

U.S. Department of Education

Staff Analysis
of the Standards for the
Evaluation of Medical Schools Used by

Saba

Prepared: June 2009

Background

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) originally determined that the standards used by the Accreditation Commission on Colleges of Medicine (ACCM) on behalf of the Government of Saba were comparable to those used to evaluate medical schools in the United States at its March 2003 meeting.

More recently, the NCFMEA accepted a report on Saba's accreditation activities at its September 2007 meeting and requested that Saba submit another report regarding an ownership change at the university that was mentioned in its report for consideration at the March 2009 NCFMEA meeting. In addition, the NCFMEA invited Saba to reapply for a comparability redetermination at the September 2009 meeting, which is the subject of this analysis.

Staff Analysis

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

There should be a clearly designated body responsible for evaluating the quality of medical education in your country, and that body should have clear authority to accredit/approve/deny the operation of medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.

The entity that regulates medical school certification and/or licensure is the Government of the Island Territory of Saba.

The Minister of Education, along with the Executive Council of Saba is responsible for the oversight of medical education on the Island. Consent must be obtained from the Minister of Education and the Executive Council before a medical school can begin operations on the Island of Saba. The Government has granted authority for Saba University School of Medicine (SUSOM) to operate a medical school on the Island. The medical program of the University must meet standards comparable to those used in the United States. If the medical program fails to meet the prescribed standards, the

Saba Government has many remedies including the ability to revoke the University's approval.

The Government of Saba has authorized the Accreditation Commission on Colleges of Medicine (ACCM) to conduct accreditation reviews of the medical program at its only medical school SUSOM. The ACCM provided documentation that shows it conducts periodic in-depth reviews of SUSOM's medical program to confirm compliance to the minimum allowable standards for its operation that include on-site inspections and a detailed auditing process.

The Chairman of the ACCM, or his designee, was authorized by the Lieutenant Governor of Saba to perform full evaluations of Saba University in 2002. Each year the ACCM meets and provides a report of its activities to the Commissioner of Health. The Chairman, or his designee, is authorized to receive reports and information from the US Department of Education on behalf of the Government of Saba. The ACCM is required to provide a comprehensive inspection of the school's basic science and clinical teaching programs to ensure that they comply with its standards of accreditation as defined and revised by the Liaison Committee on Medical Education (LCME). In order to stay current, the ACCM regularly reviews the guidelines of the LCME in order to incorporate any significant changes into its standards of accreditation.

Documentation:

Appendix 1 Approval by the Government of Saba, Netherlands

Appendix 2 Charter

Appendix 4

Appendix 5

Elements of Accreditation, Element 1, p. 6

Appendix 6

Self Study Folder B, Exhibit 2

Annual Database Report Folder B, Exhibit 1

PART 2:

Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following areas:

1. Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

The ACCM provided documentation that describes the goals that define the school's mission and teaching program. The goals are required to be adopted by the Board of Trustees of the institution and are required to be re-evaluated periodically to reflect external and demographic changes in its student constituency. The institution is required to publicize and distribute its goals among its students, faculty and the public.

The ACCM require the Saba University Medical School to have an educational mission that serves the public interest, and require at the minimum the school's goals to include:

1. Sponsoring a MD degree program that fulfills or exceeds the elements of accreditation.
2. Its graduates have acquired an amount of knowledge and have developed adequate skills to advance to and complete post-graduate training.
3. Its graduates have acquired the professional attributes (knowledge, skills, attitudes and behaviors) expected by the academic community and society of a physician.
4. Its graduates will be able to secure licensure, to provide quality health care and to continue a life-long habit of learning as a way to remain abreast of current medical advances.
5. To assure students, parents, patients, postgraduate training directors, licensing authorities' government regulators and society the accredited programs have met commonly accepted standards for quality education.

According to documentation submitted, the ACCM elements of accreditation (standards) require its on-site inspection team to comment on whether the goals are appropriate for the medical college and if those goals have been attained such as the rate its graduates have been accepted to residency training positions and the rate of passing licensure examinations and the success of its graduates in their professional lives, whether the faculty and students are familiar with the goals and whether the college is contemplating any major effort to enhance its ability to attain these it goals. The ACCM utilizes the pass rate of the USMLE Step 1 Examination, the level of acceptance to residency training positions, as well as the rate of passing licensure examinations and the success of its graduates in their professional lives as one of its methods of achieving these goals.

Documentation:

Elements, p. 6

Protocol, p.19, 31

2007-8, Annual Database Report, p. 21, 40

Report of ACCM on Saba University School of Medicine 2009, p. 28

2. Governance

(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school's administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

The ACCM elements of accreditation require medical schools to be legally authorized to provide a program of medical education. The Government of the Island Territory of Saba granted approval for the Saba University School of Medicine to operate on the Island Territory of Saba in 1992. The ACCM standards require administrators of Saba University School of Medicine to be held accountable for the operation and success of the school and its programs to the Board of Trustees of the school. The institution is required to be governed by an independent and voluntary Board of Trustees as the highest authoritative body of the institution. Its members are selected by the Board and may represent the founders, religious groups, supporting governmental agency, or the public who have an interest in the general welfare of the institution. Board members are selected to serve the institution, in staggered terms and for sufficient length, based on their abilities and interests. All Board members are required to be free of conflicting interest with the school and to be independent of the administration. In order to maintain its independence, members of the governing board may not be selected or nominated by anyone in the administration of the medical college. An individual will be disqualified from serving on the board if she/he (or an organization s/he was affiliated with);

1. Has a financial interest in the school
2. Has a business relationship with the school
3. Is employed by the medical school
4. Is a consultant to the medical school
5. Has a family member or relative (by blood or marriage) who is connected to the medical school in ways described in 1 thru 4.

A new member to the Board of Trustees of Saba University is required to be appointed by the Government of the Island Territory. The ACCM inspection team reviews the minutes of The Board of Trustees of Saba University to insure that it:

1. Establishes broad institutional policies
2. Provide institutional direction
3. Secures financial resources
4. Selects the chief executive officer
5. Assists in the selection of other officers of the college

6. Oversees the management's performance of its duties and responsibilities

The team is also required to examine whether the members of the Board are free of conflicting interest with the college and independent to the administration. The team is also expected to review the bylaws of the Board of Trustees.

Documentation:

Elements, Element 2, p. 7

Protocol, p. 19, 20, 31

Saba University Report, p. 28

3. Administration

(a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.

(iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

The ACCM requirements that describe how medical schools are to be administered in the Island Territory of Saba are contained in Element 3, College Management. The institution is required to design an administrative structure in a way that each division is able to perform its unique responsibilities efficiently. The design and size of the administration are required to be commensurate to the size of the student body and the scope of the program.

The Chief Executive Officer, the Chief Academic Officer, and faculty members of the institution are required to be approved by the Board of Trustees. The principal administrative and academic heads are required to maintain open lines of communication between offices. The Chief Academic Officer is required to hold an M.D. degree and must have adequate qualifications and experience in medical education, research and patient care to lead and to supervise the educational program

of the institution. The Chief Academic Officer is required to be supported by a competent team of professional staff in the management of the education program. The support professional staff includes:

- a. Deans, Associate Deans and Assistant Deans
- b. Professional staff and secretarial support
- c. Student admissions
- d. Faculty affairs
- e. Education financing, accounting, budgeting, and fundraising
- f. Clinical facilities
- g. Curriculum and academic affairs
- h. Student services and student affairs
- i. Postgraduate and continuing medical education
- j. Research
- k. Alumni affairs
- l. Library
- m. Student financial assistance
- n. Record keeping
- o. Public safety

The Chief Academic Officer is also required to ensure that the students at satellite health care facilities receive the same curricular material, same quality of education and same standard of student evaluation found at the parent campus.

The ACCM requires the institution to maintain bylaws and codes that delineate the roles, duties and responsibilities of the:

- a. Chief, associate, and assistant administrative officers
- b. Chief academic officer and his/her deputies
- c. Faculty
- d. Faculty government
- e. Students
- f. Faculty committees in:
 - i. Student admission
 - ii. Student evaluation and promotion
 - iii. Curriculum
 - iv. Facilities and library
 - v. Faculty research and scholarly activities
 - vi. Appeals and grievances

Documentation:

Elements 2, p.7

Element 3, p. 8

Protocol, p. 20, 32

ACCM report 2009, p. 17, 22, 23, 24

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

The educational and work experience qualifications of the chief academic are described in Element 3, p. 8 of ACCM's standards. The Chief Academic Officer is required to hold an MD degree, and possess adequate qualification and experience in medical education, research and patient care to lead and to supervise the educational program of the institution. The on-site inspection team is required to report on the academic qualifications and experience of the chief academic officer in the areas of teaching, research, and patient care. The team must report on:

1. The date of the appointment
2. How well he has led the college and carried out his responsibilities
3. His interactions with faculty, students and deputy administrators
4. The performance review of the chief academic officer
5. His views of the college's strengths, weaknesses and key issues facing the college.

Documentation:

Element 3, p. 8

Protocol, p. 20, 32

ACCM Report 2009, p. 29, 30, 31

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to—

(i) Admissions,

The ACCM standards describe the faculty's role at an institution regarding their involvement in admissions in Element 6 of its requirements. Upon consultation with the administration, a faculty committee on admissions shall define the size and characteristics of the student body. The committee on admissions is required to define the institution's requirements for admissions and make final decisions on students admitted into the program. Documentation was provided to demonstrate that there is a fully functioning admissions committee in place at the Saba University Medical School. The admissions policy is also required to be published in the Institutional Catalog. The admissions requirement, structure and role of the admission committee, the number of applicants, the number of acceptances offered, and the number of students enrolled for the past three years is required to be reported annually and collected during each on-site evaluation. The team must also report on whether the school has defined its policy regarding readmission of students, transfer students, visiting students and student dismissals.

Documentation:
Element 6, p. 16
Annual Database 2007-8, p. 3-7
Institutional Catalog, p. 10-12
ACCM Report 2009, p. 39

(ii) Hiring, retention, promotion, and discipline of faculty; and

The ACCM standards describing the faculty's role at an institution regarding their involvement in the hiring, retention, promotion, and discipline of faculty are found in Element 8 of its requirements. The institution is required to admit only faculty who possess professional experience and competency in their areas of instruction. The ACCM requires the school to provide a detailed breakdown of the number of faculty members listed in basic science departments for each academic year served. This is reported using the Annual Database Report and includes a full list of full time and part time faculty both in the basic science and clinical departments.

Documentation:
Element 8, p. 19, 20
Annual Database Report 2007-8, p. 8-13

(iii) All phases of the curriculum, including the clinical education portion;

ACCM standards describe the faculty's role at an institution regarding their involvement in all phases of the curriculum, including the clinical education portion are found in Element 4 of its requirements. A curriculum committee of faculty members is to be responsible for developing and evaluating a curriculum that provides a general medical education in order for its graduates to be prepared to pursue further training at graduate level. The management of the curriculum is to involve the participation of the faculty and the administration in an integrated manner. The ACCM advocates in its standards that the fundamental scientific knowledge of medicine should also include new discoveries, new technologies, new understanding of diseases, new diagnostic techniques and new methods of treatment. In addition, ACCM requires the curriculum to promote the development of problem solving skills, and understanding of the principles of basic and translational research as applied to medicine and access to service learning opportunities.

The curriculum committee is to be responsible for developing a professional program which has an orderly sequence of courses with descriptions of the programs and courses that are offered and published in the institution's catalogue. The basic science curriculum is required to be constantly developed by the curriculum committee. The ACCM provided documentation that demonstrates, for each clinical core specialty, the school has a well qualified appointed Chair. These Chairs are required to participate in

the curriculum development for their specialty and monitor the teaching program at the relevant teaching sites by conducting regular site visits to the hospitals to assess the program, by inspecting the facilities and talking to faculty, students and administrators. A written report of each site visit is prepared by the Chair and sent to the Associate Dean of Clinical Medicine and the Site's Clerkship Director. Twice a year the Chairs are required to attend a meeting with department heads to review the clinical program.

Documentation:

Element 4, p. 9-15

Database Report 2007-8, p. 14, 20

Institutional Self Study, p. 24-26, 32-34

Protocol, p. 33-38

(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that—

(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and

(ii) There is consistency in student evaluations at all sites.

At SUSOM, basic science courses are all taught on the Saba campus. The requirement for satellite facilities states that the chief academic officer shall ensure that the students at satellite health care facilities receive the same curricular material, same quality of education and same standard of student evaluation found at the parent campus. ACCM provided documentation to demonstrate that SUSOM has processes in place to ensure consistency and educational quality of the clinical clerkships.

Documentation:

Element 3, p. 8

Element 4, p. 11-14

Institutional Self Study, p. 22, 26

4. Educational Program

(a) Duration: The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

The ACCM standard Element 4 requires that the length of time for a program leading to the M.D. (or equivalent) to be 147 weeks of instruction over a four year period. The first two years consist of basic science curriculum that is to follow a logical sequence of

courses to allow students to build their knowledge in a systematic way. The clinical program is 72 weeks and electives are to take place in the fourth year for 30 weeks.

During each on-site visit the school is required to report on the length of the curriculum and provide an outline of the type of courses offered for each year.

Documentation:

Element 4, p. 9

Annual Database Report 2007-8, p. 2

Protocol, p. 33

ACCM report 2009, p. 32

(b) Curricular Content: The medical school's curriculum must provide students with general professional education, i.e., the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including—

(A) Contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

Element 4 of ACCM's standards requires the curriculum to allow students to acquire, through didactic and practical instruction, a current understanding of advances in the biomedical science disciplines and include the following courses:

Gross and Developmental Anatomy

Histology and Cell Biology

Introduction the Research Skills/Evidence Based Medicine

Biochemistry

Human Physiology

Medical Psychology

Medical and Legal Ethics

Microbiology and Immunology

Neuroscience

Medical Genetics

Epidemiology and Preventive Medicine

Pharmacology

Pathology 1

Physical Diagnosis
Introduction to Clinical Medicine
Clinical Pathology II
Integrative Study of the Basic Sciences

Element 4 of ACCM's standards requires the curriculum to provide instruction in topics of special concerns to society in the practice of medicine such as:

1. Medical ethics of not less than 10 hours
2. Death and dying of not less than 2 hours
3. AIDS of not less than 2 hours
4. Domestic violence of not less than 2 hours
5. Alcohol and substance abuse of not less than 3 hours
6. Smoking of not less than 2 hours
7. Obesity of not less than 2 hours
8. Child abuse of not less than 2 hours
9. Human sexuality of not less than 2 hours
10. Teenage pregnancy prevention of not less than 2 hours
11. Abortion of not less than 2 hours
12. Nutrition of not less than 3 hours
13. Public health of not less than 10 hours
14. Occupational health of not less than 3 hours
15. Epidemiology of not less than 24 hours
16. Cost management of not less than 10 hours
17. Health maintenance of not less than 10 hours
18. Geriatrics of not less than 8 hours
19. Long term care of not less than 2 hours
20. Utilization review and quality assurance on not less than 10 hours.

The ACCM reported that there have been recent changes in the basic science program. The two primary changes are:

1. The focus on outcomes or competencies attained through successful completion of the curriculum rather than simply the structure of the curriculum itself, i.e., a shift from the teaching focus to a learning focus
2. The new methods of instruction available including web based technology and experiential or simulation based education.

Documentation:

Protocol, p. 22, Basic Sciences

Institutional Self Study, p. 28, 29

Documentation:

Element 4, p. 9

Annual Database Report 2007-08, p. 8, 9

Institutional Catalog, p. 14-19

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of selected patients having the major and common types of disease problems represented in the clerkship.

Clinical Clerkships

ACCM standard Element 4 requires the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, psychiatry and, family medicine to be included in the medical program's clinical subjects. The standard requires the clinical program to be oriented towards primary care and be consistently and equally administered. The curriculum should also provide instruction in current understanding and advances in the fundamental diagnosis, treatment, management, prevention and rehabilitation of major and commonly occurring, acute, and chronic diseases. Each student is required to take the following courses:

1. Internal medicine of not less than 12 weeks
2. Surgery of not less than 12 weeks
3. Pediatrics of not less than 6 weeks
4. Obstetrics and gynecology of not less than 6 weeks
5. Psychiatry of not less than 6 weeks
6. Family medicine (or primary care) of not less than 4 weeks.
7. Clinical electives of not less than 26 weeks

The clinical medicine curriculum is divided into 72 weeks and 42 weeks are spent in core subjects in the third year. Electives are taken in the fourth year for 30 weeks.

The ACCM provided documentation describing its requirement for clinical clerkships in standard Element 4 which states that in designing a clinical clerkship, the curriculum committee shall require all clinical instruction to be carried out in both inpatient and outpatient settings. There should be adequate daily patients representing a broad range of commonly occurring diseases available for students to study. Instructions are required to be supervised by the faculty and be centered on patients and their illnesses. The clerkship objectives must be clearly delineated and distributed to the students and the supervising faculty members at the beginning of each clinical rotation. All instruction is required to offer an adequate number of hours:

1. of lectures each week
2. of conferences each week
3. of faculty teaching rounds each week
4. of resident rounds each week
5. number of new patients to work up each week
6. number of existing patients to follow each week
7. faculty review and critique of students' workups and presentations of patients.

Patient logs are required to be maintained to monitor the number and variety of patients seen by the students. During on-site evaluations the inspection team conducts interviews with all clinical course directors as well as those senior residents involved in the teaching of medical students. According to ACCM's policy students cannot take clinical training until they have successfully passed the United States Medical Licensing Examination (USMLE) Step 1 examination. During clinical rotations, each student is required to work directly with attending physicians, resident physicians and hospital staff, conduct history taking, physical examination, write up patient notes and orders, provide case presentations, analyze laboratory imaging and other investigative results, and attend workshops, conferences and grand rounds. During an on-site visit ACCM is required to inspect all logbooks filled in by students, hospital teaching arrangements, student daily activities and evaluation process, as well as undertake student interviews.

Documentation:

Element 4 Clinical Clerkships, p. 9, 10, 11

Protocol, p. 22, 24

(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.

ACCM standards require the curriculum committee made up of faculty members and administrators to be responsible for developing and evaluating a curriculum that provides a general medical education so that its graduates are prepared to pursue further training at graduate level. The Committee requires that the fundamental scientific knowledge of medicine should include clinical subjects, such as diagnostic imaging and clinical pathology. The curriculum committee also requires the fundamental scientific knowledge of medicine to also include new discoveries, new

technologies, new understanding of diseases, new diagnostic techniques and new methods of treatment. In addition, the curriculum is required to promote the development of problem solving skills, and understanding of the principles of basic and translational research as applied to medicine and access to service learning opportunities. During clinical rotations, students are required to work directly with attending physicians, resident physicians, and hospital staff conducting history taking, physical examinations, writing patient notes and orders, providing case presentations, analyzing laboratory imaging and other investigative results and attending workshops, conferences and grand rounds.

Documentation:

Element 4, p. 9 -11

Institutional Self Study, p. 22

(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.

The ACCM requirements related to the inclusion of ethical, behavioral, and socioeconomic subjects in a medical program leading to the M.D. degree are documented in Element 4 of its standards. It requires that the curriculum provide instruction in topics of special concern to society and the practice of medicine to include:

1. Medical ethics of not less than 10 hours
2. Death and dying of not less than 2 hours
3. AIDS of not less than 2 hours
4. Domestic violence of not less than 2 hours
5. Alcohol and substance abuse of not less than 3 hours
6. Smoking of not less than 2 hours
7. Obesity of not less than 2 hours
8. Child abuse of not less than 2 hours
9. Human sexuality of not less than 2 hours
10. Teenage pregnancy prevention of not less than 2 hour
11. Abortion of not less than 2 hours
12. Nutrition of not less than 3 hours
13. Public health of not less than 10 hours
14. Occupational health of not less than 3 hours
15. Epidemiology of not less than 24 hours
16. Cost management of not less than 10 hours
17. Health maintenance of not less than 10 hours
18. Geriatrics of not less than 8 hours
19. Long term care of not less than 2 hours
20. Utilization review and quality assurance on not less than 10 hours.

In order to maintain patient trust and public confidence, the faculty is required to develop and teach students to uphold the highest standards of behavior, conduct, integrity and ethics.

(v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.

The ACCM standards Element 4 require students to develop knowledge, skills, attitudes and behaviors that the profession and the public expect of a physician. Also, the ACCM requires a supervising faculty member to act as a mentor and demonstrate to the student the values, attitude, and conduct physicians must practice in order to develop trusting working relationships with patients.

ACCM's Element 6 require the institution to admit only those new and transfer students who possess the intelligence, integrity and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.

(c) Design, Implementation, and Evaluation

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

The ACCM requirements relating to the design, implementation and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education are stated in Element 4 of its standards. It requires the curriculum program to be appropriately related to the mission of the institution and to its instructional and financial resources. The program also must be consistent with the educational goals of the school. The curriculum committee is required to design a program that encourages students to acquire an understanding of basic scientific knowledge that is fundamental to medicine. The faculty and administrators are responsible for developing and evaluating a curriculum that provides a general medical education that prepares its graduates to pursue further training at the graduate level in an integrated manner. The curriculum is required to be periodically evaluated by ACCM using annual reports and

on-site evaluation. All clinical sites affiliated with the medical school are provided with standardized curriculum and evaluation forms.

Curriculum effectiveness may be measured in several ways --such as by student attrition rates, student performance on standardized examinations, percentage of graduates accepted into residency training programs, percentage of eligible graduates passing the USMLE and professional licensing examinations, follow ups of graduates in employment, and sampling the opinions of students and graduates.

Documentation:

ACCM Report 2009, p. 31-35

Element 4, p. 9, 10, 14, 15

Protocol, p. 35

Annual Database Report 2007-08, p.14-24, 40, 31

Institutional Self Study, p. 35, 36

5. Medical Students

(a) Admissions, Recruiting, and Publications

(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.

(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.

The ACCM requirements for admission to the medical program are addressed in Element 6 of its standards. It states that the institution must admit only those new and transfer students who possess the intelligence, integrity, personal and emotional characteristics that are generally perceived as necessary to become effective physicians. All publication advertisements and student recruitment must present a balanced and accurate representation of the school's educational program mission and objectives.

ACCM standards require the school's catalog (or equivalent document) to provide an accurate description of the school, its educational program, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical program, and its requirements for the award of the MD degree. All admitted students must possess at a minimum three years of undergraduate education, including the completion of one year each of biology (with lab), physics (with lab), English, and two years of chemistry (with lab). Students may concentrate their undergraduate studies in any field of interest; however a baccalaureate degree is preferred for a minimum requirement.

The ACCM requires the admission committee to develop an orderly process to evaluate and screen applicants. The selected students should be:

1. In good physical and mental health
2. Possess a record of academic excellence
3. Possess good personal character
4. Possess standards of behavior and conduct that will reflect favorably on themselves and on the medical profession
5. Possess personal integrity
6. Possess appropriate motivation
7. Possess the sincere desire to serve their fellow man

The screening process is required to be applied uniformly and include personal interviews screening applicants for:

1. Grade point averages
2. The type and degree of difficulty of courses the applicant enrolled in
3. Scores on the medical school admission test
4. Proficiency of the applicant's writing skills
5. Proficiency of the applicant's communication skills
6. Personal hygiene and grooming standard of the applicant
7. Evaluations from college pre-professional committees or undergraduate faculty members
8. Ability of the applicant to communicate effectively.

During on-site evaluations the inspection team is required to review the Institutional Catalog and the school's website to ensure that all admission requirements are properly published. The ACCM's database also contains admissions and enrollment data that are published and reported each year. The ACCM requires the inspection team to meet with the Chief of Admissions and the Chairman of the Admissions Committee in order to review the college's compliance with Element 6. The team is also required to review the minutes of the admissions committee for evidence that these policies and procedures were developed implemented and monitored by that committee and that admission decisions were rendered by the committee. A section of the school's self study contains admissions information pertaining to pre-medical requirements, educational

requirements, selection, availability of information describing the requirements for student selection, promotion and graduation and a description of goals of the school for gender, racial, cultural and economic diversity of the students.

ACCM requires all students to have access to their records. Students' records at the university are maintained at the office of the Registrar. Requests for transcripts are required to be submitted in writing directly to the office of the Registrar. Element 5 also addresses the requirements for all satellite facilities. The requirements address the methods of student evaluation, the grading system, standards of achievement for promotion, standards of achievement for honor roll, processes and criteria for student dismissals, the processes for appeals, the right to challenge adverse decisions, and to be represented by legal counsel. Standard due process is required to be applied to each student's presentation. With the exception of the faculty and the administration, student records are considered confidential.

Documentation:

Institutional Catalog, p. 10-12

Annual Database Report 2007-08, p. 3-7

Protocol p. 21

Institutional Self study, p. 40-43

ACCM Report on Saba 2009, p. 20, 21, 38, 39

Element 5, p. 16

(a) Evaluation of Student Achievement

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.

The ACCM requirements that address student achievement are addressed in Element 5 of its standards. The standard requires an evaluation committee to be formed comprised of faculty members to establish several methods for assessing the level of student knowledge and skills as compared to the performance levels of student at other medical institutions. The assessment is required to correspond to the subject matter,

course objectives, and the program of studies. All standards are enforced without regard to where the courses are offered, at the parent campus or at a satellite facility. In addition to traditional methods of student evaluation, the faculty is required to utilize an objective and narrative evaluation of each student based on observation of performance, proficiency and mastery of fundamental clinical principles, clinical skills and problem solving abilities in each clinical area. Evaluations of the student's professional demeanor, behavior and working relationship with patients, family of patients, colleagues and other health care professionals. In addition, the committee must define to the chief academic officer the degree of academic proficiency a student must attain before he/she is promoted to the next academic level and ultimately to graduation.

Documentation:

Element 5, p. 15, 16

ACCM Report on Saba 2009, p. 36, 37

Annual Database Report 2007-08, p. 19-22 and attachment USMLE Step 1: Saba University School of Medicine Cohort Based USMLE Step 1 Results

Protocol, p. 21

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

ACCM's requirement pertaining to medical student services is contained in Element 5 under the Student Counseling and Element 10, Student Services. A faculty advisor is required to be assigned to each student for academic and personal counseling. Element 10, also requires that all students have access to confidential psychological counseling on campus. The institution is required to provide orientation to all new students to help them become familiar with the institutional student services and regulations. The institution is required to provide basic medical services to its students and their families. It is also required to publicize the availability of health insurance and long-term disability coverage. For preventive measures, all students are required to be vaccinated against communicable diseases prior to matriculation and are educated in the treatment and prevention of other infectious and environmental diseases. Student counseling extends into the student's financial aid and budgeting. The institution's financial aid officer is required to counsel and provide students with a detailed summary of the estimated cost for tuition, books, supplies, and personal living expenses to complete the program of study. The institution is required to comply with all government regulations with respect to its administration and management of student financial aid.

ACCM's on-site inspection team reports on whether the college provides student counseling in the areas of:

1. Rules governing student conduct
2. Confidential psychological counseling
3. The level of student satisfaction concerning counseling and guidance.

Documentation:

Element 5, p. 16,

Element 10, p. 22

ACCM Report on Saba 2009, p. 25-27

Annual Database Report 2007-08, p. 42, 43

Institutional Self Study, p. 43-47

(d) Student Complaints

The medical school must have written policies for addressing student complaints related to the areas covered by the agency's accreditation standards and processes. The student consumer information provided by the medical school to students must include the school's policies for addressing student complaints as well as the name and contact information for the accrediting/approval entity to which students can submit complaints not resolved at the institutional level.

ACCM's standards pertaining to procedures regarding how the medical school must address student complaints are addressed in Element 5. The standard requires the school to have a student promotion and evaluation committee comprised of faculty members to define, publish and equally enforce its rules for the institution and all satellite facilities. The standard consists of methods for student evaluation, grading system, standards of achievement for promotion, standards of achievement for honor roll, processes and criteria for student dismissals, process for appeals, the right to challenge adverse decisions, and to be represented by legal counsel. Standards of due process are limited to student notification, evidence presented, student's right to review the accuracy of records, and the response for defense. Element 6 describes procedures students should follow in order to address a faculty committee on student promotion and evaluation. The institution is required to develop policies and procedures for the dismissal of students who fail to meet the academic and behavioral standards of the institution.

Documentation:

Element 5, p. 15,

Element 6, p. 17

Institutional Catalog, p. 29

Protocol, p. 54

Student Handbook, p. 10

ACCM Report of Saba 2009, p. 36, 37

6. Resources for the Educational Program

(a) Finances:

The medical school must have adequate financial resources for the size and scope of its educational program.

ACCM's standards relating to financial resources for a medical education program is contained in Element 7, of its accreditation standards. The institution is required to possess sufficient financial resources to carry out its mission for the size of its student body. The institution is required to possess an adequate reserve of funds, and shall seek alternative sources of income from endowments, annual giving, clinical services, government funding, grants and other sources to avoid dependence solely on student fees. The school is required to have a policy in place to avoid enrolling more students than the existing resources can support.

The Chief Financial Officer is responsible for overseeing the institution's resources and assisting in the preparation and control of the budget. During an on-site evaluation the team is required to prepare a report on the sources of income and areas of expense during the past three years. The team is expected to report on the student fees and refunds during the previous three years, and tuition increases during the next three years.

Documentation:

Element 7, p. 18, 19

Protocol, p.21, 39, 40

ACCM Report of Saba 2009, p. 40

Institutional Catalog, p. 35

Annual Database 2007-08, p. 21

Institutional Self Study, p. 60

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

The ACCM requirement relating to the type and quality of facilities of the medical school is provided under Element 11 of its standards. The institution is required to utilize buildings, equipment and a campus of sufficient size, quality and design to fulfill its

goals. The facilities must include auditoriums, classrooms, student laboratories, a library, faculty offices, administrative offices, admission office, and office for student services, research laboratories, sufficient animal care facilities, student dormitory facilities, dining facilities, student activities facilities, and recreational facilities. In addition there must be effective management of all physical facilities, maintenance, janitorial services, upkeep of the campus grounds, and adequate security to promote an environment that is safe and conducive to the learning processes.

The on-site evaluation team prepares a report on the size, quality and design of the facilities including the following:

1. The number of students enrolled
2. The size of the faculty
3. The level of research activities
4. The nature of the curriculum.

The team is also required to report on all facilities in the basic science campus which includes the auditoriums, classrooms, student laboratories, library, faculty offices administrative offices and research laboratories. For hospital and ambulatory facilities, the team reports on:

1. The quality of the facility
2. The availability of classroom, library and sleeping rooms for students scheduled to take overnight calls at the hospital
3. The availability of discussion rooms, reference books and reading areas at the ambulatory facility. The team must also report on all affiliation agreements between each clinical facility and the school.

Documentation:

Element 1, p. 22-24

Protocol, p. 23, 43, 44

Institutional Self study, p. 9-12

Hospital Affiliation Agreement (sample)

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the personal/private interests of its faculty or staff may conflict with their official responsibilities.

The ACCM's standards that pertain to the requirements of a medical program's faculty are contained in Element 8 of its standards. The institution is required to admit faculty who possess professional experience, academic qualification, and competency in their areas of instruction. They must have prior teaching experience, have an interest in teaching, have research experience, and continue to pursue scientific investigation activities and scholarly work. The institution is required to appoint a sufficient number of faculty members to fulfill its educational mission. The number of faculty members required at the institution is dependent on the total number of students enrolled in the program. The ACCM provided documents of faculty member's resumes' to demonstrate that members of the medical school's faculty are appropriately qualified to teach in the medical program leading to the M.D. (or equivalent) degree and are effective in their teaching.

The faculty appointments include individuals possessing general and specialized knowledge in field representing:

Anatomy,
Histology
Physiology
Biochemistry
Psychology
Neuroscience
Biostatistics
Microbiology
Immunology
Pathology
Pharmacology
Preventive Medicine
Internal Medicine
Family Medicine
Pediatrics
Surgery
Obstetrics/Gynecology

Psychiatry and the subspecialties include but are not limited to the following:

Anesthesiology
Dermatology
Neurology
Ophthalmology
Otolaryngology
Radiology
Urology
Cardiology and others.

All teaching faculty are required to have completed formal academic preparation and possess a doctoral degree. The clinical faculty members must have completed postgraduate training in their area of specialization and should possess board certification. The chief academic officer, department heads, faculty representatives and the administration work together in the recruitment and selection of the faculty, as well as all other academic policies of the institution.

During an on-site evaluation, the team is required to meet with faculty representatives from the basic science and the heads of the clinical science departments. The team is required to review:

1. Professional growth
2. Continuing medical education conferences
3. Faculty collaboration
4. Faculty research activities
5. Professional security and academic freedom
6. Work load
7. Criteria and procedures for faculty evaluation and promotion
8. Development of teaching skills
9. Faculty views of the curriculum
10. Faculty views of the student body
11. Faculty familiarity with the educational goals of the college
12. Faculty knowledge of student performance
13. Faculty knowledge of success of the college's graduates in post graduate training and professional practice.

The team also evaluates and includes in its report, the size of faculty and student body, the scope of patient care and the level of research activities.

Documentation:

Element 8, p. 19-21

Protocol, p. 21, 22, 40,-42

Institutions Self Study, p. 53-56

ACCM Report of Saba 2009, p. 40-43

(d) Library

The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

The ACCM standard that pertains to the quality of the medical school's library is contained in Element 9. In order to achieve the educational goals of its student and faculty, the institution is required to maintain a library with adequate physical facilities of sufficient size and design, adequate collection of materials, up-to-date equipment for using non-print materials, and a competent professional staff to manage the library and

to assist its users. The library is required to be overseen by a chief library administrator who is responsible for the selection, development, supervision, and the retention of supporting library personnel. The library must include other learning materials such as the most advanced computer hardware, self-tutorial instructional software, audio-visual materials, slides, and models to augment the traditional classroom and laboratory experience.

Element 9 also requires the chief library administrator to explore formal co-operative relationships with other libraries. The co-operative relationships are required not to be used by the library as a substitute for its responsibility. The hospital libraries are required to have an adequate number and a variety of books and periodicals to support a clinical education program. The library is required to be staffed by a professional librarian and offer adequate study areas.

During an on-site visit, the evaluation team is required to meet with the chief librarian prior to conducting the review of the library. During the on-site visit an evaluation is made and a report is completed describing the:

1. Adequacy of physical facilities
2. Adequacy of patron seating areas
3. Adequacy of its collection of books and periodicals
4. The catalogue system
5. Adequacy of computer hardware and instructional software for student use
6. Audio-visual materials
7. Models to aid in student studies

In addition the evaluation team reports on the hours of operation, user services, funding, whether there are ways for student or faculty to voice their opinions regarding library policies and operations, and whether student and faculty needs have been met. The team is required to report on whether the library is sufficiently staffed, the adequacy of the library collection and the adequacy of computer hardware and to promote interactive and computerized learning. The team is required to report on whether a formal interlibrary relationship exists between the chief librarian and hospitals. The team is required to report whether the hospital libraries possess an adequate number of books and periodicals to support a clinical education program.

Documentation:

Element 9, p. 21, 22

Protocol, p. 22, 23, 42

ACCM Report on Saba 2009, p. 43, 44

(e) Clinical Teaching Facilities

The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

The ACCM is responsible for ensuring the quality of each clinical teaching site. Teaching agreements are required between the medical school and the clinical teaching sites. The quality standards that the clinical sites are evaluated on are formally described in each affiliation agreement. The ACCM provided documentation that describes the content of the agreement and the quality standards that are evaluated.

Documentation:
Affiliated hospital site visit questionnaire

PART 3: Accreditation/Approval Processes and Procedures:

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process includes a thorough comprehensive on-site review of the school to include all of the training sites (if any), during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation and approval standards. This review includes, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

The accreditation/approval process must include an on-site review of all core clinical clerkship sites.

(a) At sites that have never been visited by an accreditor (whose standards have been determined to be comparable), the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.

(b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.

(c) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.

NOTE: If an accrediting body is accrediting multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.

The ACCM standards require a full on-site evaluation to be conducted at the medical school prior to granting the accreditation approval. The ACCM uses the guidelines outlined in the Protocol to evaluate medical colleges for accreditation. The Protocol for accreditation requires a comprehensive examination of all components of a medical college by qualified medical educators and representatives from the public. All clinical sites are visited in accordance with the ACCM protocol standards. The process includes the following steps:

1. The college completes a profile
2. The college prepares a self-study report
3. The commission conducts an on-site inspection of the medical college. This includes the parent campus, all satellite health care facilities and all sites where the college maintains educational presence.
4. The Commission prepares an inspection report
5. All documents are used by the Commission to make the final decision
6. Accreditation decisions are made based on the school's compliance with its standards.

During an on-site evaluation the ACCM reviews:

1. Educational goals
2. Corporate organization
3. College management
4. Curriculum
5. Student promotion and evaluation
6. Admission
7. Fiscal resources
8. Faculty and instructional personnel
9. Library
10. Student services
11. Facilities and equipment

Each on-site evaluation conducted by ACCM team may last up to four and one half days. The inspection of a satellite health care facility may take up to two and one half days. A comprehensive inspection is required to be conducted for a college to renew its accreditation or for a school seeking accreditation for the first time.

Documentation:

Element of Accreditation for Colleges of Medicine

Protocol for the Accreditation of Colleges of Medicine, 5, Section 7, p. 19-28
Annual database 2007-08
Institutional Catalog, p. 6

2. Qualifications of Evaluators, Decision-makers, Policy-makers

The accreditation/approval process must use competent and knowledgeable individuals, who are qualified by experience and training in the basic or clinical sciences, for on-site evaluations of medical schools, policy-making, and decision-making.

The requirements regarding the qualification and training of the individuals who participate in on-site evaluations of medical schools are detailed in the Protocol for the Accreditation of Colleges of Medicine. Members on the evaluation team are considered to be members of the Commission (the Commissioners). They represent individuals who possess the academic qualifications and experience necessary to effectively evaluate medical colleges for accreditation. The qualifications and experience include:

1. An earned M.D. or equivalent from a medical college
2. Completion of postgraduate training
3. Specialty certification from a recognized medical society
4. Experience as a chief academic officer of a medical college
5. Experience as a chief or senior faculty of a clinical department at a medical college
6. Experience as a chief or senior faculty at a basic science department
7. Experience as an administrator at a postgraduate teaching hospital
8. Experience in undergraduate and graduate medical education, teaching, research and patient care
9. Experience in the medical school evaluation process
10. Commissioners representing the public.

The size of the membership of the Commission is adjusted in proportion to the number of medical schools that maintains jurisdiction. The ratio of Commissioners to medical schools is required to be 3 to 1. For public members the ratio is 6 to 1.

Documentation:

Protocol for the Accreditation of Colleges of Medicine, p. 5, 6

3. Re-evaluation and Monitoring

The accreditation/approval process must demonstrate the regular re-evaluation of medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools

throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

The accreditation/approval process must demonstrate that the accrediting/approval entity reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action. The complaint review process must demonstrate that it ensures the timely, fair, and equitable handling of all complaints related to the standards and procedures for accreditation/approval. The procedures also must demonstrate that follow-up action, including enforcement action, is appropriate based on the results of the investigation. In addition, the accreditation/approval entity must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.

Section XIII of ACCM's Protocol for the Accreditation of Colleges of Medicines requires all colleges accredited by the Commission to maintain compliance with its standards elements. The Saba University School of Medicine undergoes regular re-evaluation throughout the accrediting period. The maximum period of accreditation for any medical school accredited by the ACCM is 6 years. An on-site evaluation is required to be conducted every two years in order to verify that the school continues to comply with the approval standards. Schools are required to submit an Annual report covering the previous academic year. All clinical sites are visited in accordance with the ACCM protocol standards. The ACCM is required to provide a written report to the government of Saba, Commissioner of Health once a year on its accrediting activities. The ACCM utilizes the Annual Compliance Survey as its primary tool to monitor a medical school's continued compliance with its standards. Each year the Commission provides an annual survey to the college to complete. If the annual survey indicates that the college has fallen out of compliance with the Elements, the Commission will conduct an on-site review to determine whether to change the accreditation status.

The ACCM has a policy for procedures for handling complaints.

- a. Only those complaints that constitute non-compliance with accreditation standards will be investigated.
- b. The ACCM will not intervene on behalf of an individual complaint regarding matters of admission, appointment, promotion or dismissal of faculty or students.
- c. ACCM will ensure the appropriate procedures are in place in connection with internal matters.
- d. Third party comments will be considered provided they are submitted in writing and are related to non-compliance with accreditation standards.
- e. Complaints must be submitted in writing.
- f. Anonymous complaints will not be investigated.
- g. The complaint should contain as much information as possible and should cite the relevant accreditation standard(s) in question.
- h. If non-compliance of accreditation standard is found further information will be requested from the complainant.

- i. Confidentiality will be maintained by ACCM.
- j. A signed authorization from the complainant and any corroborators must be signed for release of relevant documentation pertaining to a complaint
- k. Complaints must be submitted with 30 days.
- l. If the complaint cannot be processed through the use of correspondence, a site visit by an ad hoc subcommittee of the ACCM will be reported and handled at the next regularly scheduled ACCM meeting.
- m. The decision of the ACCM will be conveyed to the complainant and to the medical school within 30 days of that meeting.

The ACCM is required to maintain records of all complaints it receives. It will review only those complaints that deal with a college's failure to comply with the Elements of Accreditation.

Documentation:

Elements of Accreditation for Colleges of Medicine, Preface, p. 5

Protocol for the Accreditation of Colleges of Medicine, Section XIII, p. 54, Section XIV, p. 56

Heads of Agreement

ACCM Report of Saba 2009, p. 46, 47

Annual Database 2007-08

Protocol for the Accreditation of Colleges of Medicine, Section XIII, p. 54

Institutional Catalog, p. 29

ACCM Procedure about Handling Complaints on Program Quality, 2004

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

The procedures ACCM uses to process substantive change to an educational program are detailed in Section XIII of the Protocol for the Accreditation of Colleges of Medicine. When a school is undergoing a change in ownership or governance, the Commission will require the college to complete certain portions of the Profile/Database. The Commission will also schedule an on-site inspection of the college within six months of receipt of a substantive change notification letter. An evaluation team will be sent to the school to determine compliance. The ACCM followed these procedures when the U. S. Department of Education was notified of a change of ownership during its last meeting with the NCFMEA in the spring of 2007.

Documentation:

Protocol for the Accreditation of Colleges of Medicine, Section XIII, p. 54

Interim Report on Saba University 2007

5. Conflicts of Interest, Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest by those involved in the accreditation evaluation and decision process and controls against the inconsistent application of the accreditation/approval standards.

The ACCM requirements that pertain to conflicts of interest by persons involved in the accreditation, evaluation and decision-making process are detailed in the Protocol for Accreditation of Colleges of Medicine. These members may not be selected or elected by individuals and organizations such as:

1. An officer of the accredited college or the college itself
2. An officer of a college seeking accreditation or the college itself
3. An officer of a related professional association or the association itself.

A member may be disqualified for serving on the Commission or the inspection team if:

1. Employed by the medical college seeking accreditation;
2. Employed by another institution that has a substantial contractual business relationship with the medical college seeking accreditation;
3. Employed by another institution that has the same ownership or governance as the medical college seeking accreditation;
4. Enrolled at the medical college seeking accreditation;
5. Connected to the chief academic officer seeking accreditation;
6. Employed at a medical college which maintained a substantive working relationship with the medical college seeking accreditation;
7. Has prejudicial view towards the college seeking accreditation;
8. Related to an employee of the college by blood or marriage.

The ACCM policies against the inconsistent application of standards are addressed in its Protocol for the Accreditation of Colleges of Medicine as well as the Elements of Accreditation for Colleges of Medicine. The Commission requires all on-site evaluations to be conducted in a predetermined and structured format. The format of the Protocol serves as a blueprint for conducting the evaluation and for ensuring that different teams evaluate different colleges with equal uniformity and consistency.

Documentation:

Protocol for the Accreditation of Colleges of Medicine, p. 6, 9, 19, 29

6. Accrediting/Approval Decisions

While there may be diverse institutional missions and educational objectives, this should not result in accreditation of a substandard program of medical education

leading to the M.D. degree. Decisions must be based on compliance with the accreditation standards and based, in part, on an evaluation of the performance of students after graduation from the medical school.

The procedures ACCM uses to ensure that accreditation/approval decisions are based on the application of the Elements of Accreditation. The ACCM is required to grant accreditation after the Commission has determined that the college is in substantial compliance with the Elements. The Commission will issue a decision based on one of the following accreditation determinations:

1. Unconditional accreditation
2. Conditional accreditation
3. Provisional accreditation
4. Probationary accreditation

The Commission reviews all changes to its Elements of Accreditation on an annual basis to ensure it complies with the LCME Guidelines. The Annual survey/Database Reports provide extensive information based on the Elements of Accreditation. The medical programs are evaluated in terms of:

- a. Their academic significance
- b. National academic requirements
- c. Problem solving efficacy
- d. Cost effectiveness
- e. USMLE norms

The ACCM utilizes the USMLE Step 1 and USMLE Step 2 as indicators of the effectiveness of a medical education program. The ACCM requires a first time pass rate of 85 percent across all schools it accredits in USMLE Stem 1 examinations.

The ACCM establishes student performance outcomes measures benchmarks in the following terms:

- f. NBME shelf examination norms
- g. Clinical preceptor feedback
- h. Course calendar compatibility
- i. Clinical chart auditing data

Documentation:

Elements of Accreditation

Protocol for the Accreditation of Colleges of Medicine

Annual Database Report 2007-08, p. 19-22

ACCM Report of Saba 2009, p. 18-20, 24, 25, 31,-37

Institutional Self Study, p. 67

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