

Ref. No. _____

In replying the above
Number and date of this
letter should be quoted.

Facs Number (473) 440-4127
Tel. Nos. (473) 440-3485/4955



MINISTRY OF HEALTH AND
THE ENVIRONMENT,
ST. GEORGE'S,
GRENADA, W.I.

August 28, 2000

Dr. Karen Kershenstein
Director
Accreditation and State Liaison
1990 K Street, NW, Room 7105
Washington, D.C. 2006-8509
U.S.A.

Dear Dr. Kershenstein,

I write in response to a letter of June 19, 2000 from Assistant Secretary, A Lee Fritschler. As previously reported, the standards used in Grenada to accredit medical schools are identical to those used to accredit medical schools in the United States. Grenada recognizes and relies on the standards used by the New York State Regents, which are recognized by the United States Department of Education (USDOE). These standards are reported in the Regent's application for recognition as an accrediting agency to the USDOE. I assume there is no need to provide an additional copy.

Grenada is a democracy. The senior elected official who oversees this nation's administrative agency is the Prime Minister. He has lawfully recognized New York State Regents standards as those, which will govern any medical school chartered here.

Sincerely,

Baron - Thomas
PERMANENT SECRETARY

TABLE OF CONTENTS

1. Session Schedule - Tab A
2. New York State's approach to clinical clerkships for students in unaccredited medical schools - Tab B
3. Comparison of United Kingdom and United States Models of Medical Education

Tab C - United Kingdom Model of Medical Education

Tab D - United States Model of Medical Education

4. Accreditation Process

Tab E - A Reviewer's Guide for the Approval of Programs of Medical Education

Tab F - Letter of Agreement

Tab G - A Guide for Unaccredited/Unregistered Medical Schools Seeking to Operate in New York State

Tab H - Data Base Document

5. Site Visit Organization

Tab I - Site Visit Schedule

**Tab J - Questions Related to the Evaluation of
Unregistered/Unaccredited Schools of Medicine**

Tab K - Anatomy Course Information

Tab L - Basic Science Course Information

Tab M - Clinical Science Course Information

**Tab N - Medical School - Hospital Affiliation
Agreement**

Tab O - Questions for Clinical Clerks

SESSION SCHEDULE

I. Introduction/Overview

Purpose/Objectives of Session

Distribution of Materials

British vs US Models of Education/Regulation

II. Accreditation Process

Standards of Accreditation

Data Base Document

Basic Areas of Review -- Administration,
Resources, Faculty, Students, Curriculum,
Clinical Resources, Library Resources

III. Site Visit Organization

Team Composition -- Size of Team, Areas of
Expertise, Role of Staff

Site Visit Schedule

Basic Science

Clinical Affiliations

Team Member Responsibilities

Daily Activities During Site Visit

IV. Completion of Site-Visit and Report Preparation

Individual Reports

Master Report

Exit Interview

Areas of Concern

Areas of Strength

Recommendations

V. Conclusion

New York State's approach to clinical clerkships for students in unaccredited medical schools

Tab B

THOMAS J. MONAHAN

New York State's Education Law establishes several categories of individuals who may practice medicine in this state without a license. One of these groups is composed of students who are enrolled in medical schools that meet standards acceptable to the New York State Education Department and who are performing clinical clerkships in New York State hospitals.¹

Until recently most students performing clinical clerkships in New York were enrolled in medical schools that were registered with the education department or accredited by the Liaison Committee on Medical Education. And for many years, foreign nationals who were enrolled in medical schools in their own country had participated on occasion in a short-term clinical experience in New York State hospitals. Clerkships performed by students who matriculated in schools outside of the United States and Canada were few in number, were restricted to major teaching institutions, and were limited to approximately 12 weeks or less during the last two years of medical school.

In the mid and late 1970s, however, a new and different type of clinical clerk began appearing in significant numbers in New York's health care facilities. These clinical clerks were usually United States nationals enrolled in unregistered and unaccredited medical schools located outside of the United States and Canada. By 1979 it was becoming apparent that many such clinical clerks were functioning in New York State hospitals. As a result of this phenomenon concern developed over the need to assure that such students were receiving an adequate medical education. It was also necessary to protect the health and welfare of the people of New York State who would be seeking medical care at the facilities in which these students were performing clinical clerkships. Based on these concerns specific requirements were developed by the Board of Regents under which students enrolled in unregistered and unaccredited medical schools might serve in clerkships in New York State hospitals.

HISTORY OF THE REGULATIONS

A position of barring students in unregistered and unaccredited medical schools from doing clerkships in New York was ruled out on legal and practical grounds. To adopt a policy of barring such students unequivocally could be considered arbitrary, since students from some unregistered and unaccredited schools had been admitted to clerkships under New York law and regulations for many years. A policy of allowing some schools to send clerks and denying

the privilege to others could only be sustained on the basis of standards and procedures for selection. These issues were discussed by the Board of Regents of the University of the State of New York at several meetings, and regulations were developed concerning students seeking clinical training in New York State. In February 1981 public hearings were held concerning the proposed regulations, and on March 26, 1981 the Board of Regents amended the Regulations of the Commissioner of Education with regard to clinical clerkships undertaken in New York hospitals by students enrolled in unregistered and unaccredited medical schools. These regulations became effective May 1, 1981² and were further amended by the Board of Regents on December 17, 1982 and October 21, 1983.³ The later amendments further define the regulations regarding clinical clerkship eligibility.

The Regents' policies on clerkships relate to clinical rotations that are intended to constitute the third or fourth years of medical education, served under the aegis of unregistered or unaccredited medical schools. These policies are not intended to apply to students enrolled in programs that are registered by the State Education Department or programs accredited by the Liaison Committee on Medical Education or the American Osteopathic Association—basically encompassing all United States and Canadian medical schools.

In general, the regulations restrict all clinical clerkships undertaken by students in unregistered and unaccredited medical schools to teaching hospitals and stipulate that no clinical clerkships are to be undertaken in non-teaching hospitals or other health related facilities or agencies. A teaching hospital is defined as having a residency program approved by the Accreditation Council on Graduate Medical Education or an equivalent accrediting agency acceptable to the State Education Department, or which is part of such a program through an affiliation approved by the Accreditation Council on Graduate Medical Education or an equivalent agency acceptable to the State Education Department. A clinical clerkship may be performed only in the area in which a teaching hospital has an accredited residency program. A clinical clerkship in medicine, for example, may be performed only in a teaching hospital that has an accredited residency training program in medicine.

SPECIFIC REQUIREMENTS FOR STUDENTS

The regulations on clinical clerkships establish different sets of requirements depending upon where a student is in the sequence of his or her medical education and the total number of weeks of clerkship that are to be completed. For participation in clinical clerkships, in New York State

Address correspondence to Mr. Monahan, Associate Executive Secretary, New York State Board for Medicine, The New York State Education Department, Albany, NY 12230.

distributions for Part I and the eight subtests of MSKP are established for this special reference group, and for each portion of MSKP the specific score that corresponds to 1.2 standard deviations below the mean of the reference group is determined. The eight subtest scores are then added and a total is established as the minimum performance necessary for clinical clerks in a specific year. Although the minimum satisfactory total score may vary from year to year, it always represents the same level of performance of students in unregistered and unaccredited schools relative to the reference group of United States medical school students. The minimum acceptable total scores to date have been 39 (1980), 41 (1981), 43 (1982), 44 (1983).

SITE VISIT GUIDELINES

An unregistered and unaccredited medical school may seek approval to place students in clinical clerkships in teaching hospitals in New York State by submitting an application to the State Education Department. The medical school must submit a completed Data Base Document along with current catalogs, handbooks and all other materials concerning the institution's program of medical education. The school must also agree to cover all expenses connected with the evaluation process, which currently costs about \$30,000.

The department's system for the evaluation of medical school programs for the placement of clinical clerks in New York is based on generally accepted procedures for academic program review. The institution presents documents, in English and in a format specified by the department, that provide information required by the department and relevant to the Regulations of the Commissioner of Education and the Guidelines for Evaluation of Medical Programs.⁴ The department then designates several persons to review these materials. After the initial review of the materials submitted by the school, a site visit team visits the campus and representative clinical facilities which may be located at other sites—New York hospitals, for example. The site visit team usually includes at least one staff representative of the department, a member of the State Board for Medicine, and three or four medical educators and practitioners who have experience in evaluating medical programs.

Prior to the visit, the school requesting approval must provide extensive information concerning the curriculum, faculty, students, resources, and administration of the institution. The site visit provides an opportunity to verify the accuracy and completeness of the data provided and permits an in-depth review of such program components as (1) the depth and breadth of the curriculum and the integration of the basic sciences and clinical experiences; (2) the use of acceptable standards of admission, the maintenance of student records and the provision of student services; (3) the adequacy of basic science facilities including faculty offices, laboratories, classrooms, libraries and other resources; (4) the levels of faculty and student morale, intellectual stimulation and academic achievement.

Program evaluators use specific guidelines to review the program of medical education. These guidelines include but may not be limited to the following: (1) The medical school is organized as a definable academic unit, responsible for an educational program of not less than 32 months which leads to the MD degree or equivalent degree as determined

by the department. The institution is listed in one or more of the generally accepted resource volumes in international education, and its program is legally recognized and approved for the training of physicians by the competent authorities of the jurisdiction in which it is located. (2) A complete educational program is maintained, the structure and content of which provide an adequate foundation in the basic and clinical sciences. (3) An administrative and governing system is provided which allows the school to accomplish its objectives. (4) The faculty is composed of a sufficient number of representatives of the biological, behavioral, and clinical sciences to implement the objectives of the institution. (5) Acceptable standards concerning admission requirements and the student selection process are in place, and a system is maintained for keeping adequate student records. (6) Financial resources are available that allow the institution to conduct its program in a satisfactory manner. (7) Adequate facilities, or access to them, including buildings and equipment, are available to provide an environment conducive to the maximum productivity of faculty and students in fulfilling the objectives of the school.

After the site visit to the home campus of the medical school and the clinical affiliates in New York State, program evaluators are asked to submit reports on those areas for which they have been assigned responsibility. A composite report is then prepared and submitted to a departmental review committee for consideration. The review committee, composed of department staff and a member of the State Board for Medicine, reviews and discusses the site visit report. The final action is the responsibility of the Deputy Commissioner for Higher and Professional Education. It may be disapproval, approval with conditions, a request for additional information, or approval. The two institutions (Universidad del Noreste and Universidad Autonoma de Guadalajara) approved to date have both been approved with various conditions. Two of these conditions have been an ongoing monitoring of the institution's clinical clerks in New York State hospitals by department staff, and a reevaluation or site visit of the parent institution within a specified period of time.

In conclusion, the objectives of the New York State program to regulate clinical clerks from unregistered and unaccredited medical schools are being met. An effective system that clearly defines those conditions under which clerkships may be performed has been established. This system also exerts quality control measures over the educational experiences available to students. The use of the MSKP examination as a screening device provides directors of medical education as well as state officials with a mechanism for measuring student performance in the basic science areas after two years of medical school, and it provides at least an initial index by which to measure the student's beginning skills in introductory clinical diagnosis.

The system and criteria for the review of medical education programs located outside of the United States and Canada has had another positive effect. Through an ongoing system of program review, New York State is able to assure that students in selected unregistered and unaccredited medical schools are receiving a reasonable education. This has positive results for both the students and the citizens of New York State. In addition, the medical

Tab C

**UNITED KINGDOM
MEDICAL EDUCATION**

**11-12 YEARS OF ELEMENTARY/SECONDARY
EDUCATION - "O" LEVELS**

**2 YEARS "A" LEVELS
(PHYSICS, CHEMISTRY, BIOLOGY/MATH)**

**MEDICAL SCHOOL - 5 YEARS
(2 YEARS PRE-CLINICAL
3 YEARS CLINICAL)**

**BACHELOR OF MEDICINE/
BACHELOR OF SURGERY**

POSTGRADUATE TRAINING

**HOUSE OFFICER
SENIOR HOUSE OFFICER
JUNIOR REGISTRAR
REGISTRAR
SENIOR REGISTRAR**

**ROYAL COLLEGE
SPECIALTY CERTIFICATION**

**UNITED STATES
MEDICAL EDUCATION**

**12 YEARS - ELEMENTARY AND
SECONDARY**

|
**4 YEARS BACCALAUREATE
DEGREE PROGRAM**

|
**4 YEARS MEDICAL
EDUCATION
(2 YEARS BASIC SCIENCES/
2 YEARS CLINICAL SCIENCES)**

|
**1 - 6 YEARS
POSTGRADUATE TRAINING**

|
SPECIALTY CERTIFICATION

Tab E

**A REVIEWER'S GUIDE FOR THE
APPROVAL OF PROGRAMS OF MEDICAL EDUCATION**

**NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF THE STATE BOARD FOR MEDICINE
ALBANY, NY 12230**

REVISED JUNE 1997

A GUIDE FOR USE IN THE EVALUATION OF FOREIGN MEDICAL SCHOOLS

Introduction

This Guide is intended to describe the process and procedures for the evaluation of unaccredited/unregistered medical schools seeking approval for placing students in clinical clerkships in teaching hospitals in New York State.

I. PURPOSE

The purpose of the evaluation is to provide assurances that students who are participating in clinical clerkships in teaching hospital in New York State are functioning within an adequate framework of medical education and have basic competencies to perform with safety for the public.

Clinical clerkships involve the practice of medicine under supervision and as part of a program of medical education. Medical students are permitted to practice medicine in the state without a license while they are "performing in a clinical clerkship" and are "matriculated in a medical school which meets standards satisfactory to the Department." Review of a program by competent authority is a necessary basis for a determination by the Department that a program is "satisfactory." That determination is important for the hospital that accepts students for service in clerkships, for the students who is concerned that the program in which he/she is enrolls meets appropriate standards, and for the public with whom the student will practice medicine.

II. APPLICATION FOR EVALUATION

An unregistered/unaccredited medical school seeking approval to place students in clinical clerkships in teaching hospitals in New York State may apply to the Office of the State Board for Medicine. The medical school must submit a Data Base Document provided by the Department, along with a current catalog, and faculty and student handbooks or other documents setting forth policies relating to faculty and students. All expenses connected with the evaluation are borne by the institution seeking the evaluation.

III. THE EVALUATION PROCESS

The objective of the site visit team is to evaluate the program of medical education provided for students who would take their basic science education at an unaccredited/unregistered medical school and their clinical training in New York State teaching hospitals. The major purpose of the visit to the home campus is to evaluate that part of the institution's program of medical education, primarily the basic medical sciences, which prepares students for clinical training. The purpose of the visit to the institution's affiliated hospitals in New York State is to evaluate the clinical training undertaken in those

hospitals by the medical students, including the integration of such training within the medical school's total program of medical education and the respective roles of the unaccredited/unregistered medical school and the hospitals in faculty appointments, student selection, supervision, coursework, and academic evaluation.

The Department's review of unaccredited/unregistered medical school programs for placing students in clinical clerkships consists of two elements:

1. A review of the documents submitted by the institution requesting the evaluation. The purpose of the review is to ensure that the medical school provided all of the information requested by the Department. Specifically, the review will determine if the information is adequate to proceed with the site visit. The review will provide an analysis for the site visitors, including any areas that appear to require special attention by the site visitors.
2. A visit to the institution, including visits to clinical facilities at location other than the main campus. The visit will encompass all elements cited in the Guidelines for Evaluation (Part X) and the Regulations of the Commissioner of Education (Appendix A). The site visit will include, among other things, an evaluation of:
 - a. the depth and breadth of the curriculum and the integration of the basic science component with the clinical component of the program;
 - b. the administrative and governing system of the institution;
 - c. the faculty, both basic science and clinical;
 - d. the standards for admission, the maintenance of student records, and the provision for student services;
 - e. the basic science facilities, including faculty offices, laboratories, classrooms, and libraries and other resources supporting basic science instruction; and
 - f. the clinical facilities both in the home country and in New York State.

IV. THE VISITING TEAM

The visiting team will number at least five people and may comprise as many persons as are necessary according to the scope of the program under evaluation. The team will include Department staff and individuals designated by the Department who are medical educators or practitioners experienced in medical education evaluation.

The institution to be visited will assist the Department in making arrangements necessary for members of the site visit team to visit the campus and, as the Department may request, clinical facilities

at locations other than the campus for the purpose of reviewing and evaluating all aspects of the program. This may include the opportunity to meet trustees, owners or their representatives, administrators, faculty, students, and others connected with the medical education program.

Information concerning the curriculum, faculty, students, resources, and administration, will be provided before the visit. The campus visit will offer an opportunity to verify the accuracy and completeness of this information and to acquire additional information necessary for making sound judgements and providing documentation for such judgements. Interviews with faculty and student and observation of their activities will provide insights regarding morale, intellectual stimulation, and academic achievement.

V. THE SITE VISIT REPORT

Following visits to the medical school campus (the preclinical component) and to proposed affiliated hospitals in New York State (the clinical component), a draft report of the evaluation of both components will be prepared by the State Education Department. The draft comprehensive report will be sent to the medical school for comment regarding statements of fact. Following receipt of the medical school's comments, a Department Review Committee will review the report, including any comments or information provided by the medical school. A final report will then be sent to the Associate Commissioner for Professional Education. If no further action is needed, the Associate Commissioner will notify the applicant school of the Department's decision, and include a copy of the final report. If the department's action is unfavorable, the medical school may submit an appeal directly to the Commissioner of Education.

VI. THE APPEAL PROCESS

Within 30 days of receiving notice of a decision to deny approval, the medical school may notify the Commissioner in writing of its intention to appeal. Within 120 days of receiving notice of the decision to deny approval, the medical school shall submit its appeal to the Commissioner. The appeal shall take the form of a written statement that presents the position of the medical school and all evidence and information that the institution believes pertinent to the case.

VII. GUIDELINES FOR EVALUATION

The guidelines for evaluation of medical programs set forth in the items that follow are based on Sections 52.2, 52.3, and 52.4 of the Regulations of the Commissioner of education, on the policies and guidelines of the Liaison Committee on Medical Education, and on policies and procedures of agencies involved in assessing foreign education systems. Programs of medical education in unaccredited/unregistered medical schools are evaluated solely for the purpose of placing clinical clerks in teaching hospitals in New York State; the evaluation is not for the purpose of registering or accrediting such programs although the criteria are based upon the standards for such evaluation.

Criteria that have been developed from the guidelines for use in program review and evaluation are set forth in Appendix B.

GUIDELINES

1. The medical school is organized as a definable academic unit, responsible for an educational program of not less than 32 months which leads to the M.D. degree or equivalent degree as determined by the Department. The institution is listed in one or more of the generally accepted resource volumes on international education, and its program is legally recognized and approved for the training of physicians by the competent authorities of the jurisdiction in which it is located.

A variety of organizational forms are possible and no single organizational pattern is prescribed. The program is recognized, however, by the appropriate civil authorities in the country in which it is located as an acceptable training program for physicians.

2. A complete educational program is maintained, the structure and content of which provide an adequate foundation in the basic and clinical sciences.

Since there is no single undergraduate curriculum that can best be prescribed for medical education, each educational program must include a system for assuring that all portions of the program include sufficient instruction in the necessary subjects as well as opportunities for integrating the basic science portion of the program and all clinical experiences. Contained within this structure must be a system for establishing and monitoring all clinical rotations in a satisfactory manner. The parent institution must assume responsibility for assuring the integrity of all clinical experiences regardless of the location in which they occur, including determining that adequate supervision is provided in all clerkships.

3. An administrative and governing system is provided which allows the school to accomplish its objectives.

The institution, through its system of governance, must provide mechanisms to assure appropriate process and high quality in the selection, appointment, and promotion of faculty, and for the selection, promotion, and graduation of students. To achieve these ends, there should be clear definitions of the responsibility and authority of all

committees, administrators, departmental chairs, and faculty, as well as a clear description of the delegations of authority within the institutions.

4. The faculty are composed of a sufficient number of representatives of the biological, behavioral, and clinical sciences to implement the objectives of the institution.

Since the composition of the faculty relates directly to the objectives and goals of the school, it is the responsibility of that institution to provide a sufficient number of faculty of appropriate quality to assure that the educational obligations to the students are fulfilled. In order to meet these obligations, the faculty must have demonstrated competence in the biological, behavioral, and clinical sciences. The competence of the faculty to offer the courses and to discharge other academic responsibilities that are assigned to them shall be demonstrated by training, earned degrees, scholarships, experience, teaching ability, and the ability to advance knowledge.

5. Acceptable standards concerning admission requirements and the student selection process are in place and a system is maintained for keeping adequate student records.

Although each medical school may restrict its specified premedical course requirements to those courses that are considered essential for success in that curriculum, such requirements may not be less than those specified in the Commissioner's Regulations. In addition, each institution must maintain adequate student records and student services. Student records should contain summaries of admission credentials, attendance, a measurement of the performance of the student, and the degree to which the student has met the requirements of the medical school curriculum. These records should accurately reflect each student's work and qualifications, and the qualitative evaluation of each student in each course should be part of that record.

6. Financial resources are available that allow the institution to conduct its program in a satisfactory manner.

Financial support should be sufficient to enable the institution to achieve its objectives, and a system of financial management must be in place that will not compromise the effective operation of the medical program.

7. Facilities, including buildings and equipment, or access to them, are provided that are quantitatively and qualitatively adequate to facilitate the maximum productivity of faculty and

students in fulfilling the objectives of the school.

In the basic sciences, these facilities should include sufficient faculty offices, laboratories, student classrooms and laboratories, and libraries. The medical school must also have access to adequate clinical resources to provide for the clinical instruction of its medical students. Regardless of whether the clinical facilities are operated by the parent institution or are located at some distance from the parent institution and are operated by other authorities, precise agreements of cooperation must be established which clearly define the responsibilities of each party.

APPENDIX A

REGULATIONS OF THE COMMISSIONER OF EDUCATION
Effective September 1, 1982

Section 52.2 Standards for the Registration of Undergraduate and Graduate Curricula.

(a) Resources. The institution shall:

- (1) possess the financial resources necessary to accomplish its mission and the purpose of each registered curriculum;**
- (2) provide classrooms, faculty offices, auditoria, laboratories, libraries, audio-visual and computer facilities, clinical facilities, studios, practice rooms, and other instructional resources sufficient in number, design, condition, and accessibility to support the curricular objectives dependent on their use;**
- (3) provide equipment sufficient in quantity and quality to support instruction, research, and student performance; and**
- (4) provide libraries that possess and maintain collections sufficient in depth and breadth to support the mission of the institution and each registered curriculum. Libraries shall be administered by professionally trained staff supported by sufficient personnel. Library services and resources shall be available for student and faculty use with sufficient regularity and at appropriate hours to support the mission of the institution and the curricula it offers.**

(b) Faculty:

- (1) All members of the faculty shall have demonstrated by training, earned degrees, scholarship, experience, and by classroom performance or other evidence of teaching potential, their competence to offer the courses and discharge the other academic responsibilities which are assigned to them.**
- (2) To foster and maintain continuity and stability in academic programs and policies, there shall be in the institution, a sufficient number of faculty members who serve full-time at the institution.**
- (3) For each curriculum the institution shall designate a body of faculty who, with academic officers of the institution, shall be responsible for setting curricular objectives, for determining the means by which achievement of objectives is measured, for evaluating the achievement of curricular objectives, and for providing academic advice to students. The faculty shall be sufficient in number to assure breadth and depth of instruction and the proper discharge of other faculty responsibilities. The ratio of**

faculty to students in each course shall be sufficient to assure effective instruction.

- (4) At least one faculty member teaching in each curriculum culminating in a bachelor's degree shall hold an earned doctorate in a appropriate field, unless the Commissioner determines that the curriculum is in a field of study in which other standards are appropriate.
- (5) All faculty members who teach within a curriculum leading to a graduate degree shall possess earned doctorates or other terminal degrees in the field in which they are teaching or shall have demonstrated, in other widely recognized ways, their special competence in the field in which they direct graduate students.
- (6) The teaching and research of each faculty member, in accordance with the faculty member's responsibilities, shall be evaluated periodically by the institution. The teaching of each inexperienced faculty member shall receive special supervision during the initial period of appointment.
- (7) Each member of the faculty shall be allowed adequate time, in accordance with the faculty member's responsibilities, to broaden professional knowledge, prepare course materials, advise students, direct independent study and research, supervise teaching, participate in institutional governance, and carry out other academic responsibilities appropriate to his/her position, in addition to performing assigned teaching and administrative duties.

(c) Curricula and Awards.

- (1) In addition to the requirements of Section 53.3 of this subchapter, the objectives of each curriculum and its courses shall be well defined in writing. Course descriptions shall clearly state the subject matter and the requirements of each course.
- (2) For each curriculum, the institution shall assure that courses will be offered with sufficient frequency to enable students to complete the program within the minimum time for completion, in accordance with paragraph (6)-(10) of this subdivision.
- (3) Credit toward an undergraduate degree shall be earned only for college-level work. Credit toward a graduate degree shall be earned only through work designed expressly for graduate students. Enrollment of secondary school students in undergraduate courses, of undergraduates in graduate courses, and of graduate students in undergraduate courses shall strictly be controlled by the institution.
- (4) A semester hour may be granted by an institution for fewer hours of instruction and study than those specified in subdivision (o) of section 50.1 of this Subchapter only:
 - (i) when approved by the Commissioner as part of a registered curriculum; or

- (ii) when the Commissioner has granted prior approval for the institution to maintain a statement of academic standards that defines the consideration which establish equivalency of instruction and study and such statement has been adopted by the institution.
- (5) The institution shall occur that credit is granted only to students who have achieved the stated objectives in each credit-bearing learning activity.
- (6) Associate degree program shall normally be capable of completion in two academic years of full-time study, or its equivalent in part-time study, with an accumulation of not less than 60 semester hours.
- (7) Baccalaureate degree programs shall normally be capable of completion in four academic years of full-time study, or, in the case of five-year programs, five academic year of full-time study, or their equivalent in part-time studies, with an accumulation of not less than 120 semester hours.
- (8) Master's degree programs shall normally require a minimum of one academic year of full-time graduate level study, or its equivalent in part-time study, with an accumulation of not less than 30 semester hours. Research or a comparable occupational or professional experience shall be a component of each master's degree program. The requirements for a master's degree shall normally include at least one of the following: passing a comprehensive test, writing as thesis based in independent research or completing an appropriate special project.
- (9) The master of philosophy degree shall require completion of all requirements for the degree of doctor of philosophy except the dissertation, and shall require that the student has been admitted to candidacy in a doctor of philosophy curriculum offered by the institution conferring the master of philosophy degree.
- (10) Doctoral programs shall require a minimum of three academic years of full-time graduate study after the baccalaureate degree, or their equivalent of part-time study. Doctoral studies shall include the production of a substantial report on original research, the independent investigation of a topic of significance to the field of study, the production of an appropriate creative work, or the verified development of advanced professional skills.
- (11) In addition to the requirements of this section, a program designed to fulfill in part the requirements for licensure in a profession regulated by Title VIII of the Education Law, shall also meet such requirements as may be established by statute, by rules of the Regents, or by any other section of this Part.

(d) Admissions.

- (1) The admission of students shall be determined through an orderly process using published criteria which shall be uniformly applied.**
- (2) Admission shall take into account the capacity of the student to undertake a course of study and the capacity of the institution to provide the instructional and other support the student needs to complete the program.**

(e) Administration

- (1) Responsibility for the administration of institutional policies and programs shall be clearly established.**
- (2) Within the authority of its governing board, the institution shall provide that overall educational policy and its implementation are the responsibility of the institution's faculty and academic officers. Other appropriate segments of the institutional community may share in this responsibility in accordance with the norms developed by each institution.**
- (3) The institution shall establish, publish, and enforce explicit policies with respect to:**
 - (i) academic freedom;**
 - (ii) the rights and privileges of full-time and part-time faculty and other staff members, working conditions, opportunity for professional development, work load, appointment and reappointment, affirmative action, evaluation of teaching and research, termination of appointment, redress of grievances, and faculty responsibility to the institution; and**
 - (iii) requirements for admission of students to the institution and to specific curricula, requirements for residence, graduation, awarding of credit, degrees or other credentials, grading, standards of progress, payment of fees of any nature, refunds, withdrawals, standards of conduct, disciplinary measures and redress of grievances.**
- (4) Academic policies applicable to each course, including learning objectives and methods of assessing student achievement, shall be made explicit by the instructor at the beginning of each term.**
- (5) The institution shall provide academic advice to students through faculty or**

appropriately qualified persons. The institution shall assure that the students are informed at stated intervals of their progress and remaining obligations in the completion of the programs.

- (6) The institution shall maintain for each student a permanent, complete, accurate, and up-to-date transcript of student achievement at the institution. This document will be the official cumulative record of the student's cumulative achievement. Copies shall be made available at the student's request, in accordance with the institution's stated policies, or to agencies or individuals authorized by law to review such records.
- (f) Other requirements. The institution shall assure:
 - (1) that all educational activities offered as part of a registered curriculum meet the requirements established by statute, the rules of the Regents of this Part; and
 - (2) that whenever and wherever the institution offers courses as part of a registered curriculum it shall provide adequate academic support services.
- (g) Exceptions. To achieve particular objectives, an institution may depart from these standards with prior written approval of the Commissioner.

Section 52.3 Professional Education Programs.

- (a) Any educational program that is intended to satisfy the educational requirement for licensure in a profession regulated under Title VIII of Education Law or that leads to a degree or certificate at the sub-professional or post-professional level in a professional area regulated under Title VIII shall have a curriculum that is adequate in depth and breadth to meet the objectives of the program and that is satisfactory to the Commissioner.
- (b) In reviewing professional education programs the Department may consider and use the standards of nationally recognized accrediting associations in the professions to the extent such standards are satisfactory to the Commissioner.
- (c) The definition, standards, and procedures contained in section 50.1, 52.1, and 52.2 of this Subchapter shall apply to any educational programs, regardless of its setting, that is intended to satisfy the educational requirement for licensure in a profession regulated under Title VIII of the Education Law or that leads to a degree or certificate at the sub-professional level in a professional area regulated under Title VIII. In addition, the standards set forth in this Part for specific professions shall apply to the educational programs for such professions.

Section 52.4 Medicine and Osteopathy. Admission requirements to a college of medicine or osteopathy shall include the following pre-professional education: 60 semester hours of college study

including courses in general chemistry, organic chemistry, biology or zoology, and physics.

APPENDIX B

DISCUSSION OF APPROVAL CRITERIA

A. CURRICULUM

Every medical education curriculum should reflect well defined program objectives that are consistent with expectations of proficiency in the field of study. Program and degree requirements are the conditions for their pursuit and fulfillment, as well as methods and standards for assessing student achievement, should be clearly stated and followed. A sufficient number and range of courses should be offered in all regular terms.

1. Program objectives should exist in written form should be widely known to students and faculty. Objectives should reflect expectations of a high degree of proficiency in the field of study and an awareness of developments in the field. They should be compatible with realistic institutional objectives.

2. The curricular content should be derived from program objectives. It should include the breadth and depth of offerings which lead to proficiency in the field of study and which are appropriate to the degree.
3. All program and degree requirements and the formats of study for fulfillment should be based on a sound rationale and should be clearly and publicly stated and observed. Degree requirements should reflect a balance of courses appropriate to the field of study and degree designation.
4. The curriculum should include plans for the assessment of student progress and development. The assessment system should provide useful information to students concerning their strengths and weaknesses and should indicate that clear standards of quality exist and are being maintained.
5. Required courses should be offered frequently enough to permit students to complete their program without delay or serious inconvenience. Sufficient courses should be provided in all fields required by program objectives.
6. If a medical school curriculum is dependant upon support by other disciplines, schools, or institutions, there must be evidence of carefully planned coordination and effective operation. Written policies and agreements, joint committees, and administrative/fiscal arrangements are evidence of sound coordination.
7. All credit awarded for prior learning must be based on demonstration of knowledge gained. Documented learning should be the basis for credit. Comprehensive records of evaluations and decisions should be maintained by the institution.

B. FACULTY

The curriculum should be staffed by a sufficient number of professionally qualified faculty. Necessary faculty qualifications include advanced specialized training, appropriate professional activity, teaching competence, and a concern for student development and welfare. The expectation apply to both full-time and part-time faculty and to short-term faculty (those engaged for particular program components or for a semester or year).

1. The number of faculty required to offer a quality program varies, of course, according to the number of students and the nature of the discipline, but should always be most closely related to maximal instructional effectiveness rather than to cost or to other considerations.

2. Except where justified by the particular nature of the program, a majority of the faculty should be full-time staff members. Programs should be administered only by full-time faculty or administrative staff. In all instances, faculty must be fully qualified by training and experience. The instructional performance of part-time and of short-term faculty should be evaluated on the same basis as that of full-time faculty.
3. Each faculty member is expected to have advanced formal training, or high competence demonstrated by other means, in each of his/her fields of instruction or advisement.
4. It is expected that all faculty give evidence that their knowledge of their fields is thorough and up-to-date. Faculty should have a record of continuing professional involvement as evidenced, for example, by research activities, publications, professional association affiliations, and professional honors.
5. A primary responsibility of faculty is teaching. Evidence of a commitment to and success in teaching should include dependability in meeting with classes and individual students, well prepared course outlines including clear statements of course objectives, and favorable assessment of teaching from students and peers.
6. Faculty should demonstrate concern for student development and welfare. Time spent in advising students, a recognition of its importance, and student satisfaction with the service are primary indices of faculty strength in this area.
7. Faculty are expected to be actively involved in the development of program objectives, the creation of a curriculum to achieve those objectives, and the assessment of student achievement.

C. RESOURCES

Adequate physical resources, including classrooms, library resources, laboratories, equipment, and workspace for students and faculty, are essential. There should be clear evidence of sufficient institutional fiscal support of the program.

1. Classrooms, seminar rooms, laboratories, studios, audio-visual and computer facilities, and other resources should be sufficient in number, kind, and condition to meet program objectives dependant on their use.
2. Equipment necessary to support instruction, research, and student performance must be provided in ample quantity and quality.
3. There should be adequate workspace in faculty offices to provide for tutoring and advising of students and to ensure faculty to perform other duties efficiently. Offices for personal

counseling should provide privacy.

4. The library should have sufficient funds, staff, holdings, and equipment. The library should hold the important books and journals appropriate to the field of study, degree level, course offerings, and research requirements. There should be professional staff sufficient to assist students and to keep the collection current. The library should be open at hours convenient to students.
5. The program should be consistently supported by sufficient institutional commitment of funds for salaries, research, sabbaticals, improvement of instruction, outside speakers, needed supplies, and student financial aid.

D. STUDENTS

It is essential that there be enrolled in the program a sufficient number of students whose previous work has prepared them for medical education and whose current interests are compatible with the objectives of the program.

1. There should be a sufficient number of students to provide the interchange and peer stimulation necessary to a high-quality teaching/learning process and to justify the offering of a reasonable number of courses each term.
2. Admission criteria and practices should be designed to ensure that students enrolled in a program are sufficiently prepared to undertake it and complete its requirements successfully. Students should be screened in terms of their specific interests as well as their capacities. Student progress as shown by the records should indicate an effective admissions policy.
3. Admission criteria should be published either in the catalog or in a separate publication that is available to prospective students.
4. Records of student performance in the program and post-graduate outcomes, such as additional study and employment, should indicate that the program is effectively meeting its stated objectives.
5. Strong student interaction with faculty and peers and a high student morale are characteristics of a quality program.

E. ADMINISTRATION

Sound administrative policies and procedures are necessary at both the institutional and departmental levels. This includes on the institutional level, a statement of purposes and objectives, a clear definition of the functions and responsibilities of all administrative and teaching staff, written personnel policies, and a due process review and appeal system for all types of grievances. Provisions

should be made for services to students such as counseling and financial aid. Effective budgetary and recordkeeping systems should exist at both levels.

1. Institutional objectives should be realistic in light of the purpose of the institution, the needs of its students, the needs of society, and the institutions resources.
2. The functions, relationships, responsibilities, and authority of all administrative and teaching staff should be clearly and publicly defined. A well organized system for faculty participation in program and curricular decisions should exist at the departmental; and institutional; levels.
3. The institution should have in written form, personnel policies for professional staff, giving due consideration to academic freedom, general working conditions, compensation, opportunity for improvement in service, work loads, and faculty responsibility to the institution. Policies relating to appointment, evaluation, ranking, promotion, tenure, and dismissal should also exist in written form.
4. Equitable procedures for handling faculty grievances and redressing student complaints should be clearly and publicly stated.
5. Financial aid counseling should be available.
6. An effective budgetary process and long-range financial plan should exist at the institutional and departmental levels.
7. Well maintained records concerning faculty and students should be available. Faculty files should include professional qualifications, attainments, and teaching effectiveness. Student files should include admissions information, a record of academic achievement, and career progress.
8. There should be evidence of effective working relationships among the administrative, support, and teaching staffs. The efficient execution of assigned responsibilities, adequate formal and informal consultation, and cooperative effort characterize and effective program.
9. A catalog with detailed information about the institution, the curriculum, the faculty, and clinical resources should be available.

C. CLINICAL RESOURCES

An unaccredited/unregistered medical school must have adequate clinical resources to provide for the clinical instruction of its students. The relationship between the medical school and its clinical resources is a critical element in the overall evaluation of the unaccredited/unregistered medical school. Formal agreement satisfactory to the Department must have been executed between the medical schools and the hospital(s) to which the students will be assigned by the school to engage in clinical clerkships. The agreements must specify the primacy of the medical school in planning, managing, and

supervising clerkships in each subject area. A hospital providing clinical training is an integral part of the medical school's program of medical education. The chief academic officer of the medical school must have responsibility over the medical school staff and faculty at each hospital where clinical training is offered. Clinical faculty must be identified as participating fully in the medical school's educational program. Clinical faculty should be involved in curriculum development, should have committee assignments, and, in general, should have the same rights and responsibilities as the faculty at the main campus of the medical school.

Clinical clerkships must be performed in a clinical subject or subjects in which the participating hospital has a post-graduate training program accredited by the Accreditation Council on Graduate Medical Education or that is part of such a program through affiliation(s) approved by the ACGME.

A hospital that provides a base for the education of medical students must have adequate library resources, not only for the clinical staff, but for the faculty and the students. Adequate space should also be available for faculty and students to meet.

Tab. F

Dear :

This letter describes that State Education Department's process for approving unaccredited/unregistered medical schools for the purpose of placing students in clinical clerkships in teaching hospitals in New York State.

The procedure for the review of a program in medical education for the purpose of placing students in clinical clerkships in teaching hospitals is patterned on the procedures of the State Education Department for academic program registration. The process and applicable standards are stated in the Guide for Use in the Evaluation of Unaccredited and Unlicensed Medical Schools and in Sections 52.2, 42.3, and 52.4 of the Regulations of the Commissioner of Education. A copy of the guide and a copy of the Regulations are enclosed.

The Department's review of unaccredited and unregistered medical school programs for the purpose of placing students in clinical clerkships consists of two elements:

- (1) a review of the documents submitted by the institution requesting the evaluation. The purpose of the review of documents is to ensure that the medical school provided all the information requested by the Department. Specifically, the review will determine if the information is adequate to proceed with the site visit. The review will provide an analysis for the site visitors, including any areas that appear to require special attention by the site visitors. The documents that must be submitted are:
 - (a) a Data Base Document;
 - (b) Basic Science Course Information Sheets; and
 - (c) Clinical Science Course Information Sheets.

An information sheet for each basic science course and clinical science course must be submitted. Copies of affiliation agreements between the applicant institution and the hospital(s) in New York State in which the students will engage in clinical clerkships must also be submitted but may be deferred until the visit(s) to the affiliated hospital(s) in New York State are scheduled. The elements of an acceptable affiliation agreement

are enclosed; and

- (2) a visit to the institution including visits to clinical facilities at locations other than the main campus. The visit will encompass all elements cited in the Guide for Evaluation and the Regulations of the Commissioner of Education. The site visit will include, among other things, an evaluation of:
 - (a) the depth and breadth of the curriculum and the integration of the basic science component with the clinical component of the program;
 - (b) the administrative and governing system of the institution;
 - (c) the faculty, both basic science and clinical;
 - (d) the standards for admission, the maintenance of student records, and the provision for student services;
 - (e) the basic science facilities including faculty offices, laboratories, classrooms, and libraries and other resources supporting basic science instruction; and
 - (f) the clinical facilities both in the home country and in New York State.

In preparation for the site visit the institution must compile for review by the visiting team, syllabi for all courses; final examinations for all courses; student reports or projects which may be sampled by members of the team.

The visiting team usually consists of four or five members but may comprise as many persons as necessary depending on the scope of the program.

All expenses connected with the evaluation of the medical education program are to be borne by the institution seeking the evaluation. The approximate cost of an evaluation is \$35,000. Payment must be made by certified check or draft on a United States bank and in United States dollars, payable to the New York State Education Department, and must be submitted with or in advance of the responses to the data base document. The institution will be expected to pay any other costs necessitated in the evaluation procedure which are not included in the initial estimate.

In carrying out this evaluation the applicant institution is to assume the following obligations:

- (1) to provide the written materials in the formats indicated in this letter;
- (2) to assist the Department in making arrangements necessary for members of the site visit team to visit the campus and, as the Department may request, clinical facilities at locations other than the campus for the purpose of reviewing and evaluating all aspects of the program, including providing the opportunities to meet trustees, owners or their representatives, administrators, faculty, students, and other connected with the medical education program; and
- (3) to pay all costs of the review and evaluation. As indicated above, payment in full of the estimated expenses is required prior to commencement of the evaluation by the Department.

The State Education Department agrees to assume the following obligations:

- (1) to provide instructions to the institution concerning the information to be supplied by the institution and the formats in which it is to be submitted;
- (2) to provide evaluators experiences in medical program evaluation to:
 - (a) review and assess information provided by the institution;
 - (b) conduct visits to the medical school and to teaching hospitals in which students are or may be functioning as clinical clerks; and
 - (c) incident to the approval or non-approval of a program, to cite areas of strength and/or weakness or deficiency, and in the event of a non-approval, to provide a procedure for appeal to the Commissioner.
- (3) to make arrangements for the staff and consultant evaluators to travel to the institution and hospital facilities and to make arrangement for lodging while visiting the institution;
- (4) to provide the institution with timely notice concerning additional information which may be required at any time and the status of the evaluation; and

- (5) to provide at the conclusion of the review, a certified statement of all cost connected with the program evaluation and to return any funds except those identified as Department Administration not expended in connection with the evaluation. Department Administration is a fixed cost.

A letter stating the applicant institution's readiness to assume the obligation outlined above is to be sent to the Executive Secretary, New York State Board for Medicine, Room 3023, Cultural Education Center, Empire State Plaza, Albany, NY 12230, not later than the date of submittal of the completed data base document accompanying documents. Funds in the full amount of the estimated cost must also be received by the Department by that date. The Department is not able to initiate the review process in advance of receipt of these materials and the indicated payment.

Sincerely,

Thomas J. Monahan
Executive Secretary

Tab G

1

**A GUIDE FOR UNACCREDITED/UNREGISTERED MEDICAL SCHOOLS
SEEKING TO OPERATE IN NEW YORK STATE**

*New York State Education Department
Albany, NY 12230*

revised June 1997

New York State Education Department

A GUIDE FOR UNACCREDITED/UNREGISTERED MEDICAL SCHOOLS SEEKING TO OPERATE IN NEW YORK STATE

Introduction

This Guide is intended to describe the process and procedures for the evaluation of unaccredited/unregistered medical schools seeking approval for the purpose of placing students in clinical clerkships in teaching hospitals in New York State.

I. PURPOSE

The purpose of the evaluation is to provide assurances that students who are participating in clinical clerkships in teaching hospital in New York State are functioning within an adequate framework of medical education and have basic competencies to perform with safety for the public.

Clinical clerkships involve the practice of medicine under supervision and as part of a program of medical education. Medical students are permitted to practice medicine in the state without a license while they are "performing in a clinical clerkship" and are "matriculated in a medical school which meets standards satisfactory to the Department." Review of a program by competent authority is a necessary basis for a determination by the Department that a program is "satisfactory." That determination is important for the hospital that accepts students for service in clerkships, for the students who is concerned that the program in which he/she is enrolls meets appropriate standards, and for the public with whom the student will practice medicine.

II. APPLICATION FOR EVALUATION

An unregistered/unaccredited medical school seeking approval to place students in clinical clerkships in teaching hospitals in New York State may apply to the Office of the State Board for Medicine. The medical school must submit a Data Base Document provided by the Department, along with a current catalog, and faculty and student handbooks or other documents setting forth policies relating to faculty and students. All expenses connected with the evaluation are borne by the institution seeking the evaluation.

III. THE EVALUATION PROCESS

The objective of the site visit team is to evaluate the program of medical education provided for students who would take their basic science education at an unaccredited/unregistered medical school and their clinical training in New York State teaching hospitals. The major purpose of the visit to the home campus is to evaluate that part of the institution's program of medical education, primarily the basic medical sciences, which prepares students for clinical training. The purpose of the visit to the institution's

affiliated hospitals in New York State is to evaluate the clinical training undertaken in those hospitals by the medical students, including the integration of such training within the medical school's total program of medical education and the respective roles of the unaccredited/unregistered medical school and the hospitals in faculty appointments, student selection, supervision, coursework, and academic evaluation.

The Department's review of unaccredited/unregistered medical school programs for the purpose of placing students in clinical clerkships consists of two elements:

1. A review of the documents submitted by the institution requesting the evaluation. The purpose of the review is to ensure that the medical school provided all of the information requested by the Department. Specifically, the review will determine if the information is adequate to proceed with the site visit. The review will provide an analysis for the site visitors, including any areas that appear to require special attention by the site visitors.
2. A visit to the institution, including visits to clinical facilities at location other than the main campus. The visit will encompass all elements cited in the Guidelines for Evaluation (Part X) and the Regulations of the Commissioner of Education (Appendix A). The site visit will include, among other things, an evaluation of:
 - a. the depth and breadth of the curriculum and the integration of the basic science component with the clinical component of the program;
 - b. the administrative and governing system of the institution;
 - c. the faculty, both basic science and clinical;
 - d. the standards for admission, the maintenance of student records, and the provision for student services;
 - e. the basic science facilities, including faculty offices, laboratories, classrooms, and libraries and other resources supporting basic science instruction; and
 - f. the clinical facilities both in the home country and in New York State.

IV. THE VISITING TEAM

The visiting team will number at least five people and may comprise as many persons as are necessary according to the scope of the program under evaluation. The team will include Department staff and individuals designated by the Department who are medical educators or practitioners experienced in medical education evaluation.

The institution to be visited will assist the Department in making arrangements necessary for members of the site visit team to visit the campus and, as the Department may request, clinical facilities at locations other than the campus for the purpose of reviewing and evaluating all aspects of the program. This may include the opportunity to meet trustees, owners or their representatives, administrators, faculty, students, and others connected with the medical education program.

Information concerning the curriculum, faculty, students, resources, and administration, will be provided before the visit. The campus visit will offer an opportunity to verify the accuracy and completeness of this information and to acquire additional information necessary for making sound judgements and providing documentation for such judgements. Interviews with faculty and student and observation of their activities will provide insights regarding morale, intellectual stimulation, and academic achievement.

V. THE SITE VISIT REPORT

Following visits to the medical school campus (the preclinical component) and to proposed affiliated hospitals in New York State (the clinical component), a draft report of the evaluation of both components will be prepared by the State Education Department. The draft comprehensive report will be sent to the medical school for comment regarding statements of fact. Following receipt of the medical school's comments, a Department Review Committee will review the report, including any comments or information provided by the medical school. A final report will then be sent to the Associate Commissioner for Professional Education. If no further action is needed, the Associate Commissioner will notify the applicant school of the Department's decision, and include a copy of the final report. If the department's action is unfavorable, the medical school may submit an appeal directly to the Commissioner of Education.

VI. THE APPEAL PROCESS

Within 30 days of receiving notice of a decision to deny approval, the medical school may notify the Commissioner in writing of its intention to appeal. Within 120 days of receiving notice of the decision to deny approval, the medical school shall submit its appeal to the Commissioner. The appeal shall take the form of a written statement that presents the position of the medical school and all evidence and information that the institution believes pertinent to the case.

An appeal is not an adjudicatory proceeding under the State Administrative Procedure Act. This is an administrative appeal that is not required by law, and is provided for the purpose of affording medical schools seeking approval with an opportunity to respond to the final determination of Department staff and to the specific deficiencies cited therein, and to obtain an appellate review of the denial of an application.

VII. OBLIGATIONS OF THE APPLICANT INSTITUTION

In requesting an evaluation, an applicant institution assumes the following obligations:

1. to provide written materials in formats specified by the State Education Department;
2. to assist the Department in making arrangements necessary for members of the site visit team to visit the campus and clinical facilities at locations other than the campus for the purpose of reviewing and evaluating all aspects of the program, including the opportunity to meet trustees, owners or their representatives, administrators, faculty, students, and any others connected with the program; and

3. to pay all costs of the review, including charges for Department administration and their indirect costs. Payment in full of the estimated expenses is required prior to commencement of the review; full payment by the institution is also required for any subsequent costs connected with the review.

VIII. OBLIGATIONS OF THE STATE EDUCATION DEPARTMENT

In carrying out an evaluation, the Department assumes the following obligation:

1. to provide instructions to the applicant institution concerning the information to be supplied and the format in which it is to be submitted;
2. to provide evaluators experienced in medical program evaluation;
3. to make arrangements for staff and consultant evaluators to travel to the institution and proposed affiliated hospitals;
4. to provide timely notice concerning additional material that may be required; and
5. to provide, at the conclusion of the evaluation, a statement of all costs connected with the evaluation and to return any funds not expended in connection with the evaluation, except those identified as costs of Department administration.

IX. PAYMENT

Payment for the evaluation in the amount indicated by the Department must be made payable by certified check or draft on a United States bank and in United States dollars, to the New York State Education Department and must be submitted with or in advance of the Data Base Document. The application institution is expected to pay any other necessary costs related to the evaluation procedure that were not included in the initial estimate.

X. GUIDELINES FOR EVALUATION

The guidelines for evaluation of medical programs set forth in the items that follow are based on Sections 52.2, 52.3, and 52.4 of the Regulations of the Commissioner of education, on the policies and guidelines of the Liaison Committee on Medical Education, and on policies and procedures of agencies involved in assessing foreign education systems. Programs of medical education in unaccredited/unregistered medical schools are evaluated solely for the purpose of placing clinical clerks in teaching hospitals in New York State; the evaluation is not for the purpose of registering or accrediting such programs although the criteria are based upon the standards for such evaluation. Criteria that have been developed from the guidelines for use in program review and evaluation are set forth in Appendix B.

GUIDELINES

1. The medical school is organized as a definable academic unit, responsible for an educational program of not less than 32 months which leads to the M.D. degree or equivalent degree as determined by the Department. The institution is listed in one or more of the generally accepted resource volumes on international education, and its program is legally recognized and approved for the training of physicians by the competent authorities of the jurisdiction in which it is located.

A variety of organizational forms are possible and no single organizational pattern is prescribed. The program is recognized, however, by the appropriate civil authorities in the country in which it is located as an acceptable training program for physicians.

2. A complete educational program is maintained, the structure and content of which provide an adequate foundation in the basic and clinical sciences.

Since there is no single undergraduate curriculum that can best be prescribed for medical education, each educational program must include a system for assuring that all portions of the program include sufficient instruction in the necessary subjects as well as opportunities for integrating the basic science portion of the program and all clinical experiences. Contained within this structure must be a system for establishing and monitoring all clinical rotations in a satisfactory manner. The parent institution must assume responsibility for assuring the integrity of all clinical experiences regardless of the location in which they occur, including determining that adequate supervision is provided in all clerkships.

3. An administrative and governing system is provided which allows the school to accomplish its objectives.

The institution, through its system of governance, must provide mechanisms to assure appropriate process and high quality in the selection, appointment, and promotion of faculty, and for the selection, promotion, and graduation of students. To achieve these ends, there should be clear definitions of the responsibility and authority of all committees, administrators, departmental chairs, and faculty, as well as a clear description of the delegations of authority within the institutions.

4. The faculty are composed of a sufficient number of representatives of the biological, behavioral, and clinical sciences to implement the objectives of the institution.

Since the composition of the faculty relates directly to the objectives and goals of the school, it is the responsibility of that institution to provide a sufficient number of faculty of appropriate quality to assure that the educational obligations to the students are fulfilled. In order to meet these obligations, the faculty must have demonstrated competence in the

biological, behavioral, and clinical sciences. The competence of the faculty to offer the courses and to discharge other academic responsibilities that are assigned to them shall be demonstrated by training, earned degrees, scholarships, experience, teaching ability, and the ability to advance knowledge.

5. Acceptable standards concerning admission requirements and the student selection process are in place and a system is maintained for keeping adequate student records.

Although each medical school may restrict its specified premedical course requirements to those courses that are considered essential for success in that curriculum, such requirements may not be less than those specified in the Commissioner's Regulations. In addition, each institution must maintain adequate student records and student services. Student records should contain summaries of admission credentials, attendance, a measurement of the performance of the student, and the degree to which the student has met the requirements of the medical school curriculum. These records should accurately reflect each student's work and qualifications, and the qualitative evaluation of each student in each course should be part of that record.

6. Financial resources are available that allow the institution to conduct its program in a satisfactory manner.

Financial support should be sufficient to enable the institution to achieve its objectives, and a system of financial management must be in place that will not compromise the effective operation of the medical program.

7. Facilities, including buildings and equipment, or access to them, are provided that are quantitatively and qualitatively adequate to facilitate the maximum productivity of faculty and students in fulfilling the objectives of the school.

In the basic sciences, these facilities should include sufficient faculty offices, laboratories, student classrooms and laboratories, and libraries. The medical school must also have access to adequate clinical resources to provide for the clinical instruction of its medical students. Regardless of whether the clinical facilities are operated by the parent institution or are located at some distance from the parent institution and are operated by other authorities, precise agreements of cooperation must be established which clearly define the responsibilities of each party.

APPENDIX A**REGULATIONS OF THE COMMISSIONER OF EDUCATION
Effective September 1, 1982****Section 52.2 Standards for the Registration of Undergraduate and Graduate Curricula.****(a) Resources. The institution shall:**

- (1) possess the financial resources necessary to accomplish its mission and the purpose of each registered curriculum;**
- (2) provide classrooms, faculty offices, auditoria, laboratories, libraries, audio-visual and computer facilities, clinical facilities, studios, practice rooms, and other instructional resources sufficient in number, design, condition, and accessibility to support the curricular objectives dependent on their use;**
- (3) provide equipment sufficient in quantity and quality to support instruction, research, and student performance; and**
- (4) provide libraries that possess and maintain collections sufficient in depth and breadth to support the mission of the institution and each registered curriculum. Libraries shall be administered by professionally trained staff supported by sufficient personnel. Library services and resources shall be available for student and faculty use with sufficient regularity and at appropriate hours to support the mission of the institution and the curricula it offers.**

(b) Faculty.

- (1) All members of the faculty shall have demonstrated by training, earned degrees, scholarship, experience, and by classroom performance or other evidence of teaching potential, their competence to offer the courses and discharge the other academic responsibilities which are assigned to them.**
- (2) To foster and maintain continuity and stability in academic programs and policies, there shall be in the institution, a sufficient number of faculty members who serve full-time at the institution.**
- (3) For each curriculum the institution shall designate a body of faculty who, with academic officers of the institution, shall be responsible for setting curricular objectives, for determining the means by which achievement of objectives is measured, for evaluating the achievement of curricular objectives, and for providing academic advice to students. The faculty shall be sufficient in number to assure breadth and depth of instruction and the proper discharge of other faculty responsibilities. The ratio of faculty to students in each course shall be sufficient to assure effective instruction.**
- (4) At least one faculty member teaching in each curriculum culminating in a bachelor's degree shall hold an earned doctorate in an appropriate field, unless the Commissioner determines that the curriculum is in a field of study in which other standards are appropriate.**

- (5) All faculty members who teach within a curriculum leading to a graduate degree shall possess earned doctorates or other terminal degrees in the field in which they are teaching or shall have demonstrated, in other widely recognized ways, their special competence in the field in which they direct graduate students.
- (6) The teaching and research of each faculty member, in accordance with the faculty member's responsibilities, shall be evaluated periodically by the institution. The teaching of each inexperienced faculty member shall receive special supervision during the initial period of appointment.
- (7) Each member of the faculty shall be allowed adequate time, in accordance with the faculty member's responsibilities, to broaden professional knowledge, prepare course materials, advise students, direct independent study and research, supervise teaching, participate in institutional governance, and carry out other academic responsibilities appropriate to his/her position, in addition to performing assigned teaching and administrative duties.

(c) **Curricula and Awards.**

- (1) In addition to the requirements of Section 53.3 of this subchapter, the objectives of each curriculum and its courses shall be well defined in writing. Course descriptions shall clearly state the subject matter and the requirements of each course.
- (2) For each curriculum, the institution shall assure that courses will be offered with sufficient frequency to enable students to complete the program within the minimum time for completion, in accordance with paragraph (6)-(10) of this subdivision.
- (3) Credit toward an undergraduate degree shall be earned only for college-level work. Credit toward a graduate degree shall be earned only through work designed expressly for graduate students. Enrollment of secondary school students in undergraduate courses, of undergraduates in graduate courses, and of graduate students in undergraduate courses shall strictly be controlled by the institution.
- (4) A semester hour may be granted by an institution for fewer hours of instruction and study than those specified in subdivision (c) of section 50.1 of this Subchapter only:
 - (i) when approved by the Commissioner as part of a registered curriculum; or
 - (ii) when the Commissioner has granted prior approval for the institution to maintain a statement of academic standards that defines the consideration which establish equivalency of instruction and study and such statement has been adopted by the institution.
- (5) The institution shall occur that credit is granted only to students who have achieved the stated objectives in each credit-bearing learning activity.

- (6) Associate degree program shall normally be capable of completion in two academic years of full-time study, or its equivalent in part-time study, with an accumulation of not less than 60 semester hours.
 - (7) Baccalaureate degree programs shall normally be capable of completion in four academic years of full-time study, or, in the case of five-year programs, five academic year of full-time study, or their equivalent in part-time studies, with an accumulation of not less than 120 semester hours.
 - (8) Master's degree programs shall normally require a minimum of one academic year of full-time graduate level study, or its equivalent in part-time study, with an accumulation of not less than 30 semester hours. Research or a comparable occupational or professional experience shall be a component of each master's degree program. The requirements for a master's degree shall normally include at least one of the following: passing a comprehensive test, writing as thesis based in independent research or completing an appropriate special project.
 - (9) The master of philosophy degree shall require completion of all requirements for the degree of doctor of philosophy except the dissertation, and shall require that the student has been admitted to candidacy in a doctor of philosophy curriculum offered by the institution conferring the master of philosophy degree.
 - (10) Doctoral programs shall require a minimum of three academic years of full-time graduate study after the baccalaureate degree, or their equivalent of part-time study. Doctoral studies shall include the production of a substantial report on original research, the independent investigation of a topic of significance to the field of study, the production of an appropriate creative work, or the verified development of advanced professional skills.
 - (11) In addition to the requirements of this section, a program designed to fulfill in part the requirements for licensure in a profession regulated by Title VIII of the Education Law, shall also meet such requirements as may be established by statute, by rules of the Regents, or by any other section of this Part.
- (d) Admissions.
- (1) The admission of students shall be determined through an orderly process using published criteria which shall be uniformly applied.
 - (2) Admission shall take into account the capacity of the student to undertake a course of study and the capacity of the institution to provide the instructional and other support the student needs to complete the program.
- (e) Administration
- (1) Responsibility for the administration of institutional policies and programs shall be clearly established.

- (2) Within the authority of its governing board, the institution shall provide that overall educational policy and its implementation are the responsibility of the institution's faculty and academic officers. Other appropriate segments of the institutional community may share in this responsibility in accordance with the norms developed by each institution.
- (3) The institution shall establish, publish, and enforce explicit policies with respect to:
 - (i) academic freedom;
 - (ii) the rights and privileges of full-time and part-time faculty and other staff members, working conditions, opportunity for professional development, work load, appointment and reappointments, affirmative action, evaluation of teaching and research, termination of appointment, redress of grievances, and faculty responsibility to the institution; and
 - (iii) requirements for admission of students to the institution and to specific curricula, requirements for residence, graduation, awarding of credit, degrees or other credentials, grading, standards of progress, payment of fees of any nature, refunds, withdrawals, standards of conduct, disciplinary measures and redress of grievances.
- (4) Academic policies applicable to each course, including learning objectives and methods of assessing student achievement, shall be made explicit by the instructor at the beginning of each term.
- (5) The institution shall provide academic advice to students through faculty or appropriately qualified persons. The institution shall assure that the students are informed at stated intervals of their progress and remaining obligations in the completion of the programs.
- (6) The institution shall maintain for each student a permanent, complete, accurate, and up-to-date transcript of student achievement at the institution. This document will be the official cumulative record of the student's cumulative achievement. Copies shall be made available at the student's request, in accordance with the institution's stated policies, or to agencies or individuals authorized by law to review such records.
- (f) Other requirements. The institution shall assure:
 - (1) that all educational activities offered as part of a registered curriculum meet the requirements established by statute, the rules of the Regents of this Part: and
 - (2) that whenever and wherever the institution offers courses as part of a registered curriculum it shall provide adequate academic support services.

- (g) **Exceptions.** To achieve particular objectives, an institution may depart from these standards with prior written approval of the Commissioner.

Section 52.3 Professional Education Programs.

- (a) Any educational program that is intended to satisfy the educational requirement for licensure in a profession regulated under Title VIII of Education Law or that leads to a degree or certificate at the sub-professional or post-professional level in a professional area regulated under Title VIII shall have a curriculum that is adequate in depth and breadth to meet the objectives of the program and that is satisfactory to the Commissioner.
- (b) In reviewing professional education programs the Department may consider and use the standards of nationally recognized accrediting associations in the professions to the extent such standards are satisfactory to the Commissioner.
- (c) The definition, standards, and procedures contained in section 50.1, 52.1, and 52.2 of this Subchapter shall apply to any educational programs, regardless of its setting, that is intended to satisfy the educational requirement for licensure in a profession regulated under Title VIII of the Education Law or that leads to a degree or certificate at the sub-professional level in a professional area regulated under Title VIII. In addition, the standards set forth in this Part for specific professions shall apply to the educational programs for such professions.

Section 52.4 Medicine and Osteopathy. Admission requirements to a college of medicine or osteopathy shall include the following pre-professional education: 60 semester hours of college study including courses in general chemistry, organic chemistry, biology or zoology, and physics.

APPENDIX B

MAJOR ELEMENTS OF THE REVIEW PROCESS

A. CURRICULUM

Every medical education curriculum should reflect well defined program objectives that are consistent with expectations of proficiency in the field of study. Program and degree requirements are the conditions for their pursuit and fulfillment, as well as methods and standards for assessing student achievement, should be clearly stated and followed. A sufficient number and range of courses should be offered in all regular terms.

1. Program objectives should exist in written form should be widely known to students and faculty. Objectives should reflect expectations of a high degree of proficiency in the field of study and an awareness of developments in the field. They should be compatible with realistic institutional objectives.
2. The curricular content should be derived from program objectives. It should include the breadth and depth of offerings which lead to proficiency in the field of study and which are appropriate to the degree.
3. All program and degree requirements and the formats of study for fulfillment should be based on a sound rationale and should be clearly and publicly stated and observed. Degree requirements should reflect a balance of courses appropriate to the field of study and degree designation.
4. The curriculum should include plans for the assessment of student progress and development. The assessment system should provide useful information to students concerning their strengths and weaknesses and should indicate that clear standards of quality exist and are being maintained.
5. Required courses should be offered frequently enough to permit students to complete their program without delay or serious inconvenience. Sufficient courses should be provided in all fields required by program objectives.
6. If a medical school curriculum is dependant upon support by other disciplines, schools, or institutions, there must be evidence of carefully planned coordination and effective operation. Written policies and agreements, joint committees, and administrative/fiscal arrangements are evidence of sound coordination.
7. All credit awarded for prior learning must be based on demonstration of knowledge gained. Documented learning should be the basis for credit. Comprehensive records of evaluations and decisions should be maintained by the institution.

B. FACULTY

The curriculum should be staffed by a sufficient number of professionally qualified faculty. Necessary faculty qualifications include advanced specialized training, appropriate professional activity, teaching competence, and a concern for student development and welfare. The expectations apply to both full-time and part-time faculty and to short-term faculty (those engaged for particular program components or for a semester or year).

1. The number of faculty required to offer a quality program varies, of course, according to the number of students and the nature of the discipline, but should always be most closely related to maximal instructional effectiveness rather than to cost or to other considerations.
2. Except where justified by the particular nature of the program, a majority of the faculty should be full-time staff members. Programs should be administered only by full-time faculty or administrative staff. In all instances, faculty must be fully qualified by training and experience. The instructional performance of part-time and of short-term faculty should be evaluated on the same basis as that of full-time faculty.
3. Each faculty member is expected to have advanced formal training, or high competence demonstrated by other means, in each of his/her fields of instruction or advisement.
4. It is expected that all faculty give evidence that their knowledge of their fields is thorough and up-to-date. Faculty should have a record of continuing professional involvement as evidenced, for example, by research activities, publications, professional association affiliations, and professional honors.
5. A primary responsibility of faculty is teaching. Evidence of a commitment to and success in teaching should include dependability in meeting with classes and individual students, well prepared course outlines including clear statements of course objectives, and favorable assessment of teaching from students and peers.
6. Faculty should demonstrate concern for student development and welfare. Time spent in advising students, a recognition of its importance, and student satisfaction with the service are primary indices of faculty strength in this area.
7. Faculty are expected to be actively involved in the development of program objectives, the creation of a curriculum to achieve those objectives, and the assessment of student achievement.

C. RESOURCES

Adequate physical resources, including classrooms, library resources, laboratories, equipment, and workspace for students and faculty, are essential. There should be clear evidence of sufficient institutional fiscal support of the program.

1. Classrooms, seminar rooms, laboratories, studios, audio-visual and computer facilities, and other resources should be sufficient in number, kind, and condition to meet program objectives dependant on their use.

2. Equipment necessary to support instruction, research, and student performance must be provided in ample quantity and quality.
3. There should be adequate workspace in faculty offices to provide for tutoring and advising of students and to ensure faculty to perform other duties efficiently. Offices for personal counseling should provide privacy.
4. The library should have sufficient funds, staff, holdings, and equipment. The library should hold the important books and journals appropriate to the field of study, degree level, course offerings, and research requirements. There should be professional staff sufficient to assist students and to keep the collection current. The library should be open at hours convenient to students.
5. The program should be consistently supported by sufficient institutional commitment of funds for salaries, research, sabbaticals, improvement of instruction, outside speakers, needed supplies, and student financial aid.

D. STUDENTS

It is essential that there be enrolled in the program a sufficient number of students whose previous work has prepared them for medical education and whose current interests are compatible with the objectives of the program.

1. There should be a sufficient number of students to provide the interchange and peer stimulation necessary to a high-quality teaching/learning process and to justify the offering of a reasonable number of courses each term.
2. Admission criteria and practices should be designed to ensure that students enrolled in a program are sufficiently prepared to undertake it and complete its requirements successfully. Students should be screened in terms of their specific interests as well as their capacities. Student progress as shown by the records should indicate an effective admissions policy.
3. Admission criteria should be published either in the catalog or in a separate publication that is available to prospective students.
4. Records of student performance in the program and post-graduate outcomes, such as additional study and employment, should indicate that the program is effectively meeting its stated objectives.
5. Strong student interaction with faculty and peers and a high student morale are characteristics of a quality program.

E. ADMINISTRATION

Sound administrative policies and procedures are necessary at both the institutional and departmental levels. This includes on the institutional level, a statement of purposes and objectives, a clear definition of the functions and responsibilities of all administrative and teaching staff, written personnel policies, and a due process review and appeal system for all types of grievances. Provisions should be made for services to students such as counseling and financial aid. Effective budgetary and recordkeeping systems should exist at both levels.

1. Institutional objectives should be realistic in light of the purpose of the institution, the needs of its students, the needs of society, and the institutions resources.
2. The functions, relationships, responsibilities, and authority of all administrative and teaching staff should be clearly and publicly defined. A well organized system for faculty participation in program and curricular decisions should exist at the departmental; and institutional; levels.
3. The institution should have in written form, personnel policies for professional staff, giving due consideration to academic freedom, general working conditions, compensation, opportunity for improvement in service, work loads, and faculty responsibility to the institution. Policies relating to appointment, evaluation, ranking, promotion, tenure, and dismissal should also exist in written form.
4. Equitable procedures for handling faculty grievances and redressing student complaints should be clearly and publicly stated.
5. Financial aid counseling should be available.
6. An effective budgetary process and long-range financial plan should exist at the institutional and departmental levels.
7. Well maintained records concerning faculty and students should be available. Faculty files should include professional qualifications, attainments, and teaching effectiveness. Student files should include admissions information, a record of academic achievement, and career progress.
8. There should be evidence of effective working relationships among the administrative, support, and teaching staffs. The efficient execution of assigned responsibilities, adequate formal and informal consultation, and cooperative effort characterize and effective program.
9. A catalog with detailed information about the institution, the curriculum, the faculty, and clinical resources should be available.

C. CLINICAL RESOURCES

An unaccredited/unregistered medical school must have adequate clinical resources to provide for the clinical instruction of its students. The relationship between the medical school and its clinical resources is a critical element in the overall evaluation of the unaccredited/unregistered medical school. Formal agreement satisfactory to the Department must have been executed between the medical schools and the hospital(s) to which the students will be assigned by the school to engage in clinical clerkships. The agreements must specify the primacy of the medical school in planning, managing, and supervising clerkships in each subject area. A hospital providing clinical training is an integral part of the medical school's program of medical education. The chief academic officer of the medical school must have responsibility over the medical school staff and faculty at each hospital where clinical training is offered. Clinical faculty must be identified as participating fully in the medical school's educational program. Clinical faculty should be involved in curriculum development, should have committee assignments, and, in general, should have the same rights and responsibilities as the faculty at the main campus of the medical school.

Clinical clerkships must be performed in a clinical subject or subjects in which the participating hospital has a post-graduate training program accredited by the Accreditation Council on Graduate Medical Education or that is part of such a program through affiliation(s) approved by the ACGME.

A hospital that provides a base for the education of medical students must have adequate library resources, not only for the clinical staff, but for the faculty and the students. Adequate space should also be available for faculty and students to meet.

Tab A

DATA BASE DOCUMENT

NEW YORK STATE EDUCATION DEPARTMENT

**OFFICE OF THE EXECUTIVE SECRETARY
NEW YORK STATE BOARD FOR MEDICINE
ROOM 3023, CULTURAL EDUCATION CENTER
EMPIRE STATE PLAZA
ALBANY, NY 12230**

Revised June 1997

DATA BASE DOCUMENT

New York State Education Department

INSTRUCTIONS

1. Respond to all items as completely as possible. Questions may be adapted to relate to specific circumstances in the institution provided the original question is also stated.
2. Use additional sheets wherever necessary.
3. Replies must be in English. Fiscal items are to be reported in U.S. dollars.
4. Materials such as catalogs, brochures, and policy statements considered useful for understanding of the program should be appended. The current catalog must be provided. (Such materials should be English versions, when available.)
5. This document and all attachments must be supplied in seven copies to:

Executive Secretary
New York State Board for Medicine
Room 3023, Cultural Education Center
Empire State Plaza
Albany, NY 12230

NAME OF SCHOOL _____

ADDRESS _____

CHIEF EXECUTIVE OFFICER:

NAME & TITLE: _____

ADDRESS _____

TELEPHONE NUMBER _____
(AREA CODE) (NUMBER)

NAME, ADDRESS AND TELEPHONE NUMBER OF REPRESENTATIVE OF THE SCHOOL IN THE U. S.:

THIS DATA BASE DOCUMENT IS SUBMITTED BY:

Name & Title

Signature

(Date)

COMMUNICATIONS RELATING TO THIS REVIEW PROCEDURE SHOULD BE ADDRESSED TO:

Name

Address & Telephone number if not provided above

I. LEGAL AUTHORITY TO OPERATE THE SCHOOL OF MEDICINE:

CHARTER ISSUED, DATE: _____

AUTHORITY GRANTING THE CHARTER:

NAME: _____

ADDRESS: _____

TITLE: _____

(ATTACH A COPY OF THE CHARTER)

II. THE OWNERSHIP OF THE SCHOOL IS VESTED IN:

TRUSTEES/REGENTS: _____

SHARE HOLDERS: _____

OTHER (EXPLAIN): _____

III. NAMES AND ADDRESSES OF OWNERS/TRUSTEES:

1. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

2. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

III. NAMES AND ADDRESSES OF OWNERS/TRUSTEES: (continued)

3. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

4. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

5. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

6. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

7. Name: _____

Address: _____

III. Names and Addresses of Owners/Trustees: (continued)

Academic Degrees: _____

Occupation: _____

8. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

9. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

10. Name: _____

Address: _____

Academic Degrees: _____

Occupation: _____

**(ATTACH CURRICULUM VITAE OF EACH OWNER/TRUSTEE)
(ADD ADDITIONAL PAGES, IF NEEDED)**

IV. HISTORY OF OPERATION:

A. Medical students were first enrolled in _____
Month/Year

B. Instruction has been given in the current site since _____
Month/Year

Prior to that Date, Instruction took place in:
(City, Place, Dates, Etc.) _____

C. Attach a brief history of the school including identification of all sites in which the school currently operates for any phases of program.

V. Enrollment of Students:

Current Year, 19__ - 19__:

A. Final Year Students (number)_____ (Give date these students are to be graduated:_____.)

B. Clinical Students (other than final year students) (number) _____

C. Basic Science Students:

Second Year (number)_____

Beginning Year (number) _____

NOTE: IF THE PROGRAM EXTENDS MORE OR LESS THAN FOUR YEARS. SHOW NUMBER OF STUDENTS IN EACH YEAR OF THE PROGRAM.*

TOTAL STUDENTS _____

% NATIONALS OF COUNTRY IN WHICH SCHOOL IS LOCATED _____

% U.S. NATIONALS _____

% OTHERS _____

V. ENROLLMENT OF STUDENTS: (continued)

ENROLLMENT PRIOR FIVE YEARS:

<u>SCHOOL YEAR</u>	<u>1ST YEAR TOTAL</u>	<u>2ND YEAR STUDENTS</u>	<u>3RD YEAR STUDENTS</u>	<u>4TH YEAR STUDENTS</u>	<u>GRADUATES</u>	<u>OTHERS</u>
19__-						
19__-						
19__-						
19__-						
19__-						

1. Are graduates of your school eligible for licensure in your country?
 Yes No (circle one)

2. Pass rate on ECFMG (USMLE/FMGEMS) for past five years:

<u>No. taking ECFMG (USMLE/FMGEMS)</u>	<u>No. passed</u>	<u>% passed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If more than one class is admitted in one calendar year, adapt the table to identify each class and indicate date(s) of admission.

VI. OTHER EDUCATIONAL PROGRAMS OF THE SCHOOL:

LIST:	CURRENT ENROLLMENT	DEGREE AWARDED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. STUDENT EXPENSES IN U.S. DOLLARS FOR A TYPICAL SCHOOL YEAR:

	STUDENT NATIONAL	U.S. STUDENT	OTHER STUDENT
A. TUITION PER ACADEMIC/YEAR:	\$ _____	\$ _____	\$ _____
B. FEES: (LIST EACH)	\$ _____	\$ _____	\$ _____

**AVERAGE TOTAL YEARLY EXPENSE:
(SHOW COMPONENTS INCLUDING ACADEMIC COSTS AND LIVING EXPENSES; OMIT TRANSPORTATION TO OVERSEAS LOCATIONS)**

\$ _____ \$ _____ \$ _____

**VIII. EDUCATIONAL PROGRAM LEADING TO M.D. DEGREE OR EQUIVALENT:
(IF YOU HAVE MORE THAN ONE PROGRAM, DESCRIBE EACH PROGRAM)**

A. TOTAL DURATION OF THE PROGRAM IN WEEKS _____

WEEKS IN FIRST YEAR _____

WEEKS IN SECOND YEAR _____

WEEKS IN THIRD YEAR _____

WEEKS IN FOURTH YEAR _____

OTHER YEAR(S) _____

B. CONTENT OF THE EDUCATIONAL PROGRAM: REQUIRED OF ALL STUDENTS

SUBJECT	YEAR SCHEDULED OF INSTRUCTION				LOCATION	CLOCK HOURS	
	1	2	3	4		LECTURE	LABORATORY
ANATOMY:							
MICROSCOPIC							
GROSS							
NEURO							
EMBRYOLOGY							
BIOCHEMISTRY							
NUTRITION							
PHYSIOLOGY							
BIOPHYSICS							
EPIDEMIOLOGY							
BIOSTATISTICS							
BEHAVIORIAL SCIENCE							
PATHOLOGY							
PATHOPHYSIOLOGY							
MICROBIOLOGY							
PHARMACOLOGY							
TOXICOLOGY							
PUBLIC HEALTH							
PREVENTIVE MEDICINE							
MEDICAL JURISPRUDENCE							
HUMAN SEXUALITY							
ALCOHOLISM							
DRUG ABUSE							
COST CONTAINMENT							
ENVIRONMENTAL MEDICINE							
INTRODUCTION TO CLINICAL MEDICINE							
INTRODUCTION TO PSYCHIATRY							
PHYSICAL DIAGNOSIS							
CLINICAL DIAGNOSTIC PROCEDURES							
CLINICAL CORRELATION							
CLINICAL PATHOLOGICAL CONFERENCES							
OTHER:							

VIII. EDUCATIONAL PROGRAM LEADING TO M.D. DEGREE OR EQUIVALENT:

CLINICAL INSTRUCTION INVOLVING PATIENTS	CLOCK HOURS OF LECTURE	LOCATION OF INSTRUCTION	DURATION IN WKS OF CLINICAL CLERKSHIP
INTERNAL MEDICINE			
NEUROLOGY			
DERMATOLOGY			
RADIOLOGY			
FAMILY MEDICINE			
COMMUNITY MEDICINE			
PEDIATRICS			
PSYCHIATRY			
OBSTETRICS			
GYNECOLOGY			
PHYSICAL MEDICINE			
REHABILITATION			
GERIATRICS			
GENERAL SURGERY: ANESTHESIOLOGY			
OPHTHALMOLOGY			
UROLOGY			
PLASTIC SURGERY			
NEUROLOGICAL SURGERY			
ORTHOPEDIC SURGERY			
EMERGENCY MEDICINE			
AMBULATORY MEDICINE			
PRECEPTORSHIP			

VIII. EDUCATIONAL PROGRAM LEADING TO M.D. DEGREE OR EQUIVALENT (continued)

C. CLINICAL CLERKSHIP LOCATIONS

LOCATION	DURATION (WEEKS)	NO. OF STUDENTS	SUBJECTS COVERED
1.			
2.			
3.			
4.			
5.			

IX. ADMINISTRATION:
(INCLUDE CURRICULUM VITAE)

1. CHIEF ADMINISTRATIVE OFFICER (TITLE?) _____
NAME: _____
2. CHIEF ACADEMIC OFFICER (TITLE?) _____
NAME: _____
3. ASSOCIATE DEAN FOR ACADEMIC AFFAIRS (TITLE?) _____
NAME: _____
4. ASSOCIATE DEAN FOR CLINICAL AFFAIRS (TITLE?) _____
NAME: _____
5. ASSOCIATE DEAN FOR STUDENT AFFAIRS (TITLE?) _____
NAME: _____
6. OTHER MAJOR OFFICERS OF ACADEMIC OR STUDENT AFFAIRS (TITLE?) _____
NAME: _____
7. REGISTRAR: (PERSON WHO MAINTAINS STUDENT RECORDS)(TITLE?) _____
NAME: _____

X. CHARACTERISTICS OF STUDENTS

MEDICAL STUDENT ATTRITION. IF MORE THAN ONE CLASS IS ADMITTED IN ONE CALENDAR YEAR, ADAPT THIS TABLE TO IDENTIFY EACH CLASS; SHOW STUDENTS WHO WERE ENROLLED DURING ANY PART OF THE YEAR BUT WHO WITHDREW OR WERE DISMISSED DURING THE CLASS YEAR REPORTED.

Reason for Withdrawal or Dismissal	First Year	Second Year	Third Year	Fourth Year	Total
a. Poor Academic Standing					
b. Financial Reasons					
c. Temporary Withdrawal: 1. To Pursue Advanced Study					
2. Leave of Absence for Other Reasons					
d. Transfer to Another Medical School					
e. All Other Reasons					
f. TOTAL Students lost by year					

NUMBER OF STUDENTS TRANSFERRING TO OTHER MEDICAL SCHOOLS:

AFTER 19__ - __ Session _____ STUDENTS

AFTER 19__ - __ Session _____ STUDENTS

AFTER 19__ - __ Session _____ STUDENTS

AFTER 19__ - __ Session _____ STUDENTS

AFTER 19__ - __ Session _____ STUDENTS

X. CHARACTERISTICS OF STUDENT (continued)

SELECTION OF MEDICAL STUDENTS

A. (1). Chairperson of Admissions Committee: _____

(2). Administrative Officers for admissions program:

B. Outline and briefly describe the process of selection of entering medical students beginning with receipt of the application forms and ending with enrollment of the class. Cite all criteria for selection (noting major ones) including cognitive, noncognitive, personal health and other information about the applicant.

C. Are all selection criteria established by official faculty/university authority? Describe. Are all criteria published in a formal manner? How?

D. Is the ability of an applicant to finance his/her medical education considered as one of the criteria for final selection? Explain.

E. Describe the process of selection of transfer students.

X. CHARACTERISTICS OF STUDENTS (continued)

(A) CURRENT ENTERING CLASS OF 19__ - 19__
INDICATE THE NUMBER OF STUDENTS IN THIS CLASS FOR EACH OF THE
FOLLOWING CATEGORIES:

<u>Premedical grade average</u>	<u>Years in college</u>	<u>Highest earned degree</u>
1. Superior (A or 3.6-4.0) _____	1. 2 years or less _____	1. Baccalaureate _____
2. Good (B or 3.0-3.5) _____	2. 3 years _____	2. Masters _____
3. Fair (C or 2.5-2.9) _____	3. 4 years or more _____	3. Doctorate _____
4. Poor (Less than 2.5) _____		4. Other _____
		5. None _____
Total _____	Total _____	Total _____

Mean New MCAT Scores

Biology	_____
Chemistry	_____
Physics	_____
Science Problems	_____
Skills Analysis Quantitative	_____
Skills Analysis Reading	_____

(B) SECOND YEAR CLASS, 19__ - 19__
(Same data)

(C) THIRD YEAR CLASS, 19__ - 19__
(Same data)

(D) FOURTH YEAR CLASS, 19__ - 19__
(Same data)

CLINICAL TEACHING FACILITIES

Name of Hospital	Location	Number of Beds	Annual No. OPD visits	Annual No. ER visits	List approved postgraduate residency training programs	Attach copy of clinical affiliation agreement*
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

*Fiscal arrangements between the institutions must be made clear either in the appended affiliation agreement or in an accompanying explanatory statement.

SCHOOL _____

XII. STUDENT AFFAIRS: PERSONAL COUNSELING, FINANCIAL AID, HEALTH

1. Who is in charge of student affairs?

Name _____

Title _____

Academic degree(s) _____

Date of Appointment _____

2. Student Records:

a. Is there a central file within the medical school (e.g. Dean's office, medical school registrar's office etc.) containing student records?

Yes ___ No ___ Where? _____

b. If YES, indicate which records:

___ Premedical credentials (transcripts, letter of recommendation, interview resume, MCAT scores etc.)

___ Academic record of medical school performance

___ Faculty comments on performance

___ Counselor's comments or recommendations

___ Other (please specify) _____

c. Are all these records available to each student for feedback on performance and/or correction of errors? Explain below:

3. Describe the situation for housing of students (a) at the home campus and community; (b) at clinic locations. Does the school operate any housing facilities?

MEDICAL SCHOOL FACULTY MEMBERS (continued)

Clinical Departments	Full-Time				Total Full-Time	Part-Time (Paid)	Volunteer (Unpaid)
	Professor	Associate Professor	Assistant Professor	Instructor and Other			
Anesthesiology							
Dermatology							
Family Medicine							
Internal Medicine							
Neurology							
Obstetrics							
Gynecology							
Ophthalmology							
Orthopedics							
Otolaryngology							
Physical Medicine							
Pediatrics							
Psychiatry							
Public Health							
Preventive Medicine							
Radiology							
Surgery							
Urology							
Other Clinical Depts. (specify)							
Clinical Totals							
GRAND TOTALS							
Basic Sci. & Clinical							

XIV. PHYSICAL PLANT

BUILDING NAME	YEAR COMPLETED	COST	NET USABLE SQ. METERS	LOCATION IN REFERENCE TO MAIN CAMPUS	FUNCTION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

PLEASE ATTACH MAP

TEACHING FACILITIES

CLASS ROOMS (FOR LECTURES)

NAME	WHICH BUILDING	NUMBER OF SEATS	AUDIO-VISUAL FACILITIES	
			YES	OR NO
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TEACHING FACILITIES (continued)

STUDENT LABORATORIES:

	<u>CIRCLE ONE</u>			
	YES	NO	#	
ANATOMY DISSECTING ROOM			#	CADAVER TABLES _____
ANATOMY MICROSCOPIC LAB			#	STUDENT SEATS _____
			#	MICROSCOPES _____
BIOCHEMISTRY LAB			#	STUDENT BENCH SPACES _____
MICROBIOLOGY LAB			#	STUDENT BENCH SPACES _____
PHYSIOLOGY LAB			#	STUDENT WORK SEATS _____
PATHOLOGY LAB			#	MICROSCOPES _____
OTHER (SPECIFY)	YES	NO		

SPECIAL RESOURCES

	<u>CIRCLE ONE</u>	
	YES	NO
MEDICAL PHOTOGRAPHY AND ILLUSTRATION		
ELECTRONICS SHOP		
COMPUTER, DATA PROCESSING		
PRINTING, DUPLICATING & REPRODUCTION SHOP		
MACHINE SHOP		
AUDIO VISUAL-MULTIPLE MEDIA VIEWING AREA		

SPACE FOR _____ DOGS
_____ CATS
_____ RATS
_____ GUINEA PIGS
_____ MICE
_____ OTHER (LIST)

OTHER (LIST AND DESCRIBE)

NOTE: ATTACH PHOTOGRAPHS OF THE SCHOOLS TEACHING FACILITIES, OR, PAGES FROM BROCHURES

SCHOOL _____

XV. LIBRARY

1. a. Name of Librarian _____
- b. Year appointed ____; Professional degree ____: From _____
- c. To whom does the Librarian report? (check one)
- _____ University Librarian
- _____ Dean of Medical School
- _____ Other (specify) _____

2. List professional schools that this library serves:

3. Show schedule of hours open for each day of the week. _____

4. Holdings

	# Volumes End of Year	# Volumes Added this Year	# Serial Titles Received End of Year	Participates in Inter-Library Loans
a. Medical School or Health Center Library				
b. University Hospital Library				
c. Affiliated Hospital Libraries (please list)				

XV. LIBRARY (continued)

5. Facility

	Square Meters	Seating Capacity
a. Reading areas		
b. Stacks		
c. Offices		
d. Staff workspace		
e. Storage, off-site		
f. Conference rooms		
g. Audio Visual Rooms		
h. Study carrels		
i. Other		

6. Circulation:

a. Total number of volumes circulated outside library _____

b. Interlibrary loans:

 Number loaned _____

 Number borrowed _____

7. Budget:

a. Acquisitions, expenditures \$ _____

b. Salaries, wages, etc. \$ _____

c. All other expenses \$ _____

d. Total expenditures \$ _____

8. Number of Staff:

a. Professional full-time _____

b. Nonprofessional full-time _____

c. Part-time staff _____

SITE VISIT
DAILY SCHEDULE

DAY 1, SUNDAY,

Team arrives on site with team meeting in afternoon

DAY 2, MONDAY, DECEMBER 9, 1996

8:00- 9:00 Team transported to interview site

9:00-12:00 Meeting with President of the University, Executive Dean, Provost, and appropriate staff

Agenda: Overview of the program of medical education, including mission and structure, resources, curriculum, faculty and students

Suggested Participants: President, Executive Dean, Provost, Dean of Pre-Clinical Medicine, Dean of Administration, Chief Fiscal Officer, Dean for Clinical Sciences, Dean of Basic Medical Sciences, Associate Dean Student Affairs, Associate Dean Academic Affairs, Associate Dean Clinical Sciences, Director of Library

12:00- 1:00 Team Lunch

1:00- 2:30 Meeting with Executive Dean, Provost, and appropriate staff

Agenda: Discussion of School of Medicine, including program structure, content and student selection process

Suggested Participants: Executive Dean, Provost, Dean of Pre-Clinical Medicine, Dean of Basic Medical Sciences, Dean of Clinical Sciences, Dean for Administration, Associate Dean of Academic Affairs, Associate Dean of Student Affairs

2:30- 4:00 Team Tour of School of Medicine

4:00 Team transported to Hotel

5:30 Team meeting at Hotel

DAY 3,

8:00- 9:00 Team transported to interview site

BASIC SCIENCES

Individual sub-team meetings with Chairman and teaching staff of each Basic Science Department

	Sub-team A	Sub-team B
9:00-10:00	Biochemistry	Anatomy
10:00-11:00	Epidemiology	Histology
11:00-12:00	Pathology I & II	Embryology/Cell Biology
12:00- 1:00	Team Lunch	
1:00- 2:00	Clinical Biochemistry/Genetics	Physiology
2:00- 3:00	Medical Pharmacology	Immunology/Microbiology
3:00- 4:00	Neuroscience	Behavioral Science
4:00- 4:30	Introduction to Clinical Nutrition	Advanced Integration Study Program
4:30- 5:30	Team transported to Hotel	
5:30	Team meeting at Hotel	

DAY 4, WEDNESDAY.

8:00- 9:00 Team transported to interview site

CLINICAL SCIENCES

9:00-10:00 Introduction to Clinical Medicine I & II

10:00-11:00 Meeting with Dean for Clinical Sciences

Individual sub-team meeting with Chairman of Clinical Science Department and appropriate staff

	Sub-team A	Sub-team B
11:00-12:00	Surgery	Medicine
12:00- 1:00	LUNCH	
1:00- 2:00	Obstetrics/Gynecology	Pediatrics
2:00- 3:00	Family Medicine	Psychiatry
3:00- 3:30	BREAK	
3:30- 4:30	Each sub-team will meet with two groups of six students and each meeting will last approximately 30 minutes	
	Sub-team A	Sub-team B
3:30- 4:00	Student Group I (Six Students)	Student Group II (Six Students)
4:00- 4:30	Student Group III (Six Students)	Student Group IV (Six Students)
4:30- 5:30	Team transported to Hotel	
5:30	Team meeting at Hotel	

DAY 5, THURSDAY,

- 9:00-12:00 Team tour of additional school facilities including clinical sites if appropriate
- 12:00- 5:00 Flexible schedule for team, including writing assignments, at Hotel
- 6:00 Team Meetings

DAY 6, FRIDAY,

- 10:00-12:00 Exit Interview

Agenda: Review Findings and Recommendations of Team

Suggested Participants: President, Executive Dean, Provost, Dean of Pre-Clinical Medicine, Dean of Administration, Chief Fiscal Officer, Dean for Clinical Sciences, Dean of Basic Medical Sciences, Associate Dean Student Affairs, Associate Dean Academic Affairs, Associate Dean Clinical Sciences, Director of Library

Tab J

**QUESTIONS RELATED TO THE EVALUATION OF
UNREGISTERED/UNACCREDITED
SCHOOLS OF MEDICINE**

Purpose:

The questions that follow are intended to assist consultants to the New York State Education Department for the purpose of evaluating foreign medical schools seeking approval to place students in clinical clerkships in teaching hospitals in New York State. The questions provide a point of reference but are not exhaustive or meant to limit a consultant's inquiry. Consultants are free to raise any issue, ask any question, or request any information that are pertinent and relevant to the evaluation and that will assist in the preparation of a draft site visit report.

New York State Education Department
Office for the Professions
Albany, NY 12230

June 1997

ADMINISTRATION

1. Is there, for the medical school as a whole, a written statement of purposes and objectives; has the medical school made them available to the faculty and students?
2. Are the terms of the governing board members overlapping and sufficiently long to permit the member during their tenure to gain an understanding of the medical program in order to develop policy in the interest of the school?
3. Are administrative officers and member of the faculty appointed by, or on the authority of the governing board of the medical school?
4. Are the function, relationships, responsibilities, and authority of all administrative and teaching staff, clearly and publicly defined?
5. Does the administration have personnel policies for professional staff in writing including provisions for academic freedom, general working conditions, personnel policies, compensation, faculty growth and development, work loads, and a due process review and appeal system for all types of grievances? Is there a clear definition of the functions and responsibilities of the administrative staff and faculty and faculty responsibility to the institution?
6. Are the responsibilities and privileges of the administrative officers, faculty, students, and committees promulgated in bylaws?
7. Is the program of medical education conducted in an environment that fosters intellectual challenge and spirit of inquiry common to a community of scholars?
8. Is the chief academic officer qualified by education and experience to provide leadership in medical education, in scholarly activity and research, and in the care of patients?
9. Does the chief academic officers have the assistance of deans and staff as necessary for the administration of admissions, student affairs, academic affairs, research, hospital relations, and planning?
10. Does an effective budgetary process and a long-range financial plan exist at the institutional and departmental levels? To what extent are faculty involved in budget preparation?
11. Is the administration of the medical school fully responsible for the conduct and

maintenance of the quality of the educational coursework offered at other sites and for the appointment of faculty at all sites?

- 12. Is the principal academic officer at each geographically separated site administratively responsible to the chief academic officer of the medical school?**
- 13. Are the faculty in academic area functionally integrated by administrative mechanisms to ensure standards of quality at each site where components of the program are offered?**
- 14. Does the institution publish and disseminate widely a catalog with detailed information about the purposes and objectives of the medical school, the curriculum, the faculty, and the clinical resources?**
- 15. Does the catalog specify premedical course requirements and its standards and procedures for the evaluation , advancement, and graduation of students?**

RESOURCES

1. Does the institution possess the financial resources necessary to accomplish its mission and the objectives of the program of medical education?
2. Are classrooms, faculty offices, auditoria, laboratories, libraries, audio-visual and computer facilities, clinical facilities, and other institutional resources sufficient in number, design, condition, and accessibility to support the objectives of the program of medical education?
3. Is the equipment sufficient in quantity and quality to support instruction, research, and student performance.
4. Is there an appropriate balance between the size of the enrollment in each class and the total resources of the program, including faculty, physical facilities, and budget?
5. Does the medical school provide students with amenities that increase efficiency, such as study space, lounge areas, personal lockers, and food services?
6. Is the medical school equipped to permit adequate opportunity for biomedical research?
7. Does the library possess and maintain a collection sufficient in breadth and depth to support the mission of the school?
8. Is the library administered by a professional staff supported by sufficient personnel?
9. Is the professional library staff responsive to the needs of the medical school, the faculty, and the teaching hospitals?
10. Is the librarian familiar with current technology available to provide services in non-print materials?
11. Do students have access to the Internet?
12. Do students have access to on-line medical database searches?
13. Are the library services and resources available for student and faculty use with sufficient regularity and at appropriate hours to support the mission of the medical school and the curriculum?

14. Is adequate workspace available in faculty offices to provide for tutoring and advising students and to enable faculty to perform other duties efficiently?
15. Does the medical school have sufficient resources to provide clinical instruction for its students in the country in which it is located?
16. Does the medical school have sufficient resources to provide clinical instruction for its students in jurisdictions other than the country in which the main campus is located?
17. Does the library receive leading biomedical and clinical journals? Are these materials readily accessible?
(please refer to the section on library resources for reference)

FACULTY

1. Is there a critical mass of faculty in each of the major disciplines in the basic and clinical sciences? Is the number of faculty closely related to maximum instructional effectiveness rather than cost or other considerations?
2. Does the institution have clear policies for the appointment, renewal of appointment, promotion, granting of tenure, and dismissal of faculty?
3. Does the faculty appointment process involve the chief academic officer, departmental chairperson, and other faculty?
4. Does each person appointed to faculty rank receive a clear definition of the terms of appointment, responsibilities, lines of communication, and privileges and benefits? Is there a faculty handbook?
5. Have all members of the faculty demonstrated by training, earned degrees, scholarship, experience, and classroom performance or other evidence of teaching potential their competence to offer their courses and discharge other academic responsibilities assigned to them? Have the faculty provided evidence that their knowledge of their field is thorough and current?
6. Is the faculty responsible for setting the objectives of the curriculum, for determining the means by which achievement of the objectives is measured, and/or evaluating the achievement of curricular objectives?
7. Is there a faculty committee which has responsibility for the curriculum? Does it include an appropriate balance between the basic science and clinical faculty?
8. Does the medical school have a clear policy for evaluating the teaching effectiveness of faculty? Is the teaching and research of each faculty member evaluated periodically? Is the instructional performance of part-time and short-term faculty evaluated on the same basis as full-time faculty?
9. Is each faculty member, in addition to assigned teaching and administrative duties, allowed adequate time to broaden professional knowledge, prepare course materials, direct independent study and research, advise students, supervise teaching, participate in institutional governance, and carry out other academic responsibilities appropriate to his/her position? Does the institution provide adequate financial assistance for such activities?

10. Does the committee responsible for the curriculum monitor the content in each discipline to insure that course objectives are achieved?
11. Does the medical school provide for interaction between basic science and clinical faculty in order that those engaged in teaching and research in the basic sciences can maintain awareness of the relevance of their discipline to clinical problems?
12. Do the faculty, both basic and clinical, meet periodically to discuss, establish, or otherwise become acquainted with the policies and practices of the institution?
13. Do the faculty have records of continuing professional involvement, including research activities, publications, professional association affiliations, and professional honors? Does the medical school encourage such activities and does it support financially independent research and attendance at professional meetings?
14. Does each faculty member have well prepared course outlines, including clear statements of course objectives?
15. Do the faculty have a knowledge of their discipline and an understanding of educational principles and techniques that are subject to internal and external evaluation?
16. Do the faculty advise students? Have students expressed satisfaction with faculty advisement? Do faculty advisors guide students in the choice of elective courses?
17. Is there a faculty committee that is responsible for the evaluation of student achievement, promotion, and graduation? Are there instruments that measure student attainment of the institution's standards of performance? Does the committee include an appropriate balance between basic science and clinical faculty?
18. Is there a representative assembly of the faculty? How are members elected? How often does it meet? Are there minutes?

STUDENTS

1. Are admissions criteria and practices designed to ensure that applicants are sufficiently prepared to undertake and complete the program of medical education?
2. Are admission criteria published either in the catalog or in a separate publication that is available to prospective students?
3. Is there a faculty committee responsible for the selection of students?
4. Is there advanced standing granted to students for work done prior to admission?
5. Have students accepted for transfer demonstrated achievements in college or another medical school that are comparable to those of the students in the class they seek to join?
6. Is the number of students admitted determined by the resources of the schools?
7. Does the admissions committee include full-time basic science and clinical faculty? Are clinical teaching faculty involved in interviewing students?
8. Is the admission of students determined by an orderly process using published criteria which is uniformly applied?
9. Does the medical school provide academic advice to students through faculty or other appropriately qualified people?
10. Does the institution insure that students are informed at stated intervals of their progress and remaining obligations in the completion of the program?
11. Is each student evaluated during the coursework to permit time for remediation?
12. Does the institution maintain for each student a permanent, complete, accurate, and up-to-date transcript of student achievement?
13. Are student records available for review by students and faculty? Do students have the right and are they given the opportunity to challenge the accuracy of their rights?
14. Is there a system to provide preventive and therapeutic health services to students?

15. Has the chief academic officer and directors of all courses and clerkships designed and implemented a system of evaluation of the coursework of each student?
16. Does the institution have a system for measuring student success on extramural examinations?

CURRICULUM

1. Are the program and degree requirements, as well as the methods and standards for assessing student achievement, clearly stated and followed?
2. Do objectives exist in written form for each course; are they known widely to faculty and students? Are students provided with a copy of course objectives by the instructor?
3. Do course objectives reflect the expectation of a high degree of proficiency and awareness of developments in the field of study? Are course objectives compatible with realistic institutional objectives?
4. Is the content of the curriculum derived from program objectives? Does the curriculum include the breadth and depth of offerings which lead to proficiency in the program?
5. Is all credit awarded for prior learning based on the demonstration of knowledge gained through prior learning? Are comprehensive records of evaluations and decisions maintained by the medical school?
6. Are the objectives, content, and methods of education used for each course subject to periodic evaluation?
7. Is the review and revision of the curriculum an ongoing responsibility of the faculty?
8. Does the curriculum permit students to learn the fundamental principles of medicine, acquire skills of critical judgement, and the ability to use principles and skills wisely in solving problems of health and disease?
9. In designing the curriculum, has the faculty introduced current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on medical care?
10. Does the curriculum include the sciences basic to medicine, a variety of clinical disciplines, and ethical, behavioral, and socioeconomic subjects pertinent to medicine?
11. Does the curriculum include coursework in anatomy, biochemistry, physiology, microbiology, immunology, pathology, pharmacology and therapeutics, and preventive medicine? Are there laboratories or other practical exercises for such coursework?
12. Are the quality and quantity of cadavers used to support the program adequate?

13. Do students receive basic instruction in all organ systems?
14. During the basic science component, when are students first exposed to clinical experiences? What are the nature and length of such experiences?
15. Does the curriculum include elective courses designed to supplement the required courses and to provide opportunities for students to pursue individual academic interests?
16. Has the faculty committee responsible for curriculum developed and does the chief academic officer enforce rigorous standards for each course in the curriculum?
17. Who schedules examinations? Do examinations measure cognitive learning, mastery of basic clinical skills, and the ability to use data in realistic problem solving?
18. Is instruction and experience in patient care provided in both ambulatory and hospital settings and does it include the important aspects of acute, chronic, continuing, preventive, and rehabilitative care?
19. Does the curriculum provide grounding in the body of knowledge represented in the disciplines that support the fundamental clinical subjects such as diagnostic imaging and clinical pathology?
20. Do students have opportunities to gain knowledge in content areas that incorporate several disciplines in providing medical care such as emergency medicine and care of the elderly and disabled?
21. Do students have the opportunity to participate in research and other scholarly activities of the faculty?
22. Does each clinical clerkship allow the student to undertake thorough study of a series of selected patients having the major and common types of disease problems represented in the primary and related disciplines of the clerkships?
23. Does the committee responsible for the curriculum require close faculty supervision of the learning experience of each student at the appropriate level of graded clinical responsibility?
24. Is supervision provided throughout required clerkships by members of the school's faculty?
25. Are required clerkships conducted in a teaching hospital or ambulatory care facility where residents in approved programs of graduate medical education, under faculty guidance and supervision, participate in teaching the students?

26. Are narrative descriptions of students performance an noncognitive achievements recorded to supplement grade reports in all clinical clerkships?

CLINICAL RESOURCES

27. Have formal agreements been executed between the medical school and proposed affiliated hospitals in New York State? Do agreements specify the primacy of the medical school in planning, managing, and supervising clerkships in each subject area?
28. Does the chief academic officer of the medical school have responsibility over the medical school staff and faculty at each hospital where clinical training is offered?
29. Do clinical faculty participate fully in the medical school's educational program? Are clinical faculty involved in curriculum development? do they have committee assignments, and do they have the same rights and responsibilities as faculty at the main campus of the medical school.
30. Do the clinical resources include ambulatory care facilities and hospitals were the full spectrum of medical care is provided and can be demonstrated?
31. Is the aggregation of clinical resources sufficient to permit students in each of the major clerkships to work up and follow several new patients each week?
32. Do hospital were clinical education is provided have adequate library resources for clinical staff, faculty, and students?
33. What financial arrangements have been made between the medical school and teaching hospitals? Are clinical faculty compensated by the medical school?

RESOURCES

QUESTIONS CONCERNING THE LIBRARY

1. Does the library have a statement of mission and objectives?
2. Is there any evidence that representatives of the medical school community have opportunities to advise the librarian on user needs, concerns and programs?
3. Are the responsibilities and authority of the director of the library clearly defined? To whom does he/she report?
4. Does the director of the library have the responsibility for preparing, defining, and administering the library's budget? Is he/she consulted by the chief academic officer or president regarding the budgetary needs of the library prior to final budget decisions?
5. Does the medical school have a library committee? What are its primary functions and responsibilities? Are affiliated hospital librarians members of the library committee?
6. Is the library program directed by a well qualified librarian who administers library services which support the full range of the institution's educational program?
7. Is there evidence that the library is closely in touch with curriculum developments in order that it may anticipate instructional and research needs?
8. Is there evidence that communications are effective between teaching faculty and the library?
9. Does the library have a collection development policy to guide selection and acquisitions of materials in relation to the institution's academic, research, and service goals?
10. Does the library's book selection policy cover reference materials, textbooks, multiple copies, rare books, and the acceptance of gifts?
11. Do the teaching faculty participate in the selection of library materials to support the curriculum? How active are teaching departments in their recommendations?
12. Does the library have book and nonbook resources sufficient in quality, depth, diversity, and currentness to support academic offerings, independent study, and faculty research?

13. Does the library acquire enough new books to keep reasonably abreast of scholarly advances in each field of instruction and research?
14. Are audiovisual materials housed and administered by the library?
15. Are the periodic holdings comprehensive and well balanced?
16. Are holdings and acquisitions up to date and keeping pace with educational program developments?
17. Are obsolete books continuously culled and discarded to keep the collection current? Are there written guidelines for this activity? How many volumes were discarded during the past five years?
18. Does the library have sufficient professional, technical, and clerical staff to provide satisfactory services?
19. Does the library staff provide instructional lecture, reference assistance, a bibliographical advise to students and faculty?
20. Is the library open (with competent professional help available) a sufficient number of hours to meet the needs of the academic community?
21. Is there an annual library budget?
22. What percent of the total educational expenditures is allocated to the library? Who determines the allocations for purchasing library materials? What part of the budget is in free or unrestricted funds at the disposal of the director of the library?
23. In view of the mission, total budget, and needs of the medical school, is the library adequately supported to enable it to maintain an appropriate quality of collections and services?
24. Is the library easily accessible? Are the library facilities adequately equipped?
25. Is the library adequate in relation to seating capacity, book capacity, new technology, and library services in general?
26. Are up-to-date and accurate records of the library's holding and location information readily available?
27. Does the library have inexpensive and rapid photocopy services?

LIBRARY FACTORS

1. The growth of the collection has two dimensions, normal additions within the present scope and the addition of new collecting fields. Books and bound periodicals require shelf space at the rate of 4.5 volumes per foot. In terms of floor space, the usual formula is ten volumes per square foot.
2. Seating space should be provided for 20-25 percent of the full-time student body, faculty, and research personnel. Space should be allowed for about 10% of the part-time faculty.
3. Space usually recommended for different types of reader accommodations is as follows:

Two + readers at a table	25 ft ² per reader
Individual carrels	25 ft ² per reader
Conference room	30 ft ² per reader
Casual or lounge	30 ft ² per reader
Individual faculty studies	50 ft ² per reader
4. Space estimates for library staff usually 125 ft² per person, including desk, shelves, and other equipment. The most common mistake in estimating library space is insufficient allowances for workroom area, such as binding preparation space and sorting areas, and shelving and storage for temporarily held materials.
5. The ratio of professional to nonprofessional staff varies in libraries from 1:1 to 1:4, but in biomedical libraries experience indicates that 1:2 is sufficient.
6. With respect to the allocation and expenditure of funds, medical school libraries in general have allocations which vary as follows: Personnel 60-75 percent; Resources 20-40 percent (1/4 for textbooks and monographs, 1/4 for binding, and 1/2 for serials); Other (supplies and equipment) 5-10 percent.
7. In building its collection, the medical library should place emphasis on bibliography; it should, for example, have the major indices such as the Index Catalog, the Index Medicus, Current List of Medical Literature, Biological Abstract, Excerpta Medica, and the International Abstracts of Biological Sciences.

Source: Guidelines for Medical School Libraries, AAMC/MLA, 1965

Tab K

ANATOMY COURSE INFORMATION

REVIEWER: _____

INSTITUTION: _____

COURSE: _____

SEMESTER(S) OFFERED: _____

LENGTH IN WKS: _____ DIDACTIC MEETINGS/WK _____
LENGTH OF MEETINGS _____

TEXTBOOK(S) _____

COURSE OBJECTIVES IN WRITING: YES _____ (ATTACH COPY) NO _____

COURSE OUTLINE GIVEN TO STUDENTS: YES _____ (ATTACH COPY) NO _____

LIBRARY ASSIGNMENTS: YES _____
NO _____
EXPLAIN _____

LABORATORY SESSIONS PER WEEK: _____ PER SEMESTER _____

STUDENTS PER SESSION _____ LENGTH OF SESSION _____

NO. OF CADAVERS: _____ NO. OF STUDENTS/CADAVER/PERIOD: _____
NO. OF CADAVER TABLES: _____ NO. OF STUDENT SEATS: _____
NO. OF MICROSCOPES: _____
AUDIOVISUALAIDS: _____

EXAMS REVIEWED WITH STUDENTS: YES _____ NO _____

DIDACTIC INSTRUCTOR(S)

LAB INSTRUCTOR(S)

COMMENTS

OVER _____

Tab L

BASIC SCIENCE COURSE INFORMATION

REVIEWER: _____

INSTITUTION: _____

COURSE: _____

SEMESTER(S) OFFERED: _____

LENGTH IN WKS: _____ **DIDACTIC MEETINGS/WK** _____
LENGTH OF MEETINGS _____

TEXTBOOK(S) _____

COURSE OBJECTIVES IN WRITING: YES _____ (ATTACH COPY) NO _____

COURSE OUTLINE GIVEN TO STUDENTS: YES _____ (ATTACH COPY) NO _____

LIBRARY ASSIGNMENTS: YES _____ NO
EXPLAIN _____

LABORATORY SESSIONS PER WEEK: _____ **PER SEMESTER** _____

STUDENTS PER SESSION _____ **LENGTH OF SESSION** _____

EXAMS REVIEWED WITH STUDENTS: YES _____ NO _____

DIDACTIC INSTRUCTOR(S)

LAB INSTRUCTOR(S)

COMMENTS

OVER _____

Tab M

CLINICAL SCIENCE COURSE INFORMATION

REVIEWER: _____

INSTITUTION: _____

COURSE: _____

SEMESTER(S) OFFERED: _____

LENGTH IN WKS: _____ DIDACTIC MEETINGS/WK _____
LENGTH OF MEETINGS _____

TEXTBOOK(S) _____

COURSE OBJECTIVES IN WRITING: YES ___ (ATTACH COPY) NO ___

COURSE OUTLINE GIVEN TO STUDENTS: YES ___ (ATTACH COPY) NO ___

READING ASSIGNMENTS: YES ___ NO ___
EXPLAIN _____

EXAMINATIONS? YES ___ NO ___
EXPLAIN _____

INSTRUCTOR: _____

NO. OF TEACHING HRS/WK FOR INSTITUTION _____
NO. OF WKS TEACHING/YR FOR INSTITUTION _____
MEDICAL SCHOOL COMMITTEE ASSIGNMENTS _____
OTHER MEDICAL SCHOOL RESPONSIBILITIES _____
MEDICAL SCHOOL REPORTING RESPONSIBILITY _____

COMMENTS

OVER _____

Tab N

MEDICAL SCHOOL-HOSPITAL AFFILIATION AGREEMENTS

An affiliation agreement is essentially a statement between a hospital and a medical school in which the hospital agrees to make its resources available to a medical school in order for the medical school to offer its educational program at the hospital.

A variety of affiliation agreements are possible depending on the nature of the educational program. Affiliation agreement, however, have several common elements. These are:

- a statement of the purposes and objectives of the clerkship program;
- a statement on the desired outcomes or what the medical school expects its students to learn in each clerkship. This may be specified in the medical school's clerkship manual or clerkship course syllabi;
- the clerkships that will be conducted at the hospital and the length of each clerkship;
- the maximum number of students who will be engaged in clerkship training per year;
- the titles and academic rank of the individuals appointed by the medical school who will be responsible for supervising and monitoring the educational program;
- a statement describing the administration and supervision of the clerkship program by the medical school;
- the responsibility of the hospital in the administration of the clerkship program;
- the process by which students will be selected to perform clerkships at the hospital;
- the support services that will be available for students, including housing, health, guidance, and insurance; and
- the financial arrangement between the medical school and the hospital.

QUESTIONS FOR CLINICAL CLERKS

1. Name of clerkship: _____
2. Duration (weeks): _____
3. Duty hrs/day: _____ Per week: _____
4. Weekend duty is: Usual _____ On call _____ Never _____
5. Clerkship supervisor(s):
Faculty member (name, rank) _____

Resident (name, level) _____

6. Number of students in rotation group: _____
7. Are there students in your group from other schools? Yes _____ No _____
If so, from what schools? _____

8. To whom do you present your findings? _____
9. Who checks your "write-ups"? _____
10. Who constructively criticizes "write-ups"? _____
11. Describe your introduction to this clerkship _____

12. Discuss the positive and negative aspects of this rotation _____

COMMENTS