



THE SECRETARY OF EDUCATION
WASHINGTON, D.C. 20202

APR 30 2001

SENT BY FACSIMILE TRANSMISSION

Honorable John Toussaint
Minister for Health and Social Security
Government Headquarters
Kennedy Avenue
Roseau
Commonwealth of Dominica
West Indies

Dear Dr. Toussaint:

In October 1997, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the medical accreditation standards used by Dominica to accredit the Ross University School of Medicine were comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. On March 9, 2001, the NCFMEA reviewed the information recently provided by Dominica on its current medical accreditation standards to reassess the comparability of those standards.

The NCFMEA members wish to express their appreciation that Dr. Shillingford, Mr. Michaelson, Ms. Heffernan, and you were able to attend the meeting to present information and answer questions. In reaching its decision, the NCFMEA considered the oral information presented, as well as the written materials submitted to the Department prior to the meeting, and the comments of the NCFMEA member and Department staff who observed the Medical Board's fall 2000 on-site review of Ross University School of Medicine. The NCFMEA, at its March meeting, determined that the accreditation standards used by the Medical Board of Dominica to accredit medical schools in Dominica remain comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and procedures for accrediting medical schools in Dominica are still comparable to the accreditation standards applied to medical schools in the United States. If so, its previous determination of comparability will be extended for another period.

In an effort to keep apprised of Dominica's accreditation activities, the NCFMEA also requested: (1) that Committee members and Department staff observe the comprehensive on-site review of Ross University School of Medicine that the Medical Board of Dominica plans to conduct in the fall of 2001, and (2) that Dominica submit annual reports to the NCFMEA,

with the first report scheduled for review at the March 2002 NCFMEA meeting. The purpose of the annual report is to provide the NCFMEA with a summary of the Dominica Medical Board's accreditation activities, including the following information:

- **Overview of accreditation activities:** A summary of key activities by the Medical Board during the past year (January 2001-December 2001), such as accreditation reviews conducted, meetings held and accreditation decisions reached, accreditation conferences or training sessions held.
- **Summary of any changes or developments in the following areas:**
 - **Laws and Regulations:** Any changes in your country's laws or regulations affecting the accreditation of your medical schools.
 - **Standards, Processes and Procedures:** Any changes in the accreditation standards, processes or procedures that your country uses to evaluate and accredit medical schools.
- **Schedule of upcoming accreditation activities:** A listing of accreditation meetings and listing of on-site visits to medical schools planned for January 2002 – December 2002.

Please send the annual report by January 7, 2002, to the Executive Director of the NCFMEA at the address below:

Bonnie L. LeBold
Executive Director, NCFMEA
U.S. Department of Education
1990 K Street, NW – Room 7007
Washington, D.C. 20006-7563
U.S.A.

If you have any questions, please do not hesitate to contact Ms. LeBold at (202) 219-7009 (telephone), (202) 219-7008 (fax), or Bonnie_LeBold@ed.gov (e-mail).

As a result of the NCFMEA's determination that Dominica's medical accreditation standards remain comparable, the Ross University School of Medicine may continue to participate in the Federal Family Education Loan (FFEL) program as long as it continues to be accredited by the Medical Board of Dominica and it meets all other eligibility criteria for program participation. The U.S. Department of Education's Foreign Schools Team is responsible for determining the eligibility of foreign schools to participate in the FFEL program. If the school has any questions regarding its participation in that loan program, it should contact the Foreign Schools Team at (202) 708-8820, fax (202) 205-2904.

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I want to thank you for taking the time to respond to our requests for information about your standards and processes for accreditation of medical schools. We appreciate your cooperation in this matter of importance to American students wishing to study medicine in your country. Please do not hesitate to contact us if you have any questions or wish any additional information.

Sincerely,

Rod Paige

cc: Dr. Dorian Shillingford
Chairman, Medical Board of Dominica

Ms. Elizabeth Heffernan
Mr. Martin Michaelson
Hogan & Hartson

U.S. Department of Education



**Staff Analysis
of the
Standards Used by**

Dominica

for the Evaluation of Medical Schools

March 9, 2001

U.S. Department of Education

**Staff Analysis
of the Standards used by the
Commonwealth of Dominica
For the Evaluation of Medical Schools**

Prepared February 2001

Background

The Commonwealth of Dominica, West Indies, appeared before the National Committee on Foreign Medical Education and Accreditation (NCFMEA) in March 1997. At that meeting, it was established that the Medical Board of Dominica's Ministry of Health and Social Security is the body "charged with the responsibility for evaluating the quality of medical education in Dominica and for establishing the process through which such evaluation for approval of a medical school is carried out. The standards for certification are modeled upon those of the Liaison Committee on Medical Education (LCME) of the American Medical Association, and to some extent, on the guidelines issued by the General Medical Council of the United Kingdom."

At the conclusion of its deliberations on Dominica, the NCFMEA voted to defer a decision regarding the comparability of Dominica's system for the evaluation of the one medical school in the country to that used to evaluate medical schools in the United States and to request additional information from Dominica on two issues: (1) the actual accreditation standards and judgement factors used by the Dominica Medical Board's site visitors and (2) the training program for site visitors and members of the Medical Board.

Dominica responded to the Committee's request for additional information in a report that was reviewed at the October 1997 NCFMEA meeting. After reviewing the report, the Committee determined that standards and processes used by the Commonwealth of Dominica were comparable to those used in the United States. The Committee also requested that Dominica submit annual reports of its accreditation activities with respect to the one medical school on Dominica. Beginning in August 1998, annual reports were submitted and accepted by the Committee.

At its September 2000 meeting, the Committee formally accepted the Board's report but indicated that at its March 2001 meeting it would review whether Dominica continues to have standards and processes for accrediting that are comparable to those used to accredit medical schools in the United States. For this review, it requested that Dominica submit information on how its standards and processes comply with the revised NCFMEA guidelines. In addition, it

requested that the Board provide information to the following issues discussed during the meeting:

- (1) *Complaints*: The Board's failure to respond to the U.S. Department of Education regarding the complaints about Ross University School of Medicine that the Department had referred to the Board's counsel in June 2000.
- (2) *Conflict of Interest*: The Board's failure to take appropriate action regarding the conflict of interest that developed when the Board's counsel began representing the Ross University School of Medicine.
- (3) *Change in Government*: The effect of the recent change in Dominica's government on the Medical Board of Dominica.

The staff analysis is formatted into two sections. Section I assesses how Dominica's standards and processes comply with the revised NCFMEA guidelines while Section II addresses Dominica's response to the three issues identified by the Committee.

The Department staff analysis is based on a review of the documents submitted by the Commonwealth of Dominica and observation of a site visit to Ross University School of Medicine from October 30 through November 2, 2000 conducted by the Dominica Medical Board. The purposes of the visit by the Dominica Medical Board were to investigate complaints lodged against Ross University School of Medicine and to ensure that a recent change in ownership at the University had not adversely affected the quality of education offered to students.

Dominica recently revised their standards to comply with the NCFMEA's new guidelines. The language of the standards in most instances mirrors the language used in the guidelines. Dominica states that the first full on-site review of its one medical school under the revised standards will occur no later than 2002.

Summary of Findings

Based on an examination of the written response provided by the Medical Board of Dominica and supporting documentation, Department staff concludes that:

- the standards and processes used by Dominica are quite similar to those used to evaluate and accredit medical schools in the United States, and
- Dominica has responded to the three issues of concern to Committee members.

SECTION I:

Staff Analysis

The National Committee on Foreign Medical Education and Accreditation is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are comparable to standards of accreditation applied to M.D. programs in the United States.

In making this determination, the Committee uses the following guidelines, which it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree. The Committee wishes to make it clear that these are in fact guidelines and that a foreign country's review and approval process can differ substantially from these guidelines and still be determined to be comparable to the standards used in the United States, provided the foreign country can demonstrate that its standards and processes of evaluation are effective alternatives to those used in the United States.

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

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

The Medical Board of the Ministry of Health and Social Security of the Commonwealth of Dominica is responsible for evaluating the quality of education offered in Dominica. The Medical Act of 1938, last amended in 1990, provided the legal authority for the establishment of the Medical Board. The country states that the Minister of Health has delegated the responsibility of evaluating the medical school to the Board. The Standards and Procedures for Certification of Medical Education Programs, hereafter known as the Standards, submitted by the Commonwealth of Dominica establishes the fact that the Medical Board is the entity responsible for evaluating the quality of medical education within the country.

PART II: Accreditation/Approval Standards

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

1. Mission and Objectives

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

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

The country has revised its Standards to comply with the 1999 revised guidelines established by the National Committee for Foreign Medical Education and the Standards state:

- "The educational mission of the medical school must serve the general public interest, and its educational objectives must support its mission. The medical school's educational programme must be appropriate in light of the mission and objectives of the school."
- "An essential objective of a programme of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning."

Although the country is in the process of evaluating its one medical school under the revised Standards, a recently conducted on-site visit, observed by Department staff, did ensure that the mission and objectives of the school had not changed as a result of a change of ownership. The country will conduct a full on-site visit to determine compliance with the Standards during the next year.

2. Governance

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

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

to develop policies in the interest of both the medical school and the public.

The Standards state a medical school must be legally authorized to provide a program of medical education in the Commonwealth of Dominica. The Standards also state:

“There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school’s administration. This external authority must have sufficient understanding of the medical programme to develop policies in the interest of both the medical school and the public.”

Department staff observation of the change of ownership on-site visit conducted by the Dominican Medical Board showed that they did ensure that the change of ownership had not negatively impacted on the governance of the school.

3. Administration

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

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

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

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

The Standards require schools to demonstrate that the administration is effective and appropriate with regards to the mission of the school. Schools must also show that there are sufficient administrative personnel to administer the areas identified in the guidelines.

Dominica requires that the chief academic officer have sufficient authority to administer the program. Further, department heads and senior clinical faculty members must have authority that is consistent with their responsibility for the instruction of students. All Deans must be qualified by education and experience to carry out their responsibilities.

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

Dominica's standards require the chief academic official of the medical school to have the appropriate education and experience to provide leadership to the medical school.

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

(i) Admissions;

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

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

The Standards require that faculty is involved in admissions; hiring, retention, promotion, and discipline of the faculty; and in developing and reviewing the curriculum including the instruction offered at clinical sites.

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

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

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

Schools must ensure that the education offered at all geographically separated sites are comparable to that offered at the main campus. The Medical Board has

an on-going effort to evaluate the clinical training offered in the United States. Also, the Standards require that the medical school ensure that student evaluations are consistently applied at all sites.

4. Educational Program

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

The Standards state that the program must be at least 130 weeks in length and that the instruction must be scheduled over a minimum of four years.

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

(i) The sciences basic to medicine, including—

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

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

The curriculum must contain courses on anatomy, biochemistry, physiology, microbiology, immunology, pathology, pharmacology and therapeutics, and preventive medicine.

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

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

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

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

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

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

The Standards require medical schools in Dominica to offer clerkships in internal medicine, obstetrics and gynecology, pediatrics, surgery, psychiatry, and family medicine. Although clerkships are conducted in the United States and the United Kingdom, almost all of the clerkships are conducted in hospitals located within the United States. The Medical Board routinely conducts on-site visits to ensure that the clerkship experiences adequately equip students to become medical practitioners.

The Standards state that all students must receive instruction in all organ systems. Additionally, schools must ensure that instruction and experience in-patient including acute, chronic, continuing, preventive and rehabilitative care is provided to all students. Clinical instruction must ensure that students are equipped with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine. Students must be provided instruction and experience in both ambulatory and hospital settings. Clerkships must provide students with in-depth training that covers a broad range of disease problems that are commonly found in each clinical rotation.

The country did not specify the length of time that is devoted to clinical training or the length of each rotation in its policies. In response to the staff analysis, however, Dominica notes that it requires 48 weeks of rotations in core subjects and 42 weeks of rotations in elective subjects and referenced Ross University's Handbook as evidence of this. Also, as noted above, the Medical Board does routinely conduct on-site visits to clinical sites to ensure that students are being adequately trained.

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

A medical school's curriculum must also ensure that students become knowledgeable in areas that support the clinical education program such as diagnostic imaging and clinical pathology.

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

The Standards also require a medical school's curriculum to include courses in medical ethics and human values as well as other behavioral and socioeconomic subjects. A 1996 on-site visit team report verified that the courses identified in this section were covered by the curriculum.

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

The Standards require that the curriculum address the area of communication skills including effective communication with patients, families, colleagues, and other health professionals.

(c) Design, Implementation, and Evaluation:

- (i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.**
- (ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.**

The revised Dominican evaluation standards quote the guidelines regarding faculty involvement in the design, implementation, and evaluation of both the basic sciences and clinical education. Additionally, the standards note that the faculty must ensure that the curriculum includes current advances in the basic and clinical sciences, including therapy and technology, as well as changes in the understanding of diseases. During the 1996 on-site review of the medical school by the Medical Board, the team did ensure that the faculty was involved in designing, implementing, and evaluating the curriculum.

Medical schools are required to document the achievement of their students in verifiable ways that show the extent that the schools are meeting institutional and program mission and goals. The measures should include data on student performance including academic progress and graduation rates, acceptance into residency programs, postgraduate performance, and licensure of graduates.

5. Medical Students

(a) Admissions, Recruiting, and Publications

- (i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.**
- (ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).**
- (iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.**

Dominican standards state:

"The medical school must accept only those new and transfer students who possess the intelligence, integrity, personal and emotional characteristics that are perceived to be necessary for them to become effective and compassionate physicians."

The 1996 on-site team report stated that the school did have detailed admissions requirements that were outlined in the catalog. The team noted that approximately 50 percent of all applicants are admitted.

The standards also state:

“The medical school must publicize to all faculty members and students its standards and procedures for the evaluation, advancement and graduation of its students, and for disciplinary actions. The medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational programme. Its catalogue (or equivalent document) must provide an accurate description of the school, its educational programme, its admissions requirements for students (both new and transfer), the criteria that it uses to determine that a student is making satisfactory academic progress in the medical programme, and its requirements for the award of the M.D. degree (or equivalent).”

The 1996 on-site evaluation team did verify that the school did publicize to faculty members and students the standards, and procedures of the evaluation, advancement, and graduation of its students. The team also noted that procedures for disciplinary actions were also publicized.

The country states that there is no Dominican law concerning privacy of student records; however, the Medical Board does require medical schools to make student records available to students and allow students the opportunity to challenge the accuracy of the records. Schools are expected to maintain the confidentiality of student records and to only make them available to faculty and administrative personnel.

(b) The Evaluation of Student Achievement

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

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

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

Dominica has standards that address subsections (i) through (iii). The standards require schools to use a variety of assessment methods to evaluate student achievement. The 1996 self-study questionnaire submitted by the school stated that students were graded on mid-term and final examinations, and quizzes given during the term. Student achievement is also measured using the United States Medical License Examinations (USMLE) steps I and II. Clinical assessment is made by the supervising instructor for each rotation. The Dominican revised standards also require schools to track acceptance into residency programs. The change of ownership on-site visit report submitted by the Dominican Medical Board showed that the school does track acceptance into residency programs.

Dominican standards also require schools to develop a system that evaluates the progress made by each student and to promote only those students who successfully complete the program.

(c) Student Services

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

The country's standards require schools to provide students with personal counseling as well as academic and financial aid counseling. Schools must have policies covering the prevention and management of exposure to infectious diseases. During the 1996 on-site visit evaluators did ensure that appropriate student services were available.

6. Resources for the Educational Program

(a) Finances: The medical school must have adequate financial resources for the size and scope of its educational program.

The country's standards require schools to have adequate financial resources to sustain a sound program of medical education. Additionally, schools must not enroll more students than the resources of the school can accommodate. During a change of ownership on-site visit conducted by the Medical Board in Oct 2000,

evaluators did review the financial resources of the school to ensure that they were sufficient to allow the school to accomplish its mission.

(b) Facilities:

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

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

The country states in its standards that:

"A medical school must have, or be assured use of buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to high productivity of faculty and students. The facilities must include faculty offices and research laboratories, student classrooms and laboratories, amenities for students, offices for administrative and support staff, and a library."

During the 1996 on-site review, evaluators did ensure that the school had adequate facilities to meet the needs of students and faculty. During the change-of-ownership site visit in 2000, the team was given another tour of the facilities and a briefing on the school's facilities improvement plan.

(c) Faculty:

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

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

The standards established by Dominica require that all staff must be qualified by experience and education to teach at a medical school. The faculty must have

demonstrated achievements within their discipline that would be commensurate with their rank.

Each school must have a conflict-of-interest policy that ensures the integrity of the school's performance of its academic, clinical, and research functions.

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

Schools must have a library that is well maintained and of sufficient size and breadth to meet the educational needs of students and faculty. The library also must be sufficiently staffed by a cadre of professionals that supervise the library and provide instruction in its use to staff and students. During the 1996 review of the school, the Medical Board team evaluated the library for the breadth of its library resources and adequacy of its size to support the medical program.

(e) Clinical Teaching Facilities The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

The Standards require affiliation agreements with all clinical facilities and hospitals. The Medical Board has an ongoing effort to evaluate all clinical sites.

PART III: Accreditation/Approval Processes and Procedures

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

1. Site Visit

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

(including the training facilities), and the academic support resources available to students.

Dominica conducts a comprehensive site visit every five years. The last full site visit occurred in 1996. The school is asked to fill out a questionnaire that is similar to the one used for the LCME accreditation process. The school to be evaluated is notified at least six months in advance of the team visit. The purpose of the site visit is to ensure that the school is complying with the Standards. The team meets with students, faculty, and support and administrative staff. Clinical sites are visited throughout the accreditation period.

2. Qualified On-Site Evaluators, Decision-Makers, and Policy-Makers

The accreditation/approval process must use competent and knowledgeable individuals, qualified by experience and training in the basic or clinical sciences, responsible for the on-site evaluation, policy-making, and decision-making.

The site visit team includes at least two experienced and licensed physicians as well as individuals qualified to examine the basic science and clinical programs. The country did not specify the typical size of a team. In its response to the staff analysis, the country notes that the size of the team would depend on the purpose of the visit.

3. Re-evaluation and Monitoring

The accreditation/approval process must provide for the regular reevaluation of accredited/approved medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

Dominica policies note that to remain certified, a school must submit progress reports that address the steps taken by the school to correct concerns that were identified during the site visit. Schools must also submit an annual report that includes information on student outcomes; fiscal, academic, and enrollment information; developments in such areas as senior staffing, contracts with teaching hospitals, and admissions standards.

The policies state that once progress reports are reviewed, the Medical Board can take one of several actions. The Board can accept the report, request an additional report, request additional information, defer action on the report until additional information is provided, or decline to accept the report. The policies

