are subject to an approval and monitoring process as outlined in the CAAM-HP document “Accreditation Guidelines for New and Developing Medical Schools”, Appendix 28. The school applied to CAAM-HP for accreditation in January 2018 (see Appendix 42: AUIS Engagement Letter, January 2018). The school’s application was assessed; however, the review process was put on hold pending payment of the requisite administrative fee of US$10,000.00 which was settled late 2018. A visit to the site is now being arranged for 2019.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided an update on the status of the accreditation review of AUIS by CAAM-HP. Specifically, the country stated that CAAM-HP would conduct a site visit of AUIS in 2019.

Staff Conclusion: Comprehensive response provided

Overview of accreditation activities

Country Narrative

ACCREDITATION REVIEWS

The CAAM-HP conducted full site visits to the following medical schools in Barbados as follows:

1. The UWI School of Medicine, Cave Hill Campus: In April 2016, CAAM-HP conducted a full site visit to the UWI School of Medicine which encompassed its four teaching sites and facilities for clinical teaching. See Appendix 5: The UWI Site Visit Report, 2016. For Barbados, this included a survey of the basic science location at the Queen Elizabeth Hospital (QEH) and the associated clinical sites which are all located on island, namely:

- QEH Wards/Clinics
- Psychiatric Hospital
- Black Rock Polyclinic

At the July 2016 meeting of the CAAM-HP, the UWI medical programme was accredited with conditions for two years, 2016-2018. See Appendix 6: CAAM-HP 2016 Assessment Letter to UWI Med. However, on the basis of annual reports, the CAAM-HP, at its Annual General Meeting in July 2018, extended the period of accreditation by three years to 2021. See Appendix 1: CAAM-HP 2018 Assessment Letter to UWI Med.

2. RUSOM: In January 2014, CAAM-HP visited the basic science campus of Ross in Dominica in addition to the following clinical affiliates in the United States (US):

- Atlanta Medical Center
- Kern Medical Center
- Cleveland Clinic
- Center for Haitian Studies
- Memorial Hospital

See Appendix 7 for a report of the January 2014 visit to RUSOM. At its meeting in July 2014, CAAM-HP accredited the programme for four years, 2014-2018. See Appendix 3: CAAM-HP 2014 Assessment Letter to RUSOM. RUSOM was due for another full review in 2018. However, given the devastation of its facilities in Dominica in 2017 by Hurricane Maria, the school decided to relocate to Barbados. Consequently, a request was made by Ross to CAAM-HP for an extension of the programme’s accreditation status. The
CAAM-HP, at its meeting in July 2018, considered Ross’ case and decided to extend the accreditation until December 2019. See Appendix 4: CAAM-HP 2018 Assessment Letter to RUSOM.

Following the devastation by Hurricane Maria and prior to the relocation to Barbados, RUSOM made interim arrangements to accommodate its students and faculty in St Kitts as well as in Knoxville, Tennessee, USA. See Appendix 38: RUSOM Interim arrangements.

The proposed site in Barbados was subsequently visited by CAAM-HP in October 2018 and the report of that visit is attached as Appendix 35. A follow-up visit is scheduled for January 14, 2019 with respect to the school’s readiness for a January intake. In the interim, the school has provided attestation of the readiness of student accommodation. See appendix 39: RUSOM Attestation of Readiness. In addition, the school submitted a video presentation to give a sense of the status of the new campus facilities. Please click the following link to view the video presentation: https://vimeo.com/307559947/a1f30637a3.

3. AUB: CAAM-HP undertook the first full review of the MD programme of AUB in June 2018. The visit involved a survey of the basic science teaching facilities in Barbados as well as the following clinical teaching sites in the Chicago:

• Loretto Hospital
• Jackson Park Hospital

The report of that visit can be found at Appendix 8. At its meeting in July 2018, CAAM-HP accorded Initial Provisional Accreditation for two years, 2018-2020. See Appendix 2: CAAM-HP 2018 Assessment Letter to AUB.

MONITORING
The CAAM-HP monitors the medical programmes of UWI School of Medicine and RUSOM during the period of accreditation by way of progress reports which are submitted annually. This is in keeping with the conditions of the schools’ accreditation. These reports outline steps taken to address issues highlighted by CAAM-HP in the site visit reports. Between 2016 and 2018, UWI and RUSOM provided the CAAM-HP with progress reports which are appended as follows:

• Appendix 9: UWI Med 2017 Progress Report
• Appendix 10: UWI Med 2018 Progress Report
• Appendix 11: RUSOM 2016 Progress Report
• Appendix 12: RUSOM 2017 Progress Report
• Appendix 13: RUSOM 2018 Progress Report

The above reports were considered by CAAM-HP at its annual meetings. Their assessment are appended as follows:

• Appendix 14: UWI Med 2017 Progress Report Assessment
• Appendix 15: UWI Med 2018 Progress Report Assessment
• Appendix 16: RUSOM 2016 Progress Report Assessment
• Appendix 17: RUSOM 2017 Progress Report Assessment
• Appendix 18: RUSOM 2018 Progress Report Assessment

Following the assessment of the 2018 UWI Progress Report, the accreditation status of the UWI medical programme was extended by three years, from 2018-2021. See Appendix 1: CAAM-HP 2018 Assessment Letter to UWI.

As regards the AUB, the school has been requested to provide a progress report which will be considered at CAAM-HP’s July 2019 Annual Meeting.

CAPACITY BUILDING WORKSHOPS
CAAM-HP hosted a successful and well received Capacity Building Workshop in Barbados, March 19-22, 2017. Participants came from 24 medical schools in the region including St George’s University. The workshop was designed to provide guidance to schools and strengthen their capacity to prepare for the accreditation process and evaluate themselves against the Standards. Presentations focused on themes such as Aspects of the Accreditation Process; Focusing on the Standards and The Standards in Practice.

One significant objective of the Workshop was to introduce the revised accreditation standards for medicine to the schools and help them develop a comprehensive understanding of their interpretation, application and assessment. Through presentations and group deliberations using case studies, the workshop provided participants with an interactive forum to engage with CAAM-HP and medical education experts. Among the outcomes of the Workshop was that suitable participants were identified and served as site visitors for CAAM-HP during the 2017-2018 administrative year.

The programme and presentations can be accessed on the CAAM-HP website at http://www.caam-hp.org/workshop.html. CAAM-HP is also pleased to share its 2016-2017 Annual Report (Appendix 19) in which a review of the Workshop was documented on page 16 through to 22.
CAAM-HP hosted another Capacity Building Workshop from July 25-28, 2018 in Trinidad and Tobago. That Workshop was attended by approximately one hundred (100) representatives from just under thirty (30) schools in the English-speaking, Spanish-speaking and Dutch territories in the Caribbean. Information about the workshop can be found at https://www.caam-hp.org/news-details/Capacity+Building+Workshop%2C+July+2018+Aug+18+2018/661b9f14-a334-11e8-8584-f23c911818f6

Analyst Remarks to Narrative

The country provided information and documentation regarding the accreditation activities of the with the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP). Specifically, CAAM-HP conducted site visits to University of the West Indies (UWI) School of Medicine, Cave Hill Campus; Ross University School of Medicine (RUSOM); and American University of Barbados (AUB), and provided documentation of those site visits. The country also provided documentation of the accreditation decisions made related to those site visits at its decision meetings, as well as the submission and review of annual progress reports.

The country stated that RUSOM was scheduled for a follow-up visit in January, 2019 to confirm the readiness of the school to accept a new class and commence the full operations of the school in Barbados. Department staff requests the report from that visit in response to this draft staff analysis. In addition, Department staff note that the NCFMEA has previously made specific data requests of RUSOM while it was accredited by the Dominica Medical Board. Those data requests include completion rates by admitted cohort and that the rates be reported at the 4-, 5-, and 6-year point. Department staff suggest that the country provide the data requests related to RUSOM in response to this draft staff analysis.

With regard to the review of core clinical sites, it is not clear that CAAM-HP conducts a comprehensive program or review to all such sites on a regular basis. For example, the country states that CAAM-HP visited the basic sciences campus of RUSOM in Dominica, along with four clinical sites, in conjunction with the full accreditation review in 2014 (Appendix 7, page 67-73). Within that report (Appendix 7, pages 144-145), there is a list of 44 sites that provide clinical training in core subjects, but it not clear that CAAM-HP conducts site visits to all of those facilities.

The country provided information on the "Capacity Building Workshops" hosted by CAAM-HP to provide guidance to schools on how to evaluate themselves against the CAAM-HP standards and prepare for the accreditation process. These workshops were held in 2017 and 2018.

Country Response

FOLLOW-UP ON RUSOM

On January 14, 2019, a follow-up visit was paid to RUSOM's facilities in Barbados, to determine its readiness to accept students. The report of that visit is attached as Appendix 43, RUSOM Follow-up Visit, January 2019. The reports of the visits of October 2018 and January 2019 will be presented to the CAAM-HP at its next meeting in July 2019.

- CAAM-HP Policy on Disaster

After considering the case of RUSOM with the devastation of its facilities in Dominica by the hurricane and subsequent relocation to Barbados, CAAM-HP has considered drafting a policy on how to deal with the likely effects of these occurrences on the islands’ infrastructure given the vulnerability of Caribbean islands to destructive natural forces.

RUSOM COMPLETION RATES

CAAM-HP is not privy to requests made of the Dominica Medical Board. This is the first appearance of CAAM-HP before the NCFMEA on RUSOM’s behalf. In its review of RUSOM, CAAM-HP has paid attention to attrition rates and has expressed concerns about this in its letters to the schools. Reference is made to appendices 16-17 and 44-49, CAAM-HP’s assessment letters to RUSOM. The school has sought to address these concerns in its annual progress reports to CAAM-HP. See appendices 11-13 and 50-54 for RUSOM’s Annual Progress Reports to CAAM-HP.

REVIEW OF CORE CLINICAL SITES

CAAM-HP, on its first visit survey of RUSOM in June 2008, visited 3 clinical affiliates of the medical school. These were as follows:

- Kings County Hospital
- Wyckoff Heights Medical center
- St John’s Episcopal

See Appendix 55, RUSOM June 2008 Site Visit Schedule. Hence CAAM-HP has visited 8 of RUSOM’s clinical training sites.

The expectation that CAAM-HP will visit all clinical sites used by RUSOM presents a major challenge given CAAM-HP’s obligation to provide accreditation services to all medical schools in member countries of the Caribbean Community (CARICOM). However, during the next accreditation visit early 2020, CAAM-HP will endeavor to visit as many clinical sites as is feasible.

Analyst Remarks to Response

In its response to the draft staff analysis, the country provided additional information and documentation related to its accreditation activities. Specifically, the country provided the requested follow-up visit report to RUSOM that occurred in January, 2019. In addition,
the country noted that CAAM-HP is considering a policy related to natural or other disasters and their effect on the medical schools in the Caribbean.

With regards to the prior completion rate data requests of RUSOM by the Committee, CAAM-HP states that it is not aware of the prior requests since those were made while RUSOM was located in Dominica and under the review of the Dominica Medical Board. Department staff notes that the prior two final staff reports and decision letters for Dominica are available publicly on the Department’s website. In addition, the representatives from RUSOM who were in attendance at the fall 2018 NCFMEA meeting indicated that the information and documentation requested by the Committee would be available at the time of this review of Barbados. Although CAAM-HP provided assessment letters and annual progress reports for RUSOM, Department staff suggests that CAAM-HP work with RUSOM to obtain and provide the specific completion rate data requested by the Committee to include the data reported by admitted cohort and that the rates be reported at the 4-, 5-, and 6-year point.

Regarding the review of core clinical sites, CAAM-HP provided additional information and documentation regarding the review of three clinical sites in June 2008. The addition of those sites to the main campus and four reviewed in 2014 brings the total reviewed over 10 years to eight clinical sites. As noted in the draft staff analysis, RUSOM has 44 sites that provide clinical training in core subjects, which means that CAAM-HP has visited less than 20% of the core clinical sites. Department staff is concerned that CAAM-HP does not appear to have the capacity to conduct a comprehensive program of review to all core clinical sites on a regular basis, and stated such a conclusion in its response.

Staff Conclusion: Additional Information requested

Laws and regulations

Country Narrative

There have been no changes to the laws and regulations that affect the accreditation of medical schools in Barbados.

Analyst Remarks to Narrative

The country indicates in its narrative that there have been no changes in Barbados’ laws or regulations that affect the accreditation of its medical schools.

Analyst Remarks to Response

Standards

Country Narrative

In keeping with its Procedures for revision of standards the CAAM-HP Secretariat commissioned a sub-committee to review its accreditation standards for medicine over the period January 2016 and March 2017. Membership of the committee comprised:

• 1 representative from an accredited medical school
• 1 CAAM-HP member
• 1 representative of the Caribbean Association of Medical Councils (CAMC)
• 1 person from outside of the region with experience with the CAAM-HP accreditation standards and processes
• 1 experienced CAAM-HP site visitor
• The Executive Director as an ex-officio member

The committee:

• maintained the current format of the CAAM-HP standards
• considered the existing standards in the light of the recently revised LCME standards
• compared the CAAM-HP standards against the revised LCME standards and identified discrepancies resulting in the addition of a number of new standards to the current CAAM-HP standards
• changed some standards from “should” to “must”
• amalgamated some standards where they overlapped
• renumbered the standards in the various sections to take account of the additions and amalgamations
• was mindful that the standards must be applicable both to regional and to “off shore” medical schools

In considering the standards the Committee unanimously came to the view that the Internship and Continued Professional Education (CPE) sections did not fit well with the process of accrediting medical schools. CPE is the responsibility of registering bodies and the individual professional bodies and are not a part of an undergraduate medical programme.

The Committee took into consideration the fact that Internship is not part of the undergraduate medical education programme nor is
The country states in its narrative that changes were made to Medical Education Database-Section III-Educational Programme Part A Analyst Remarks to Narrative CAAM-HP Annual General Meeting in July 2017 and came into effect on August 1, 2017. Schools have been advised. Where revisions have taken place, these are highlighted in bold and underlined (Appendices 20-25). These were approved at the A and Standard ED-46. The Committee felt that external examinations and residency rates could not be made compulsory standards and that students who choose not to sit the USMLE and apply for residency must not be put at a disadvantage. However, as many of the schools in the region are geared to successful USMLE and residency placements it was accepted that data should be collected and evaluated for individual schools and be included in the database. If a school has these as important goals for their programme they should form part of the accreditation judgement on that school. For schools where these are not major programme goals and where student rates of sitting these examinations are low these data would not be an important part of the assessment. External examinations are not necessary for graduates of the University of the West Indies (UWI) or the University of Guyana (UG) as the successful completion of the undergraduate course is followed by a period of internship which, when successfully completed, allows the doctor the privilege of Full Registration. There is no requirement for sitting further examinations. The vast majority of these graduates remain in the region and either enter postgraduate residency programmes or General Practice in the region. The differences between the regional and the “off shore” schools mean that this flexibility is required. Finally, since CAAM-HP does not insist that a proportion of students at all schools must obtain external examinations or residency placements the Committee determined that these cannot be requirements.

Should there be questions concerning the methods of assessment or standards of the assessment programme then it may be necessary to seek a benchmark examination and then require the school to mandate their students to sit this benchmark examination before graduating.

The draft revised standards were presented to CAAM-HP’s Annual General Meeting held in Jamaica, July 27-29, 2016. With respect to quantitative standards the meeting agreed with the Committee’s recommendation to use only objective quantitative data such as examination pass rates, attrition, and placement in postgraduate training.

The meeting also discussed the issue of including measures for student performance outcomes in the draft revised standards. The NCFMEA had suggested that CAAM-HP should base its accreditation decisions, in part, on the effective use of data in evaluating the performance of students after graduation from the medical school. CAAM-HP should, therefore, establish student performance outcome standards such as acceptable numbers of graduates from the school passing a licensing examination and an acceptable percentage of all students graduated during the preceding year that obtained placement in an accredited US postgraduate medical training programme to determine whether to grant accreditation.

While acknowledging that such data would be useful, the meeting expressed concern about including performance outcome data in the standards and noted that this was not a requirement of the LCME. The meeting agreed that this matter should be considered carefully at the 2017 Annual General Meeting.

While there was general agreement in principle with the draft revised accreditation standards members were given two weeks to comment further following which any suggestions/amendments would be forwarded to the Committee for consideration.

The majority of the members responded indicating agreement with the proposed new standards, strongly supported the removal of the Internship and Continued Professional Education standards as they are not a required part of the undergraduate medical education programme. Members were also pleased that they would not have to adopt additional quantitative standards as these would have been not only difficult to provide but also somewhat useless without internationally accepted benchmarks.

The main purpose of the March 2017 Capacity Building Workshop was to introduce the draft revised accreditation standards for medicine, their interpretation, application and assessment. This involved Group deliberations using case studies which helped participants to identify the relevant accreditation standards. The programme and presentations can be accessed on the CAAM-HP website at: http://www.caam-hp.org/workshop.html.

The two areas of significant concern during the extended discussion of the new standards were: the examination results data particularly from the schools whose graduates do not sit external examinations and the dropping of the Internship standards. However, a number of schools wanted to be able to supply some data on the participation of their graduates in Internship and residency programmes. Consequently, changes were made to Medical Education Database-Section III-Educational Programme Part A and Standard ED-46.

Where revisions have taken place, these are highlighted in bold and underlined (Appendices 20-25). These were approved at the CAAM-HP Annual General Meeting in July 2017 and came into effect on August 1, 2017. Schools have been advised.

**Analyst Remarks to Narrative**

The country states in its narrative that changes were made to Medical Education Database-Section III-Educational Programme Part A
The objectives for clinical education must include criteria for the types of patients and the appropriate clinical settings needed for programmatic quality and ensure effective monitoring of the medical education program's compliance with accreditation standards. Revised 2017

Term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality and ensure effective monitoring of the medical education programs compliance with accreditation standards. Revised 2017

The medical school must engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality and ensure effective monitoring of the medical education programs compliance with accreditation standards. Revised 2017

The objectives for clinical education must include criteria for the types of patients and the appropriate clinical settings needed for programmatic quality and ensure effective monitoring of the medical education programs compliance with accreditation standards. Revised 2017

Periodically, a medical faculty should, in consultation with relevant stakeholders, professional, governmental and private sector entities and NGOs, review the state of medicine and its practice in the constituency it serves. Such reviews should be used to ensure that the program is relevant to the needs of the community and to identify perceived deficiencies in the curriculum and the curriculum committee given clear directives as a result of such re-assessment of successes and unmet challenges.

• The faculty of a medical school must define its medical education program objectives in outcome-based terms that allow the committee given clear directives as a result of such re-assessment of successes and unmet challenges.

• Periodically, a medical faculty should, in consultation with relevant stakeholders, professional, governmental and private sector entities and NGOs, review the state of medicine and its practice in the constituency it serves. Such reviews should be used to ensure that the program is relevant to the needs of the community and to identify perceived deficiencies in the curriculum and the curriculum committee given clear directives as a result of such re-assessment of successes and unmet challenges.

• The objectives for clinical education must include criteria for the types of patients and the appropriate clinical settings needed for the objectives to be met.

Notable changes in “Appendix 7 STANDARDS FOR THE ACCREDITATION OF MEDICAL SCHOOLS” by CAAM-HP:

MEDICAL STUDENTS (ADMISSIONS):
• Publications must include annual costs for attendance including tuition and fees.
• Premedical course requirements should be restricted to those deemed essential preparation for successful completion of its medical curriculum.
• Publications must include costs for attendance, including tuition and fees.

FINANCIAL AID AND RESOURCES:
• A medical school must have a clear, reasonable and fair policy for the refund of a medical student’s tuition fees
• In the admissions process and throughout medical school, there must be no discrimination on the basis of gender, sexual orientation, age, race or religion ("must" replaced "should").

EDUCATIONAL PROGRAM:
• A medical school must engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result [sic] in the achievement of measurable outcomes that are used to improve programmatic quality and ensure effective monitoring of the medical education programs compliance with accreditation standards.
• A medical school must ensure that medical students in clinical situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his/her level of training and that the activities supervised are within the scope of practice of the supervising health professional.
• The medical school must design and the faculty approve a curriculum that provides a general professional education and ensure that it includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning.

EDUCATIONAL OBJECTIVES:
• Periodically, a medical faculty should, in consultation with relevant stakeholders, professional, governmental and private sector entities and NGOs, review the state of medicine and its practice in the constituency it serves. Such reviews should be used to ensure that the program is relevant to the needs of the community and to identify perceived deficiencies in the curriculum and the curriculum committee given clear directives as a result of such re-assessment of successes and unmet challenges.
• The faculty of a medical school must define its medical education program objectives in outcome-based terms that allow the assessment of the medical students’ progress in developing the competencies that the profession and the public expect of a doctor.
• The medical school must engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve Revised 2017 21 programmatic quality and ensure effective monitoring of the medical education program's compliance with accreditation standards.
• The objectives for clinical education must include criteria for the types of patients and the appropriate clinical settings needed for the objectives to be met.

The country indicates in its narrative that CAAM-HP commissioned a subcommittee to review its accreditation standards for medicine from the period of January 2016 and March 2017 against the newly revised LCME standards. Upon identifying areas of discrepancy, new standards were added into the pre-existing CAAM-HP standards. Some of these changes included changing verbiage from "should" to “must,” combining overlapping standards, and renumbering standards in consideration of any additions or amalgamations.

During this review of the standards, the committee unanimously agreed that the Internship and Continued Professional Education (CPE) sections did not fit well with the process of accrediting medical schools. The Committee took into consideration the fact that internship is not part of the undergraduate medical education program nor is it the responsibility of the schools and hence should not be a part of the assessment process. In its narrative the country indicated that since CAAM-HP does not require a proportion of students to obtain external examinations or residency placements, these factors could not be made compulsory standards. (However, the country stated that if it is the objective of the institution to gear its students towards successful USMLE and residency placements, the data from these standards should be collected and analyzed for the individual schools as part of their accreditation review.)

During CAAM-HP’s Annual General Meeting held in July of 2016, the drafted standards were presented and the committee’s recommendation to use only objective quantitative data (examination pass rates, attrition, and placement in postgraduate training) were agreed upon.

However, the CAAM-HP members expressed concerns regarding the inclusion of performance outcome data in the accreditation standards noting that this was not a required factor for LCME and they deferred this matter for considered at the 2017 Annual General Meeting. The country notes that after the meeting there was agreement with the proposed new standards in removing the internship and continued professional education standards because they are not a required component of the undergraduate medical education program. However, the country did not provide any update regarding any further discussion by CAAM-HP regarding the inclusion of performance outcome data in the accreditation standards.

Notable changes in “Appendix 7 STANDARDS FOR THE ACCREDITATION OF MEDICAL SCHOOLS’ by CAAM-HP:

MEDICAL STUDENTS (ADMISSIONS):
• Publications must include annual costs for attendance including tuition and fees.
• Premedical course requirements should be restricted to those deemed essential preparation for successful completion of its medical curriculum.
• Publications must include costs for attendance, including tuition and fees.

FINANCIAL AID AND RESOURCES:
• A medical school must have a clear, reasonable and fair policy for the refund of a medical student’s tuition fees
• In the admissions process and throughout medical school, there must be no discrimination on the basis of gender, sexual orientation, age, race or religion ("must" replaced "should").

EDUCATIONAL PROGRAM:
• A medical school must engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result [sic] in the achievement of measurable outcomes that are used to improve programmatic quality and ensure effective monitoring of the medical education programs compliance with accreditation standards.
• A medical school must ensure that medical students in clinical situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his/her level of training and that the activities supervised are within the scope of practice of the supervising health professional.
• The medical school must design and the faculty approve a curriculum that provides a general professional education and ensure that it includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning.

EDUCATIONAL OBJECTIVES:
• Periodically, a medical faculty should, in consultation with relevant stakeholders, professional, governmental and private sector entities and NGOs, review the state of medicine and its practice in the constituency it serves. Such reviews should be used to ensure that the program is relevant to the needs of the community and to identify perceived deficiencies in the curriculum and the curriculum committee given clear directives as a result of such re-assessment of successes and unmet challenges.
• The faculty of a medical school must define its medical education program objectives in outcome-based terms that allow the assessment of the medical students’ progress in developing the competencies that the profession and the public expect of a doctor.
• The medical school must engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve Revised 2017 21 programmatic quality and ensure effective monitoring of the medical education program's compliance with accreditation standards.
• The objectives for clinical education must include criteria for the types of patients and the appropriate clinical settings needed for the objectives to be met.
A medical school must ensure that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the students is appropriate to his/her level of training and that the activities supervised are within the scope of practice of the supervising health professional.

STRUCTURE:
• The medical school must design and the faculty approve a curriculum that provides a general professional education, and ensure that it includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self assessment of learning needs, independent identification, analysis and synthesis of relevant information and appraisal of the credibility of information sources.

CONTENT:
• A medical school must ensure that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty and staff at all locations and is one in which all individuals are treated with respect.
• The program must introduce medical students to the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients and applied to patient care.
• The medical school should ensure that the medical education program provides sufficient opportunities, encourages and supports medical students’ participation in service-learning and community service activities.
• Service-learning is defined as a structured learning experience that combines community service with preparation and reflection.
• The curriculum must prepare students for their role in addressing the medical consequences of common societal problems.

GEOGRAPHICALLY SEPARATED PROGRAMS:
• Questions for standards ED-38 to ED-44 should be completed only by schools that operate geographically separate campuses as defined in the instructions for completing the database.

GENERAL FACILITIES:
• A medical school must have, or be assured the use of buildings and equipment appropriate to achieve its educational and other goals. These include: an adequate number of small group discussion rooms; clinical skills and simulation facilities.
• The medical school must design and the faculty approve a curriculum that provides a general professional education and ensure that it includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning.

GOVERNANCE AND ADMINISTRATION:
• A medical school or the educational institution of which it is a part must be registered by the government of the jurisdiction in which it operates.
• An institution which offers a medical education program must engage in a planning process that sets the direction for its program and results in measurable outcomes.

FACULTY:
• All faculty members, including part-time faculty and volunteer physicians involved in teaching must have the capability and continued commitment to be effective teachers.

Analyst Remarks to Response

Processes and procedures

Country Narrative

DOCUMENTS UPDATED
CAAM-HP has updated some of its documents to simplify processes and procedures and make the documents more user friendly. These documents are:
• Procedures of the CAAM-HP, Appendix 26
• Summary of Accreditation Procedures (formerly Accreditation Procedures of the CAAM-HP), Appendix 27
• Accreditation Guidelines for New and Developing Schools, Appendix 28
• Students’ Role in the CAAM-HP, Appendix 29
• Guidelines for Accreditation Survey Visits, Appendix 30
• Guide to Writing a Report on a Visit of a CAAM-HP Survey Team, Appendix 31
• Guide to the Institutional Self-Study (ISS) for Programmes of Education in Medicine, Appendix 32
• Instructions for Completing the CAAM-HP Medical Education Database and ISS Summary, Appendix 33
• Annual Medical School Questionnaire, Appendix 34

These can also be found on the website at https://www.caam-hp.org/documents.
In addition, changes were made to CAAM-HP’s Appeals Policy and States of Accreditation are outlined as follows:

**APPEALS POLICY REVISED**
The revised Policy and Procedures for Appeal were presented to the meeting (CAAM-HP 2017 AGM) for approval. Attention was given to the following key elements:

- the appeal would be decided by an independent 3-member panel;
- the decision of the panel would be binding on CAAM-HP and would be implemented immediately;
- the inclusion of specific grounds for appeal;
- the administrative dismissal of defective appeals;
- the facilitation of electronic hearings;
- the costs of the appeal would be borne by the school;
- the school would be required to notify the relevant government authorities in its jurisdiction of any change in its accreditation status.

The meeting emphasised that the school must notify all students, including potential students of an adverse accreditation decision and update its accreditation status on all its public documents and website.

The meeting considered whether the composition of the panel should be specified, but agreed that this could be limiting and noted that the school already had the right to object to panel members.

In the discussion with respect to the specific grounds for appeal, the meeting questioned the relevance of including the citing of factually incorrect information in making a determination, given that the school had an opportunity to review the report and correct errors of fact. The meeting agreed to remove citing of factually incorrect information as one of the grounds for appeal.

The Authority approved the revised Policy and Procedures for Appeal subject to the change noted above.

**STATES OF ACCREDITATION REVISED**
The revised States of Accreditation were presented to the CAAM-HP 2017 AGM for approval. The review was designed to: clarify terminology; address inconsistencies; reduce the likelihood of legal challenge; and make the document more user-friendly. The following major changes were highlighted:

- extending Probation for a maximum of three (3) years;
- granting Provisional Accreditation for three (3) years;
- increasing the period before re-application to a minimum of three (3) years;
- changing terminology from “Candidacy Withdrawn” to “Candidacy Terminated”;
- including “failure to submit annual progress reports” as one of the reasons for Candidacy Terminated;
- making all adverse accreditation decisions subject to appeal.

The Authority approved the revised States of Accreditation.

The Revised States of Accreditation and the Revised Appeals Policy can be found in the Procedures of the CAAM-HP (Appendix 26) at Appendix A and Appendix H, respectively.

**Analyst Remarks to Narrative**
The country provided the updated CAAM-HP procedures and noted in the narrative the specific updates to the “appeals process” and “states of accreditation” sections. The country also provided the eight other documents that were updated to simplify processes and procedures.

Department staff notes that the country indicated in their narrative in the standards section that substantial changes have been made to ensuring that accreditation decisions are based, in part, on the evaluation of student performance after graduation from medical school; however the country did not provide any information or documentation on how those changes have affected its processes and procedures.

**Country Response**
This requirement to provide data in support of this was introduced in the revised standards in 2017. CAAM-HP has not yet had the opportunity to use this information in its decision making. However, it will be taken into consideration in the 2020 accreditation exercise for RUSOM.

**Analyst Remarks to Response**
In response to the draft staff analysis, the country stated that it has not yet had the opportunity to implement the changes made to ensuring that accreditation decisions are based, in part, on the evaluation of student performance after graduation from medical school, but will do so in its comprehensive review of RUSOM in 2020.
Country Narrative

Both RUSOM and AUB are expected to begin preparations in 2019 for a full accreditation review early 2020.

Analyst Remarks to Narrative

In its narrative, the country stated that two of its medical schools, Ross University School of Medicine (RUSOM) and American University of Barbados (AUB), will host full accreditation reviews in 2020 by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP). The country did not describe the specific site visit activities that encompass a 'full accreditation review,' nor did it provide any information on upcoming accreditation meetings or visits to branch campuses or clinical clerkship sites.

Country Response

FULL ACCREDITATION REVIEW

For a full accreditation visit, the school is required to submit the following documents beforehand:

- completed education databases,
- self-study summary report,
- required courses and clerkship forms,
- independent students analysis,
- supporting documents.

Details about a full accreditation visit can be found in the CAAM-HP document, "Guidelines for Accreditation Survey Visits", under the section "Full Survey Visits", Appendix 30.

It is expected that the outcome of the site visits to RUSOM and AUB will be determined at the Authority’s Annual General Meeting in July 2020.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided additional information on its upcoming accreditation meetings and on-site visits to medical schools, branch campuses, and clinical clerkship sites. Specifically, the country listed the required documentation for a 'full accreditation review,' and stated that complete details of such a review is available in Appendix 30. And, although the country stated that the decisions related to the site visits in 2020 to RUSOM and AUB would occur at the CAAM-HP's Annual General Meeting in July 2020, the country again did not provide any information on visits to branch campuses or clinical clerkship sites, nor indicate that none were scheduled. In addition, the country stated that it would be conducting a site visit to American University of Integrative Sciences School of Medicine (AUIS) in 2019 in the section of this report about the current status of medical schools, but did not report such accreditation activity in this section.

Staff Conclusion: Additional Information requested