



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](mailto: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

also allow the Board to conduct a special visit if the response from the school raises serious concerns about the education program offered at the school.

Department staff notes that no documents were presented that verified that the country follows its reevaluation and monitoring policies. In its response to the staff analysis, the Board outlined its various monitoring activities. It noted that it has monitored the medical school on an on-going basis including visiting the administrative offices of the school located in New York City. As evidence, it cites its recent review of the school's change of ownership as well as its investigation of complaints lodged against the medical school. As further evidence of its monitoring, the Board notes that when it was recently notified of a corporate restructuring at the school, it requested that the school provide information on the restructuring in order for the Board to make a determination that this did not have an adverse affect on the operation of the medical school. Dominica also noted that it recently adopted evaluation and monitoring processes that will require the school to provide written reports to the Board on a regular basis. Department staff notes that the recently adopted changes to its monitoring and reevaluation policies have not yet been implemented. The staff anticipates that the new policies will be applied in the next reevaluation of the school that will occur prior to 2002.

#### **4. Substantive Change**

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

The written policies of the Dominican Medical Board notes that the school must notify the Board when it changes ownership or governance, establishes a geographically remote program, anticipates a substantial change in the size of its enrollment, anticipates changes in the medical education program or a change in the resourcing of the institution. For any substantive change the school must provide relevant documents for review by the Board. For a change of ownership or governance, the school must provide a detailed plan that describes any new governance structure as well as the impact on class size, the curriculum, and the resources available to the school. After reviewing the documents, the Board will make a decision as to whether it will approve the change. Once approval is granted, an on-site visit will be conducted six months after the change.

Regarding other substantive changes, the Board reserves the right to approve such changes and may conduct an on-site visit of the school to ensure that the institution is still in compliance with the standards.

Department staff observed an on-site visit conducted by the Board as a result of a change of ownership. During the visit the evaluation team met with faculty, administrators, students, and the Chief Financial Officer to determine the impact that the new ownership has had on the school.

**5. Controls against Conflicts of Interest and Inconsistent Application of Standards**

**The accreditation/approval process must include effective controls against conflicts of interest and Inconsistent application of the accreditation/approval standards.**

Dominica has established a conflict-of-interest policy that covers both Medical Board members and evaluation team members. Both Board members and team members must declare in advance all financial interests or any other situation in any school accredited by the Board that might be construed as a conflict of interest or as an appearance of a conflict of interest. Other situations that would be considered as a conflict of interest or an appearance of a conflict of interest include ownership in a school, an affiliation with the school, or working as a consultant to the school. Board or team members who have identified a conflict of interest or potential conflict of interest are not allowed to participate in the certification process of the school.

The Board did not submit any evidence that it follows its conflict-of-interest policy; however, during a meeting between Department staff and the Board, the staff raised this issue and the Board Chair did state that in previous evaluations individuals had been removed as a result of its conflict-of-interest policy. In its response to the staff analysis, the Board notes that since there is such a small community of medical practitioners that it is "readily aware of any potential conflict-of-interest on the part of members of the Medical Board or site visitors." The Board also notes that it takes conflict-of-interest policy seriously.

The Department recently notified the country of a conflict of interest that occurred when the legal counsel for the Medical Board also represented the medical school. The Medical Board is now represented by a different law firm.

**6. Accrediting/Approval Decisions**

**The accreditation/approval process must ensure that all accreditation/approval decisions are based on the accreditation/approval standards. It must also ensure that the decisions are based, in part, on an evaluation of the performance of students after graduation from the medical school.**

Dominica states that prior to a certification decision, Board members review all documents furnished by the medical school as well as the evaluation team report. Certification decisions are based upon compliance with the standards and performance of students after graduation. Certification is granted for a period of five years.

Documentation:

Medical Board of Dominica, Standards and Procedures for Certification of Medical Education Programmes, adopted January 11, 2001

Medical Act of Dominica

Change of Ownership Site Visit Report

**SECTION II:**

Staff Analysis

**Issue:** The Medical Board failed to respond to the U.S. Department of Education regarding complaints about Ross University School of Medicine that the Department had referred to the Board's counsel in June 2000.

**Country Response:** Department staff discussions with the Medical Board revealed that the complaint was received by the Medical Board and forwarded to Ross University School of Medicine for a response. However, the Medical Board noted that between the time of receipt of the complaint from the Department and the Secretary's most recent letter, the Chair of the Medical Board had departed and no replacement was identified for several months, thus leading to a break in communications with the Department. Dominica has now filled the Medical Board Chair position. A change in government leadership also contributed to the breakdown in communication.

During the on-site visit the Medical Board raised the issue of the original complaint as well as two additional complaints that had just been received. It was also revealed during the on-site visit that the University had provided a response to the original complaint that the Board felt was inadequate and the Board requested the University to provide a detailed response to the original complaint as well as the two new complaints. The Medical Board made it clear that several elements of the three complaints were related to the country's standards and therefore, must be addressed by the University. In addition to requesting a thorough written response to the complaints from the University, as part of the on-site review, the Medical Board evaluation team explored many key issues of the complaints with faculty members and senior Administrators.

The University provided a detailed report with supporting documentation to the Medical Board evaluation team on November 20, 2000. After reviewing the response, the evaluation team found that some issues had been resolved.

Additionally, it dismissed some of the allegations as not having merit, and noted that some allegations would be fully examined during the next full review of the University that will occur by 2002.

**Documentation:**

Dominica's Submission to the NCFMEA, pages 6-7  
Site Team Report, Exhibits 34 – 36

**Issue:** The Medical Board failed to take appropriate action regarding the conflict of interest that developed when the Board's counsel began representing the Ross University School of Medicine.

**Country Response:** In formulating a response, the Board requested that its former legal counsel provide a letter outlining the facts and circumstances that eventually led to the law firm representing both the University and the Medical Board.

After reviewing all pertinent information, the Medical Board states that it held several discussions on this issue and concluded that "its former counsel, although not moving as speedily to resign his engagement by the Board, as, in hindsight, would have been preferable, did not by his action compromise the Board's ability to perform its duties; nor did he obtain in the course of his limited representation of the Board confidential information of the Board disclosure of which to Ross would have compromised the Board's ability effectively to perform its duties with respect to Ross." The Board also notes that it believes that its former counsel served the Board well and not adversely to the Board in any respect. The Board also states that it would expect its legal counsel to not represent any entity regulated by the Board without first seeking the consent of the Board.

The response from Dominica's former legal counsel Drinker, Biddle & Reath states that it believes that no specific conflicts of interest were committed by representatives of its firm. The letter notes that its initial involvement was not with the University but with the potential new investors. The law firm notes that it provided advice on "educational regulatory issues" to the new owners (Leeds Equity partners and J.W. Childs Equity Partners) regarding the possibility of purchasing an interest in the University. Further, Drinker Biddle & Reath notified the Chair of the Medical Board at the time, who did not express any objection. The law firm does state that it assisted the Medical Board on two occasions during this time. It assembled Dominica's annual report to the NCFMEA and forwarded a complaint received from the Department of Education regarding the University to the Medical Board with the suggestion that it be sent to the school for a response.

Once the law firm determined that the new owners of the University were interested in asking the firm to undertake legal work on their behalf, efforts were begun to terminate representing the Dominican Medical Board in order to avoid an appearance of a conflict of interest. To that end, the law firm Drinker, Biddle & Reath contacted the law firm of Hogan & Hartson regarding the possibility of assuming the responsibility of representing the Medical Board. During this period the law firm notes that the only legal work conducted on behalf of the new owners of the University was to provide advice on legal matters concerning the change of ownership application with the U.S. Department of Education. Eventually, Drinker, Biddle & Reath did perform legal work for the University concerning eligibility for financial aid for students participating in new clinical clerkships at a Florida site. Although the firm states that the legal work did not overlap any work conducted on behalf of the Medical Board, it reinforced the need to move ahead on the transition to a new law firm. The actual transfer of representation of the Medical Board occurred on September 12, 2000.

**Documentation:**

Dominica's Submission to the NCFMEA, page 6; and Exhibit E

**Issue:** The country was asked to respond to the effect of the recent change in Dominica's government on the Medical Board of Dominica.

**Country Response:** The country states that there was a change in government due to the untimely death of the Prime Minister and that this led to a temporary breakdown in communication between the Board and the NCFMEA. However, the Board is confident that with the completion of the government transition communication will no longer be a problem. The Board also notes that in the complaint lodged against the University there was an allegation that the Board no longer existed. The Board noted that the Medical Act of 1938, as amended in 1990, established the Medical Board. Further, it provided a government document that identified the Medical Board as the legal authority to certify medical schools within the country.

**Documentation:**

Dominica's Response to the NCFMEA, pages 4 – 5; Exhibits C1 and C2



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Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2004	S (W)

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01 Agenda

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*Country response to draft Staff Analysis*



MINISTRY OF HEALTH AND SOCIAL SECURITY

Tel. No.: 448-2401 (Ext. 3259 & 3250)  
 Fax No.: (1-767) 448-6086

GOVERNMENT HEADQUARTERS  
 KENNEDY AVENUE  
 ROSEAU  
 COMMONWEALTH OF DOMINICA  
 WEST INDIES

February 21, 2001


Ms. Bonnie L. LeBold  
 Executive Director  
 NCFMEA  
 U.S. Department of Education  
 Office of Postsecondary Education  
 National Committee on Foreign Medical Education and Accreditation  
 1990 K St. NW - Room 7007  
 Washington D.C.  
 2006-7583  
UNITED STATES OF AMERICA

Dear Ms. LeBold,

In reply to your letter regarding the meeting of the National Committee on Foreign Medical Education and Accreditation scheduled for 9<sup>th</sup> March, 2001. I wish to inform you that our representatives will be the Hon. Dr. John Toussaint, Minister for Health & Social Security and Dr. Dorian Shillingford, Chairman of the Dominica Medical Board and legal counsel Martin Michaelson of Hogan and Hartson, Washington.

Please find attached Registration forms.

Yours truly,

  
 .....  
 DR. JOHN TOUSSAINT  
 MINISTER FOR HEALTH  
 & SOCIAL SECURITY



**DOMINICA MEDICAL BOARD**

Tel. 448-2401 Ext. 3258  
Our Ref. ....  
Your Ref. ....

Ministry of Health,  
Government Headquarters,  
Kennedy Avenue,  
Roseau,  
Commonwealth of Dominica,  
West Indies.

February 26, 2001

Dear Ms. Griffiths:

In response to your letter sent February 9, 2001 and the accompanying U.S. Department of Education staff analysis, I enclose the response of the Commonwealth of Dominica.

We are pleased that the staff analysis so positively evaluated our submission to the U.S. Department of Education, and we look forward to meeting with the NCFMEA on March 9.

Very truly yours,

Dorian C. Shillingford  
Chairman, Dominica Medical Board

Ms. Carol Griffiths  
Chief, Accrediting Agency Evaluation  
Accreditation and State Liaison  
1990 K Street, N.W., Room 7105  
Washington, DC 20006-8509

Enclosure

cc: Hon. John Toussaint  
Martin Michaelson, Esq.

**BEFORE THE U.S. DEPARTMENT OF EDUCATION**

**RESPONSE OF THE COMMONWEALTH OF DOMINICA TO**

**STAFF ANALYSIS OF THE  
STANDARDS USED BY DOMINICA FOR THE  
EVALUATION OF MEDICAL SCHOOLS  
(dated as of MARCH 9, 2001)**

**February 26, 2001**

The Commonwealth of Dominica ("Dominica") acknowledges with thanks the letter from Carol Griffiths, Chief, Accrediting Agency Evaluation, Accreditation and State Liaison, U.S. Department of Education (the "Department") to Hon. John Toussaint, Minister of Health and Social Security of Dominica, and the accompanying Staff Analysis of the Standards Used by Dominica for the Evaluation of Medical Schools (dated as of March 9, 2001) ("Staff Analysis"). Dominica is very pleased that the considerable work of the Medical Board resulted in a Staff Analysis that is positive in virtually all respects. This response addresses the few items as to which the Staff Analysis suggested some remaining matter.

The Honorable Minister for Health and Social Security of Dominica, Dr. John Toussaint, plans to attend the March 9 meeting of the National Committee on Foreign Medical Education and Accreditation ("NCFMEA"). In addition, as Dominica has previously informed Bonnie LeBold, Executive Director of the NCFMEA, the Chair of the Medical Board, Dr. Dorian Shillingford, and the Medical Board's counsel, Martin Michaelson of Hogan & Hartson L.L.P., will attend the March 9 meeting. They will be pleased to respond to any further questions that the NCFMEA or Department staff may have.

Dominica appreciates the Department's consideration of this response.

(1) *"The country did not specify the length of time that is devoted to clinical training or the length of each rotation. As noted above, the Medical Board does routinely conduct on-site visits to clinical sites to ensure that students are being adequately trained."* Staff Analysis at 8.

Like the NCFMEA Guidelines and Liaison Committee on Medical Education accreditation standards, the Dominica Standards and Procedures for Certification of Medical Education Programmes (Jan. 11, 2001) ("Dominica Standards") do not specify the length of time devoted to clinical training or the length of each rotation. According to its Fall Semester 2000 Student Handbook and related information, the medical school in Dominica requires 48 weeks of rotations in core subjects and 42 weeks of rotations in elective subjects, for a total of 90 weeks. See Submission of the Commonwealth of Dominica to the National Committee on Foreign Medical Education and Accreditation (Jan. 16, 2001) ("Submission") Ex. F at App. 17. As noted in the Staff Analysis, the Medical Board conducts periodic visits to clinical sites to review the adequacy of clinical instruction.

(2) *"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 [site visit] team." Staff Analysis at 15.*

In accordance with Dominica Standards, the Medical Board selects individuals to serve on a site visit team. See Dominica Standards III.A.2. and III.B., Submission Ex. B at 11. The size of the site visit team depends on the purpose of the visit and the relevant areas of experience needed. For example, the site visit in the fall of 2000 concerning the medical school's change in ownership included a four-member team that included three highly experienced physicians and a senior educator. Visits to clinical sites outside Dominica include at least two experienced physicians. Site visits may be conducted in conjunction with representatives of state licensing agencies. The upcoming site visit to the medical school concerning renewal of its certification will include, among other team members, one or more site visitors with pertinent experience in basic sciences and related curricula.

(3) *"Department staff notes that no documents were presented that verified that the country follows its evaluation and monitoring policies. Also, the policies do not include any adverse action or sanction as a Board option." Staff Analysis at 15.*

The Medical Board has monitored the medical school in Dominica on an ongoing basis. As the Medical Board has previously reported to the NCFMEA, representatives of the Medical Board visit the administrative offices of the medical school in New York City approximately three to four times a year in conjunction with visits to clinical sites. These meetings provide periodic opportunities for the medical school to provide updates to the Medical Board concerning developments at the medical school.

The Medical Board conducted a site visit of the medical school in October and November 2000 to assess whether a change in ownership of the medical school affected the medical school's compliance with Board standards. Department representatives attended and observed that site visit, and a copy of the site visit report was included with Dominica's submission to NCFMEA. See Submission Ex. F. In addition, last year the Medical Board sought and obtained information from the medical school in connection with complaints about the medical school. Correspondence related to such information requests was included with the Medical Board's submission to NCFMEA. See Submission Ex. F. The Medical Board also addressed the complaints during its October and November 2000 site visit. As indicated with specificity in the Submission and its accompanying appendices, the Medical Board will address certain issues raised by the complaints during the coming year in the course of its comprehensive accreditation review of the medical school.

On January 11, 2001, the Medical Board adopted new, detailed re-evaluation and monitoring procedures. See Dominica Standards III.D., Submission Ex. B at 12-13. The Medical Board anticipates that under these procedures the medical school will submit written reports to the Medical Board on a regular basis.

At the end of January the medical school notified the Medical Board of certain changes in the corporate structure involving the parent companies of the medical school. See Letter from N. Simon to D. Shillingford (Jan. 31, 2001) (Attachment A). The Medical Board requested and received additional information from the medical school concerning this change, including information relating to the reasons for the restructuring, notices to other governmental agencies, and the anticipated benefits and other effects of the restructuring. The Medical Board collected such information through correspondence, conference calls, and a meeting with medical school directors and officials. Based on this information the Medical Board has concluded that while the Medical Board would have expected advance notice of the restructuring, the medical school complied with reporting procedures in effect at the time of the restructuring. Under those procedures the Medical Board was not required to approve the restructuring in advance, but, consistent with prior practice, Medical Board representatives visited with school officials concerning the effects of the restructuring. Under the revised Dominica Standards, the Medical Board would not consider this restructuring a substantive change requiring its prior approval because the restructuring did not have a significant effect on the operation of the medical school. See Letter from D. Shillingford to N. Simon (Feb. 22, 2001) (Attachment B).

The Dominica Standards do permit the Medical Board to take adverse action in the event that serious concerns arise during a period of certification. The Standards provide:

4. After review of a progress report or any other report submitted by the medical school to the Board pursuant to these Standards and Procedures, the Board may take appropriate action, including but not limited to (a) accept the report, with or without requesting additional reports as follow up, (b) receive the report as information, (c) defer action pending receipt of further information, or (d) if the report is deficient, decline to accept it and request that a more complete report be submitted.
5. If the Board finds strong cause for concern about the status of a school, it may take appropriate action, including but not limited to (a) requesting additional information, (b) arranging a special visit, or (c) arrange for a new comprehensive review of the school.

Dominica Standards III.D.4.-5., Submission Ex. B at 13 (emphasis added). Were the Board to find significant deficiencies in compliance with the Dominica Standards, it may take adverse action against the medical school in accordance with the procedures for certification decisions generally. See Dominica Standards III.C., Submission Ex. B at 12.

(4) *The Board did not submit any evidence that it follows its conflict-of-interest policy; however, during a meeting between Department staff and the Board, the staff raised this issue and the Board Chair did state that in previous evaluations individuals had been removed as a result of the conflict-of-interest policy.*" Staff Analysis at 17.

Dominica is a sufficiently small community that the Medical Board is readily aware of any potential conflict of interest on the part of members of the Medical Board or site visitors. Physicians in Dominica typically work for the Ministry of Health, Princess Margaret Hospital, or Ross University School of Medicine, and the Medical Board is familiar with their affiliations. As the Staff Analysis observes, the Board does enforce its conflict of interest policy. The Board takes its conflict of interest policy quite seriously.

\* \* \*

In order to facilitate communication with the Department, Dominica requests that the Department send copies of correspondence to the Minister of Health and Social Security simultaneously by telecopier to:

Dr. Dorian C. Shillingford  
Chairman, Medical Board  
Ministry of Health and Social Security  
Government Headquarters  
Kennedy Avenue  
Roseau, Dominica, West Indies  
Fax: 767/448-7826  
Phone: 767/448-4839

and

Martin Michaelson, Esquire  
Hogan & Hartson L.L.P.  
555 Thirteenth Street, N.W.  
Washington, D.C. 20004  
Fax: 202/637-5910  
Phone: 202/637-5748

This procedure should avoid delays in communications with the Department in the future.

Dominica appreciates the Department's consideration of this response and requests that, for the reasons stated in its Submission to the NCFMEA and here, the NCFMEA continue to recognize the comparability of Dominican and American standards for medical education.

## ATTACHMENTS

- A Letter from N. Simon to D. Shillingford (Jan. 31, 2001)
- B Letter from D. Shillingford to N. Simon (Feb. 22, 2001)

*Office of the President & General Counsel*

**VIA OVERNITE COURIER**

January 31, 2001

Dr. Dorian Shillingford  
DOMINICA MEDICAL BOARD  
Ministry of Health & Social Security  
Government House - Kennedy Avenue  
Roseau  
Commonwealth of Dominica  
WEST INDIES (W.I.)  
(767) 448-7826

RE: ROSS UNIVERSITY SCHOOL OF MEDICINE

Dear Dr. Shillingford:

I am writing to notify you of certain changes of corporate structure involving the parent companies of the Ross University School of Medicine. These changes have been undertaken solely because of the savings that will result under U.S. tax laws, and will have no effect on the Medical School's educational program or operations other than to make additional financial resources available to the School.

As you will recall, the Medical School is owned by a corporation named the Ross University School of Medicine School of Veterinary Medicine, Ltd. (the "Medical School Corporation"). As a result of the change of ownership that occurred last year, that corporation has been wholly owned by Dominica Management, Inc. ("DMI"). Two investor groups, Leeds Equity Partners III, L.P., and J.W. Childs Equity Partners II, L.P., each own 45% of the stock of DMI. They thus control DMI and, through DMI, the Medical School Corporation and the Medical School.

It has come to the attention of Leeds and Childs that significant tax savings would result if two new corporations, one of them incorporated outside the United States, were inserted into the corporate structure. Accordingly, Ross University Management, Inc. ("RUMI"), organized under the laws of St. Lucia, and Ross University Services, Inc. ("RUSI"), a Delaware corporation, were formed, and on January 5, 2001, inserted into the corporate structure. RUMI owns all of the outstanding stock of the Medical School Corporation, and RUSI owns all of the stock of RUMI. DMI owns all of the stock of RUSI. Leeds and Childs each continue to own 45% of the stock of DMI. Thus, Leeds and Childs continue to control DMI and, through DMI and its subsidiaries, the Medical School Corporation and the Medical School.

NS

U.S. Inquiries c/o Dominica Management, Inc.  
460 West 34<sup>th</sup> Street, 12<sup>th</sup> Floor  
New York, New York 10001-2169

Telephone: (212) 270-5500  
Facsimile: (212) 629-3147

e-mail: [Admissions@Rossmed.ed](mailto:Admissions@Rossmed.ed)

Page Two - January 31, 2001  
Dr. Dorian Shillingford, DMB

We understand that the Medical Board has recently adopted new standards and procedures, including requirements for approval of substantive changes such as changes in ownership and governance. The additions to the corporate structure described above, however, occurred prior to the adoption of the new substantive change requirements. The Board's standards and procedures in effect at the time of the changes in structure we are now reporting contained no requirements for Board review and approval of changes of ownership. (Your predecessor confirmed that Board approval was unnecessary during last year's change of ownership; the Board undertook the change of ownership site visit as a discretionary matter).

Moreover, we respectfully submit that the insertion of RUMI and RUSI into the corporate structure should not be viewed by the Board as a change of ownership under its new standards even if they were applicable. The direct ownership of the Medical School has not changed; it continues to be owned by the Medical School Corporation. More importantly, control of the Medical School is also unchanged; Leeds and Childs remain in control through DMI and the subsidiaries. The Medical Board, of course, has recently reviewed the effects of their acquisition of control, and it will be comprehensively reviewing the Medical School when it begins the process for renewing its accreditation by the Board later this year. Let me also reiterate that these corporate structural changes will have no effect on the Medical School, its educational program or its students. Thus, we do not believe that any Board review and action is required at this time. I would appreciate your confirming this conclusion by letter at your earliest possible convenience. If there is any additional information that the Board would like us to supply or steps that it wishes us to take, please let me know.

Please also note that the U.S. Department of Education's standards for changes of ownership cover more types of transactions than do the standards of many accrediting agencies. We have filed an application with the Department in regard to this change in corporate structure to ensure that U.S. financial aid continues to be available to our students. We anticipate no difficulties with that application and will keep you informed of any developments in regard to it. Thank you.

Sincerely,



Neal S. Simon

cc: Marty Michaelson, Esq.  
Mark Pelesh, Esq.  
Timothy Foster, Chairman

NSS:jsk

NS  
2 -



**DOMINICA MEDICAL BOARD**

Tel. 448-2401 Ext. 3258  
Our Ref. ....  
Your Ref. ....

Ministry of Health,  
Government Headquarters,  
Kennedy Avenue,  
Roseau,  
Commonwealth of Dominica,  
West Indies.

February 22, 2001

.....

Mr. Neil Simon  
President  
Ross University  
460 West 34<sup>th</sup> Street  
New York, NY 10001


Dear Mr. Simon:

This responds to your letters dated January 31 and February 9, 2001, with respect to the transactions they identify; and takes into account the letter dated February 15, 2001 from the Medical Board's counsel to you, enclosing a list of questions; your letter dated February 21, 2001 enclosing responses to those questions; and the confirmatory information obtained in the February 22, 2001 meeting with directors and senior officers of Ross University.

In light of these and other pertinent facts, I write to confirm that the referenced change of ultimate corporate ownership of Ross University has not adversely affected the accreditation approval of the University by the Dominica Medical Board, and that the accreditation approval remains in effect.

We look forward to the upcoming re-accreditation process.

Very truly yours,

  
Dorian C. Shillingford  
Chairman, Dominica Medical Board



NEWDOC

Committee Name 3	Year yyyy	Meeting Summer(s)-Winter(W)
NCFMEA	2001	S (W)

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## MINISTRY OF HEALTH AND SOCIAL SECURITY

Tel. No.: 448-2401 (Ext. 3259 & 3260)  
Fax No.: (1-767) 448-6086

GOVERNMENT HEADQUARTERS  
KENNEDY AVENUE  
ROSEAU  
COMMONWEALTH OF DOMINICA  
WEST INDIES

January 12, 2001

Dr Karen W. Kershenstein  
Director  
Accreditation and State Liaison  
U.S. Department of Education  
1990 K. Street, N.W. - Room 7105  
Washington, DC 20006-8509  
UNITED STATES OF AMERICA

Dear Dr. Kershenstein,

Enclosed with this letter is the Submission of the Commonwealth of Dominica ("Dominica") to the National Committee on Foreign Medical Education and Accreditation ("NCFMEA"), including exhibits. We appreciate the extension of time to enable us to complete this extension project, including comprehensive revision of Dominica Medical Board ("Board") standards. The Submission includes the report of the site visit team that visited Ross University ("Ross") in November and December 2000, together with the appendices to that report. The report was reviewed by the Board in late December and early January and was accepted and approved by the Board on January 11, 2001. Also, as requested in Secretary Riley's October 13, 2000 letter to my predecessor Doreen Paul, the Submission addresses (1) compliance of Dominica standards and procedures for certification of medical schools with current NCFMEA guidelines, (2) the response of the Board, upon investigation, to complaints about Ross, (3) the response of the Board with respect to the potential conflict of interest of its former counsel, (4) the effect on the Board of recent changes in the Government of Dominica, and (5) certain other matters. This Submission was reviewed by the Board, which approved it on January 11, 2001.

For the reasons set forth in the Submission and its exhibits, the Government of Dominica requests that the NCFMEA continue to recognize its standards for certification of graduate medical schools as "comparable to standards of accreditation applied to medical schools in the United States". 34 C.F.R. § 600.55(a)(4)(i)(B)(2)(2000); see 20 U.S.C. § 1002(2)(b)(i). In addition, the Government of Dominica submits that it has properly addressed the other issues identified in Secretary Riley's letter.


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The documents that comprise the Submission are all official documents and records of the Government of Dominica. As you know, the Board has been delegated the responsibility of evaluation, certification, review, and oversight of medical schools in Dominica. Without limitation, the Standards and Procedures for Certification of Medical Education Programmes contained in these exhibits have been duly adopted by the Board.

The Government of Dominica appreciates consideration by the United States Department of Education of the Submission. We understand that the NCFMEA will review this matter at its meeting in March. If the Department has any questions regarding the Submission, please contact our representative in Washington, Martin Michaelson of Hogan & Hartson L.L.P. (202/637-5748). Dr Dorian Shillingford, Chairman of the Board, is planning to attend NCFMEA meeting, and will be accompanied by Mr Michaelson.

I know that you and your colleagues will appreciate that very considerable effort by the Ministry of Health and Social Security was required in the preparation of this Submission and the related documents. The Government of Dominica wishes in particular to thank the United States Department of Education representatives who met with the Board in November to offer informal comments and advice, and who accompanied the site visit team in November and December. Their role was instructive and constructive.

Very truly yours,

  
.....  
**DR JOHN TOUSSAINT**  
**MINISTER FOR HEALTH**  
**AND SOCIAL SECURITY**

**ENCL.**

c.c. Carol Griffiths, Chief Accrediting Agency Evaluation  
U.S. Dept. of Education  
Honourable Prime Minister  
Dr Dorian Shillingford  
Martin Michaelson, Esquire

BEFORE THE U.S. DEPARTMENT OF EDUCATION

SUBMISSION OF THE COMMONWEALTH OF DOMINICA TO  
THE NATIONAL COMMITTEE ON  
FOREIGN MEDICAL EDUCATION AND ACCREDITATION

January 16, 2001

TABLE OF EXHIBITS TO JANUARY 16, 2001  
SUBMISSION TO U.S. DEPARTMENT OF EDUCATION

EXHIBIT	DESCRIPTION
A	Letter from Secretary Riley to Minister Paul (10/13/00)
B	Medical Board of Dominica, Standards and Procedures for Certification of Medical Education Programmes, adopted January 11, 2001 ("Dominica Standards and Procedures")
C	Comparison of 1999 NCFMEA Guidelines with Dominica Standards and Procedures
C-1	Medical Act of Dominica
C-2	Opinion of Attorney General A. La Ronde (Oct. 22, 1996)
D	Letter from D. Shillingford to N. Simon (10/18/00)
E	Letter from M. Pelesh to D. Shillingford (10/27/00)
F	(separately bound) October-November 2000 Site Visit Report, and its 37 appendices, including Appendix 36 (Summary of Allegations Contained in Three Complaints and of Two Responses by Ross University; and Findings by the Site Visit Team With Respect to the Allegations)

## I. INTRODUCTION

The Commonwealth of Dominica ("Dominica") hereby makes this submission to the National Committee on Foreign Medical Education and Accreditation ("NCFMEA") to request that the NCFMEA continue to recognize Dominica's standards for certification of graduate medical schools as "comparable to standards of accreditation applied to medical schools in the United States." 34 C.F.R. § 600.55(a)(4)(i)(B)(2) (2000); see 20 U.S.C. § 1002(a)(2)(B).

The NCFMEA recognized the comparability of Dominican and American medical accreditation standards in November 1997 and accepted Dominica's annual reports for the years 1998 and 1999. In April 2000 Ross University School of Medicine ("Ross") notified the Medical Board of Dominica ("Board") that it was undergoing a change in ownership. In addition, since May 31, 2000, the U.S. Department of Education has forwarded to the Board for investigation three anonymous but apparently related complaints concerning Ross. In August 2000 Dominica submitted to the NCFMEA its annual report for 2000. The NCFMEA accepted the report and advised that at its March 2001 meeting it would review whether Dominica continues to maintain standards and procedures for accrediting its medical school that are comparable to those used to accredit medical schools in the United States. Letter from Secretary Riley to Minister Paul (10/13/00), Exhibit A.

As requested by Secretary Riley, this Submission transmits the report of a four-member site visit team regarding Ross, together with appendices to the report; and addresses (1) the compliance of Dominica's Standards and Procedures for Certification of Medical Education Programmes with current NCFMEA guidelines, (2) the response of the Board to complaints about Ross, (3) the response of the Board with respect to the potential conflict of interest of its former counsel, (4) the effect on the Board of recent changes in the government of Dominica, and (5) certain other matters. For the reasons set forth in this Submission, the Government of Dominica respectfully states that its standards and processes for medical school accreditation are comparable to those used in the United States and that it has appropriately addressed each issue identified in Secretary Riley's letter.

## II. DOMINICA MEDICAL BOARD

### A. Comparability of Board Standards

The NCFMEA recognized the comparability of Dominican and American standards for medical school accreditation in 1997. The NCFMEA

revised its comparability guidelines in 1999. The Board has updated its Standards and Procedures for Certification of Medical Education Programmes ("Dominica Standards and Procedures") in light of the revised NCFMEA guidelines. A copy of the Dominica Standards and Procedures, duly adopted by the Board on January 11, 2001, is attached as Exhibit B. A comparison between the 1999 NCFMEA guidelines and the Dominica Standards and Procedures, with supporting documentation, is attached as Exhibit C. Dominica submits that its Standards and Procedures, which have been updated and revised in light of experience and in accordance with U.S. Department of Education guidance, remain comparable to the standards of accreditation applied to medical schools in the United States.

In addition to the facial comparability of the Dominica Standards and Procedures and the NCFMEA guidelines, the Board administers the Dominica Standards and Procedures in practice in a manner comparable to American accrediting agencies. As the Board has previously reported to the NCFMEA, the Board has received training in accreditation procedures over the past several years, including last year, from individuals highly experienced in accreditation standards and procedures used in the United States. The Board has visited 27 of Ross' clinical sites over the past six years and will conduct a comprehensive review of Ross' accreditation by 2002. The recent site visit to Ross, described in the enclosed site visit report, illustrates the Board's diligent conduct of its responsibilities.

B. Effect of Change of Government of Dominica

In his October 13 letter, Secretary Riley asked the Government of Dominica to comment on the "effect of the recent change in Dominica's government on the Medical Board". Although the governmental transition caused by the tragic sudden death of Prime Minister Douglas occasioned some temporary disruption to normal operations, the Board is functioning actively and effectively. Board members include leading physicians and health care professionals who are highly committed to the Board's mission.

The head of state of the Commonwealth of Dominica is the President of Dominica, Vernon Lorden Shaw, who has held office since October 7, 1998. The President appoints the cabinet on advice of the Prime Minister. The legislature of Dominica is the Parliament, a unicameral body consisting of 21 elected representatives and nine appointed senators.

In January 2000 Dominica elected a new Prime Minister, Roosevelt Douglas. Mr. Douglas' Labor Party won 10 of the 21 elected seats in the Parliament and agreed to share power with the Dominica Freedom Party, which had won two seats. Mr. Douglas died unexpectedly on October 2, 2000. President Shaw appointed Pierre Charles, the then Minister of Communications and Works, as Prime Minister to serve out Mr. Douglas' term.

Following the election, John Toussaint succeeded Doreen Paul as Minister of Health and Social Security. The Minister of Health and Social Security appoints the Chairman and other members of the Board on an annual basis, with the approval of the cabinet. Members of the Board may serve an unlimited number of terms.

As indicated in the Board's 2000 annual report to the NCFMEA, following the election Dr. Robert Nasiiro, who had served as Chief Medical Officer and Chairman of the Board for the past four years, took an extended leave of absence, and Dr. Hendricks Paul became Acting Chairman. On October 9, 2000, Dr. Toussaint appointed Dr. Dorian Shillingford as Chairman of the Board. Dr. Shillingford previously served as Chairman of the Board from 1965 to 1975 and more recently from 1990 to 1995. He received his medical training in the United Kingdom and public health training in Canada and the United States. He has had a career in international public health and health care administration with professional experience in Dominica and Barbados in the Caribbean, and in Uganda, and Niger in Africa.

The other members of the Board are:

- Hendricks Paul, M.B.B.S., F.R.C.S.: Dr. Paul, a physician, received his medical degree at the University of the West Indies and was trained as a General Surgeon in the United Kingdom, where he gained the Fellowship of the Royal College of Surgeons. He has served as a member of the Board for more than ten years.
- Irving Pascal, M.B.B.S., F.R.C.S.: Dr. Pascal, a physician, received his medical degree at the University of the West Indies and later trained in France and England as an Ear, Nose and Throat Surgeon. He is also a Fellow of the Royal College of Surgeons. He is a recent appointee to the Board.
- Griffin Benjamin, M.D., D.M. Psych., M.P.H.: Dr. Benjamin, a physician, is a graduate of a medical school in Cuba and has completed several years of postgraduate studies in Public Health and Psychiatry at the University of the West Indies in Jamaica. He was appointed to the Board last year.
- Errol Thomas, B. Sc. Pharm.: Mr. Thomas is an experienced pharmacist trained in Canada and Scotland. He has been a member of the Board for more than five years.

The Board is staffed by an Administrative Secretary, Susan Nesty, and advised by its Washington representative, Hogan & Hartson L.L.P.

The Board regrets that, as noted in Secretary Riley's October 13 letter, the governmental transition caused some difficulty in communication between the Board and the NCFMBA. The Board is confident that communication channels are restored and working well. Given the delays characteristic of international mail, the Board requests that copies of written communications to the Board be sent to Martin Michaelson at Hogan & Hartson L.L.P., 555 Thirteenth Street, N.W., Washington, DC 20004.

The Board also notes that the complaints regarding Ross include an allegation that several University students who tried to locate the Board were told by local doctors and apparently others that the Board does not exist. This claim is implausible, as the Board is responsible for licensure of physicians in Dominica. Nevertheless, in order to ensure that the Board is accessible to students and others in the University community, the Board will require Ross to include information about the Board in its catalogue.

#### C. Potential Conflict of Interest

In his October 13 letter, Secretary Riley also asked that the Board respond to its "failure to take appropriate action regarding the conflict of interest that developed when the Board's counsel began representing" Ross. In this connection, the Board sought and received from its former counsel a detailed letter stating his view of the pertinent facts and circumstances. The exchange of letters is enclosed as Exhibits D and E to this Submission. The letters are not repeated here.

The Board, upon consideration of the issue prior to and at its January 11, 2001 meeting, concluded that its former counsel, although not moving as speedily to resign his engagement by the Board, as, in hindsight, would have been preferable, did not by his action compromise the Board's ability to perform its duties; nor did he obtain in the course of his limited representation of the Board confidential information of the Board disclosure of which to Ross would have compromised the Board's ability effectively to perform its duties with respect to Ross. The Board made no finding as to professional issues that may or may not be implicated; that is not the Board's function. The Board, a client, concludes that it received proficient and responsive service from its former counsel, who assisted the Board and did not, to the best of the Board's knowledge, act adversely to the Board in any respect. The Board expects that its legal counsel will not undertake representation of any entity regulated by the Board without first seeking the Board's consent.

#### D. Response to Complaints Regarding Medical Board

As discussed in Section III.B., the Board, upon consideration at its January 11, 2001 meeting, accepted and adopted the particularized findings of the

site visit team as to most aspects of three complaints against Ross. See Site Visit Report, Exhibit E, at 10 & Appendix 36 (identifying each allegation and the finding or other response with respect to it). The Board is mindful that some aspects of certain of the allegations concerning Ross await further review, in the context of the comprehensive accreditation study of Ross by the Board, to be conducted later this year.

Most of the questions raised in the complaints with respect to the Board concern the Board's independence and impartiality and were addressed prior to the NCFMEA's recognition of the comparability of Dominican and American medical education standards in 1997 or have been subsequently resolved. To the extent that the complaints question the comparability of Dominican and American standards, Dominica has addressed that matter in Section II.A. of this Submission. To the extent that the complaints concern public information concerning the Board, Dominica has addressed that matter in Section II.B. of this Submission.

### III. ROSS UNIVERSITY SCHOOL OF MEDICINE

#### A. Review of Change of Ownership of Ross

As indicated in the Site Visit Report, Exhibit E, the Board concluded that the change in ownership of Ross has not adversely affected Ross' mission or operations and in a number of respects appears to promote and potentially enhance them. The Board will conduct a comprehensive review of Ross under the revised Dominica Standards and Procedures before Ross' certification expires in 2002. The Board expects to commence its comprehensive review of Ross in the spring of 2001.

#### B. Conclusions Regarding Complaints about Ross

As indicated in the Site Visit Report, Exhibit E, the Board concluded that the anonymous complaints concerning Ross, to the extent some of their particulars have arguable merit, appear to have been substantially addressed by the University or, according to University officials, soon will be. The Board received two of the three complaints prior to the site visit to Ross' campus in Dominica, and the third during the site visit. The three complaints overlap to a considerable extent. The site visit team addressed all three complaints in its report. The site visit enabled the site visit team to review allegations in the complaints and to identify issues that warrant further consideration, including aspects of the basic science and clinical curriculum, grading practices, student persistence and attrition, student health care, faculty qualifications, the exercise of academic freedom, University catalogue, and admissions standards and procedures. The Board will examine those and other pertinent matters during the coming year in the course of its comprehensive appraisal of the University's medical education programme. The

site visit team also identified allegations that lack merit and allegations that are outside the Board's purview.

IV. CONCLUSION

In light of this Submission, the Government of Dominica requests that the NCFMEA continue to recognize the comparability of Dominican and American standards for medical education. The Government of Dominica appreciates the constructive role that the NCFMEA has played in the Board's discharge of its responsibilities. If the NCFMEA has questions or needs additional information before its March meeting, the Ministry will be available to respond.





THE SECRETARY OF EDUCATION  
WASHINGTON, D.C. 20202

OCT 13 2000

SENT BY FACSIMILE TRANSMISSION

Honorable Doreen Paul  
Minister of Health and Social Security  
Government Headquarters  
Kennedy Avenue  
Roseau  
Commonwealth of Dominica  
West Indies

Dear Mrs. Paul:

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) met in Washington, D.C., on September 15, 2000, to review, among other things, the report submitted by the Dominica Medical Board. The report described the activities of the Dominica Medical Board with respect to its accreditation of the Ross University School of Medicine.

The NCFMEA formally accepted the Board's report, but indicated that at its March 2001 meeting, the NCFMEA would review whether Dominica continues to have standards and processes for accrediting its medical school that are comparable to those used to accredit medical schools in the United States. For this review of comparability, Dominica is requested to submit by December 15, 2000, information on how its standards and processes comply with the revised NCFMEA guidelines. A copy of the guidelines is enclosed for your reference. In addition, the NCFMEA requested that the Board provide information by December 15, 2000, to respond 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 NCFMEA also expressed concern regarding the difficulty that Department staff members have had in communicating with the Board. Both written requests and phone calls have not been answered.

Page 2 - Mrs. Doreen Paul

Please send the requested information to the Director of Accreditation and State Liaison at the address below.

Dr. Karen W. Kershenstein, Director  
Accreditation and State Liaison  
U.S. Department of Education  
1990 K Street, NW -- Room 7105  
Washington, D.C. 20006-8509  
U.S.A.

Additionally, please feel free to contact her if you have any questions concerning the nature of the information that the NCFMEA is seeking. She can be contacted at (202) 219-7011 (telephone), (202) 219-7005 (fax) and Karen\_Kershenstein@ed.gov (e-mail).

The Executive Director of the NCFMEA will contact you in January to provide information regarding the March 2001 meeting. In the interim, 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).

Thank you for your cooperation in this matter, and please contact us if you have any questions or wish any additional information.

Yours sincerely, .

  
Richard W. Riley

Enclosure

cc: Dr. Hendricks Paul  
Acting Chairman  
Medical Board of Dominica

Ms. Elizabeth Hefferman  
Mr. Martin Michaelson  
Mr. Robert Blue  
Hogan & Hartson

**Exhibit B**

DOMINICA MEDICAL BOARD  
MINISTRY OF HEALTH AND SOCIAL SECURITY  
COMMONWEALTH OF DOMINICA

STANDARDS AND PROCEDURES FOR  
CERTIFICATION OF MEDICAL EDUCATION PROGRAMMES

I. The Medical Board

The Medical Board ("Board") of the Ministry of Health and Social Security, Commonwealth of Dominica, West Indies, is charged with the responsibility for evaluating the quality of medical education in Dominica and also for establishing the process through which such evaluation for accreditation of a medical school is carried out. The Minister of Health and Social Security has delegated this responsibility to the Board, in addition to its statutory duty to regulate the practice of medicine in Dominica. The Board has adopted these Standards and Procedures for the Certification of Medical Education Programmes ("Standards and Procedures") effective January 11, 2001. The Board updated its previous standards and procedures in light of the 1999 guidelines of the National Committee for Foreign Medical Education and Accreditation of the U.S. Department of Education, and also with reference to documents of the Liaison Committee on Medical Education, including Functions and Structure of a Medical School (May 2000), Rules of Procedure (July 2000), and Guide to the Institutional Self-Study (1997), and documents of the General Medical Council of the United Kingdom, including Tomorrow's Doctors: Recommendations on Undergraduate Medical Education (Dec. 1993) and Recommendations on General Clinical Training (April 1997).

As set forth in more detail in the Standards and Procedures, the Board assesses a school of medicine in terms of its stated objectives, its governance, administration and faculty, its educational programme in the basic sciences and clinical training, its admissions and academic standards, and its facilities and other resources.

II. Certification Standards

A. Mission and Objectives

A medical school must define its objectives and outcomes and make them known to faculty and students. 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.

#### B. Governance

1. A medical school must be legally authorized to provide a programme of medical education in Dominica and in any other jurisdiction in which it is located.
2. A medical school should preferably be part of a university; if not, it should be governed by a board of fiduciaries. The school's organizational structure must be promulgated in the medical school or university by-laws.
3. 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. The governing body of the medical school must include individuals who are qualified to oversee a programme of medical education and are not members of the medical school administration. The governing body should establish an academic committee to oversee the medical school and report to the governing body concerning medical school affairs.

#### C. Administration

1. The administration of the medical school must be effective and appropriate in light of the school's mission and objectives. For example, the administration of the medical school must be responsible for ensuring the academic quality of all basic science and clinical experiences.
  - a. Administrative Officers and members of medical school faculty should be appointed by or on the authority of the governing board of the medical school or its parent university. There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health care facility relationships, business and planning, and the other administrative functions that the medical school performs.

- b. The chief official of the medical school must have sufficient authority provided by the institution to administer the educational programme. The chief official of the medical school must have ready access to the university official charged with final responsibility for the school and to other university officials as are necessary to fulfill the responsibilities of the chief official's office.
  - c. 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 medical school's department heads and senior clinical faculty must have and use effective methods for coordinating the activities of geographically separate sites and providing consistent and common methods of evaluating student performance at and among such sites.
2. The Dean and/or Deans must be qualified by education and experience to provide leadership in medical education, in scholarly activity and research, and in the care of patients. They must be provided with the necessary staff to carry out their mission.
  3. 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 (a) admissions; (b) hiring, retention, promotion, and discipline of faculty; and (c) all phases of the curriculum, including the clinical education portion.
  4. If some components of the educational programme 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 (a) the educational experiences at all geographically separated sites are comparable in quality to those at the main campus and to each other, and (b) there is consistency in student evaluations at all sites.

**D. Educational Programme for the M.D. Degree**

- 1. Duration:** The programme of medical education must include a minimum of 130 weeks of instruction, scheduled over a minimum of four calendar years.
- 2. Curricular content:** The curriculum of the programme leading to the M.D. degree must be designed to provide a general professional education, i.e., the knowledge and skills necessary to become a qualified physician.
  - a. In the basic sciences:**
    - (1)** The curriculum must include the contemporary content of those expanded disciplines that have been traditionally titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and public health medicine.
    - (2)** Instruction within the basic sciences must include laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analysis of data.
  - b. In clinical education:**
    - (1)** The traditionally required clinical subjects are internal medicine, obstetrics and gynaecology, paediatrics, psychiatry and surgery, and family medicine. These subjects must be offered in the form of required experiences in patient care (customarily called clerkships).
    - (2)** Medical schools must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.
    - (3)** In the required disciplines or independently, students must receive instruction in all organ systems. Instruction and experience in patient care must include the important aspects of acute, chronic, continuing, preventive and rehabilitative care.

- (4) The medical school's programme 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. Students must have opportunities to gain knowledge in those content areas that incorporate several disciplines in providing medical care, for example, emergency medicine and the care of the elderly and disabled. In addition, students should have the opportunity to participate in research and other scholarly activities of the faculty.
  - (5) Instruction and experience in patient care must be provided in both ambulatory and hospital settings.
  - (6) Each required clinical clerkship must allow the student to undertake thorough study of a series of selected patients having the major and common types of medical problems present in the primary and related disciplines of the clerkship.
- c. The curriculum must provide grounding in the body of knowledge represented in the disciplines that support the fundamental clinical subjects, for example, diagnostic imaging and clinical pathology.
  - d. In addition to encompassing the basic sciences and clinical disciplines, the curriculum must include ethical, behavioural and socio-economic subjects pertinent to medicine. Medical ethics and human values should be presented.
  - e. The curriculum must include training in communications skills integral to the education and effective functioning of physicians, including communication with patients, families, colleagues, and other health professionals.
3. Design, implementation, and evaluation: There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of the curriculum, including both basic sciences and clinical education.
    - a. The programme's faculty must be responsible for the design, implementation and evaluation of the curriculum in conjunction with the chief academic officers and staff.

The faculty is responsible for designing a curriculum that permits the student to learn the fundamental principles of medicine, to acquire skills of critical judgment based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum must be designed so that the students acquire an understanding of the scientific concepts underlying medicine. In designing the curriculum, the faculty must introduce current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of needs and demands on medical care.

- b. There must be an ongoing review and if necessary revision of the curriculum and the delivery of the curriculum. The medical school must regularly evaluate the effectiveness of its medical program by documenting achievement of its students and graduates in verifiable ways that show the extent to which institutional and programme 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.

#### E. Medical Students

##### 1. Admissions, recruiting, and publications

- a. 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. While physical disability should not preclude a student from consideration for admission, the school should develop and publish technical standards for the admission of disabled applicants, in accordance with applicable legal requirements. The number of students to be admitted must be determined in accordance with the resources of the school and the number of qualified applicants.

- b. The medical school must publicise 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).
- c. While Dominica does not currently have a specific law concerning student records, a medical school must have a policy under which the medical school, unless prohibited by law, makes student records available for review by the student and gives the student an opportunity to challenge their accuracy. The medical school must also have a policy concerning the confidentiality of student records that provides for disclosure of student records only to members of the faculty and administration with need to know and to others only with the student's consent or in other circumstances specified in the policy.

## 2. Evaluation of student achievement

- a. A committee of the faculty must establish principles and methods for the evaluation of student achievement, including satisfactory academic progress and requirements for graduation, and make decisions regarding promotion and graduation. The administration and the faculty should have knowledge of methods for measurement of student performance in accordance with stated educational objectives and national norms.
- b. The varied measures utilized must determine whether or not students have attained the school's standards of performance, as measured by licensing examinations, acceptance into residency programmes, and other valid assessments.

- c. The chief academic officer and the directors of all courses and clerkships must design and implement a system of evaluation of the work of each student during progression through each course or clerkship. The medical school must promote only those students who make satisfactory academic progress and must graduate only those students who successfully complete the programme. The results of these evaluations should also be used for the continuing improvement of the medical education programme.

### 3. The learning environment

- a. The medical school must provide students with effective counseling about financial aid and academic progress as well as personal counseling. 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 programme.
- b. In the admissions process and throughout the medical school, there must be no discrimination on the basis of gender, sexual orientation, age, race, creed or national origin.
- c. The school should develop and widely promulgate written procedures that allow medical students to report violations of school standards, such as incidents of harassment or abuse, without fear of retaliation. The procedures also should specify mechanisms for the prompt handling of such complaints and for the educational methods aimed at preventing student mistreatment.

## F. Resources for the Educational Programme

### 1. Finances:

- a. The present and anticipated financial resources of a medical school must be adequate to sustain a sound program of medical education and to accomplish institutional goals. There must be an appropriate balance between the size of the enrollment and the total resources of the programme, including the faculty, physical facilities and the budget. Dependence upon tuition must not cause

the school to seek enrollment of more students than its total resources can accommodate.

- b. The school should make available clear, fair, and equitable policies for the refund of tuition, fees and other allowable payments in accordance with applicable law.

2. Facilities:

- a. 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.
- b. It is expected that faculty members will have a commitment to continuing scholarly productivity, thereby contributing to the educational environment of the medical school. If animals are used in teaching or research, the medical school must provide facilities for the humane care of animals.

3. Faculty:

- a. Members of the faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline and an understanding of pedagogy, including construction of a curriculum consistent with the learning objectives, subject to internal and external formal evaluation. Persons appointed to a faculty position must have demonstrated achievements within their disciplines commensurate with their faculty rank. In each of the major disciplines basic to medicine and in the clinical sciences, a critical mass of faculty members must be appointed. They must possess in addition to a comprehensive knowledge of their major disciplines, expertise in one or more subdivisions or specialties within each of these disciplines. In the clinical sciences the number and kind of specialists appointed should relate to the amount of patient care activities required to conduct

meaningful clinical teaching at the undergraduate level as well as for graduate and continuing medical education.

- b. The medical school must have a policy on conflicts of interest satisfactory to ensure the integrity and appearance of integrity of the University's performance of its academic, clinical, and research functions.
4. **Library:** The medical school must have a well-maintained and catalogued library sufficient in size and breadth to support the educational programmes offered by the institution. The library must include sufficient professional staff to supervise the library and provide instruction in its use.
  5. **Clinical Teaching Facilities:** The medical school must have adequate resources to provide clinical instruction to its medical students. Resources must include ambulatory care facilities and hospitals where the full spectrum of medical care is provided and demonstrated. With each teaching hospital or clinical facility that the medical school uses, the medical school should have an affiliation agreement that defines the responsibilities of each party. In all relationships between the medical school and clinical affiliates, the academic program for medical student education must remain under the control of the school's faculty. If department heads of the school are not also the clinical service chiefs at affiliated institutions, the affiliation agreement must confirm the authority of the department head to assure faculty and student access to appropriate clinical resources for medical student education.

### III. Certification Processes and Procedures

The process leading to certification of medical education programmes shall include the following steps:

#### A. Site Visit

1. The medical school shall be asked to complete an extensive questionnaire based upon the Standards for Certification set forth in Part II above. A form of the questionnaire, which the Medical Board may modify from time to time, is attached as Appendix A. This instrument will provide information on the programme leading to the M.D. degree, the school's institutional priorities, curriculum objectives, programme content, staffing, funding, resources, facilities, clinical sites, and library. The school of medicine's educational methodologies, evaluation

standards, governance, student admissions practices and criteria, faculty credentials and research activities, and student support services are also addressed by the questionnaire.

2. The Board then selects individuals to serve on the assessment team as further described in Section III.B.
3. The Chairman of the Board shall advise the school of medicine at least six months in advance of the planned assessment team visit to acquaint the administration of the school with the objectives and methodology of the team visit.
4. The assessment team shall visit the school of medicine and selected clinical teaching sites for an extended period (several days), while classes are in session, during which time it shall meet with various pertinent constituencies of the school, including without limitation upper administration of the university, deans and administration of the school of medicine, faculty, librarians, support staff, students at all levels of the programme, recent alumni (if possible), clinical deans and directors of medical education at the affiliated teaching hospitals. Tours of facilities, including laboratories and clinical sites, shall be an inherent part of the team visit. The typical Assessment Visit Process is summarized in Appendix B.
5. The assessment team shall prepare for the Board a report, based on analysis of the data requested earlier as well as the conclusions reached during the assessment visit.
6. To the extent that the team does not visit all clinical sites of the medical school in the course of the comprehensive review, the Board shall schedule and conduct followup visits to other clinical sites before the next comprehensive review.

B. Site visit team: The team shall include at least two experienced, licensed physicians, and all team members selected must be able to demonstrate satisfactorily that they have no conflict of interest in assessing the school in question. See Section III.F. and Appendix C. The team shall include persons qualified to evaluate both the basic and clinical areas of a medical education programme leading to the M.D. degree.

C. Certification decisions: The Board shall review documents and data furnished by the medical school and the report of the site visit team and shall make its findings and conclusions based on the Standards for Certification set forth in Part II, including but not limited to evaluation of the performance of students after graduation from the medical school. The Board shall

determine whether certification, either initial or continuing, will be awarded and whether any subsequent progress report or visit is required. The Board grants certification normally for a five-year period, subject to the provisions of these Standards and Procedures. The Board shall then inform the school of medicine of its findings and conclusions.

1. The school will be given an opportunity to respond to any findings of deficiency before a final decision on certification is rendered.
2. A school must promptly correct significant deficiencies in compliance with accreditation standards. Failure to do so will constitute grounds for adverse action unless the period for achieving compliance is extended for good cause. Unless an exception is made, the specified period may not exceed 24 months.
3. If the Board takes an action adverse to a medical school, including denial of accreditation, probation, or withdrawal of accreditation, the school may appeal that action to the Minister of Health and Social Security.

D. Re-evaluation and monitoring: To achieve or retain certification by the Board, each programme leading to the M.D. degree must be evaluated at five-yearly intervals in accordance with the procedures set forth in Sections III.A.-

C. Between assessment visits interim reports shall be required from each institution that offers a medical education programme:

1. The medical school shall submit to the Board an annual report on its activities, including student outcomes; fiscal, academic, and enrollment information; developments in such areas as senior staffing, contracts with teaching hospitals, and admissions standards; and other pertinent information.
2. The medical school shall notify the Board promptly of any scheduled site visits or reviews by regulatory agencies so that the Board may have an opportunity to participate as an observer. The medical school shall promptly inform the Board of the results of any such site visits or reviews.
3. The medical school shall submit progress reports as required by the Board, addressing steps taken to correct specific areas of concern in the site visit report or describing the results of change efforts that were in progress at the time of the site visit.

4. After review of a progress report or any other report submitted by the medical school to the Board pursuant to these Standards and Procedures, the Board may take appropriate action, including but not limited to (a) accept the report, with or without requesting additional reports as follow-up, (b) receive the report as information, (c) defer action pending receipt of further information, or (d) if the report is deficient, decline to accept it and request that a more complete report be submitted.
5. If the Board finds strong cause for concern about the status of a school, it may take appropriate action, including but not limited to (a) requesting additional information, (b) arranging a special visit, or (c) arrange for a new comprehensive review of the school.
6. In the event that at the end of the five-year term of certification, the Board determines that it lacks sufficient information on which to base a decision concerning continuing certification, the Board may extend the medical school's certification for a one-year period. The Board shall collect additional information during that one-year period and shall make a decision concerning continuing certification before the end of that period.

**E. Substantive change:** Institutional officials must notify the Board as far in advance as possible of substantive changes, including without limitation (a) a change in ownership or governance, (b) the establishment of a new geographically remote programme or campus (including off-campus clinical rotations involving more than 25 students), or (c) a substantial change in the size of the enrollment, the format of the educational programme leading to the M.D. degree, or the resources of the institution. Based on the nature of the change and the information provided by the medical school, the Board shall notify the medical school whether it must approve the change in advance or will visit the school after the change in order to assess whether the change affects the school's compliance with the Standards. The Board will treat the following specific substantive changes as follows:

1. When the Board is notified by institutional officials that a change in ownership or governance or a merger is planned, the Board will ask the school to supply relevant documents and data that will be reviewed by the Board. The Board may ask the school to prepare a transition plan that describes the new governance structure and notes any planned changes in class size, the resources available for the educational programme, or the curriculum. In addition, for a merger the plan should

describe the timetable and process that will be used to bring the institutions together and to create a unified and coherent administrative structure with a single, integrated faculty. The general and clinical facilities that will be used for the educational programme should also be described. Based on the documents and data provided, the Board shall notify the medical school that the change is approvable or alert the medical school of any problems that need to be addressed before the change can be approvable. The Board shall also conduct an on-site visit within six months after the change. Based on the documents, data, and visit, the Board shall determine whether reasonable compliance with accreditation standards can be assured and the current status and term of accreditation continued under the new structure. The Board will also determine whether any progress reports or additional site visits will be scheduled.

2. The same procedures as in Section III.E.1. will apply when a new geographically remote program or campus is to be established. In addition, the financial feasibility of the undertaking will be examined, from review of projected revenues and expenditures.

F. Conflicts of interest: The Board's policy on conflicts of interest is attached as Appendix C.

G. Confidentiality, disclosure, and relations with regulatory agencies:

1. Medical Board members and site visitors shall treat all information obtained through a school's participation in the evaluation process as confidential and shall not disclose such information to parties other than the Medical Board or the Minister of Health and Social Security, or their respective staffs, except as required by the laws of the Commonwealth of Dominica or provided by these Standards and Procedures. The Board will hold as confidential the draft and final site visit reports and the letter transmitting the accreditation decision, but may provide such documentation to regulatory agencies in accordance with Section III.G.3. Unless in the Board's judgment a special, compelling reason to proceed otherwise is presented, the Board will disclose to the public only the certification status of the school.
2. The school may disclose the final site visit report at its discretion. When the school makes a public disclosure of its certification status, the school must disclose that status

accurately and provide the name, address, and telephone number of the Board. If any misleading statements about certification actions, status, or reports come to the attention of the Board, the medical school shall clarify them by an official announcement and/or notification. In the event of a decision of probation, denial, or withdrawal of certification, the institution must notify all students enrolled, those newly accepted for enrollment, and those seeking enrollment, of this certification status.

3. With respect to a medical school licensed by other jurisdictions, the Board may notify the relevant agencies in such jurisdictions of scheduled site visits to clinical or other facilities of the school. The Chairman of the Board may review with such agencies the areas of cooperation that will best serve the interests of both, including without limitation joint site visits. In considering the certification status of a medical school participating in student financial aid programs administered by the U.S. Department of Education or licensed by other jurisdictions, the Board may consider to the extent relevant any action taken by such agencies with respect to the school. The Board shall promptly notify such agencies of any final decision concerning certification, including without limitation any final decision to deny or withdraw certification or to place a certified school on probationary status, and may provide documentation relating to the school's certification status to such agencies.

#### H. Complaints

1. A medical school certified by the Board shall include in its catalog a notice concerning its certification status and contact information for the Board.
2. Complaints about programme quality:
  - a. The Board will act on complaints about programme quality only if they may, if substantiated, indicate areas of noncompliance with these Standards. Complaints must normally be made in writing and identify the complainant in order to be considered. If the Chairman of the Board determines that a complaint contains issues relating to the school's compliance with these Standards, the Chairman will forward the complaint to the school for response and take such steps as he or she deems necessary to investigate the complaint, including without

limitation arranging for a site visit to the school. The Board will review the resulting information and determine whether or not areas of noncompliance with the Standards exist. If so, the Board shall determine the nature and timing of any required follow-up. The Board shall promptly notify the school of its determination.

- b. The Board shall notify the complainant, if known, either that the complaint does not warrant an investigation or that an investigation is underway. The Board will not notify the complainant of the outcome of the investigation. The Board will not intervene on behalf of an individual complainant regarding, for example, matters of admission, appointment, promotion, or dismissal of faculty members or students.
3. **Complaints about the Board:** The Board will promptly review complaints about the Board itself relating to certification standards or procedures, take appropriate action, and report to the Minister of Health and Social Security concerning its findings and any related action. Complaints must normally be made in writing and identify the complainant in order to be considered. The Board will advise the complainant, if known, in a timely manner of the Board's response to the complaint.

I. **Medical school closure:**

1. In the case of an unplanned or planned educational programme closure, the objective is to facilitate rapid placement of students who are in good academic standing in other accredited programs so that they can graduate in a timely manner. In general, the steps that a school should take in the event of unplanned or planned closure are similar. Differences will be highlighted below.
2. Unplanned closure is a result of a sudden decision to terminate the educational programme leading to the M.D. degree. This decision may be due to unforeseen financial or other circumstances that require a short timetable for program phase-out, usually one academic year or less. In a planned closure, there should be sufficient lead time, at least one academic year, to allow an orderly transition and graduation or placement of students.
3. The school must notify the Board at the time a decision is made to close an educational programme. The notification should

include the plans that the school has made to assist student transfer and a proposed timetable. The Board will review the school plan and, if necessary, conduct a visit to collect information for the Board and/or to provide advice and consultation to the school to assist in student transfer or other related issues.

4. The following guidelines should be incorporated into the school plan, insofar as possible:
  - a. Closure should occur at the end of an academic year. If this schedule is not possible, closure should be timed so that students transferring to other institutions can avoid repeating a year.
  - b. Student transfer and program phase-out (unplanned closure).
    - (1) Fourth-year students should be allowed to graduate from the school.
    - (2) If closure is to occur at the beginning of an academic year, third-year students could transfer if transfer would not delay their graduation. Alternatively, third-year students could be allowed to progress to the fourth year and graduate from the school, but might complete fourth-year requirements by taking clerkships/electives at another institution.
    - (3) First- and second-year students should be assisted to transfer to another medical school.
  - c. Student transfer and program phase-out (planned closure).
    - (1) Third- and fourth-year students should be allowed to graduate from the school. If closure is planned for the beginning of an academic year, third-year students could transfer if transfer would not delay their graduation.
    - (2) First- and second-year students should be assisted to transfer to another institution. As an alternative to immediate transfer, first-year

students might be allowed to continue through the second year and then transfer.

- d. The medical school should devote personnel and other resources to assist in student transfer and educational programme completion.
5. The records of current and past students should be preserved. Arrangements should be made to store the records of graduating students and alumni, and affected individuals should be informed of the location and procedures to assess their records. Records of students transferring to another medical school should be forwarded to the admitting institution. Personal records, such as medical records, should be given to the student at the time of transfer.
  6. Termination of certification for programmes that are closing
    - a. In the absence of an adverse Board action, the certification of the educational programme will terminate at the end of the academic year in which the last group of enrolled students graduates and/or transfers.
    - b. In the case of a Board action to withdraw certification, certification will generally be withdrawn at the end of the academic year in which the Board action was taken. By vote of the Board, certification may be continued for an additional year if special circumstances warrant.
    - c. The Board will notify the U.S. Department of Education, other relevant regulatory agencies, and other relevant individuals and groups of the effective date on which certification will be withdrawn.

J. Amendment of Standards and Procedures: The Board may amend these Standards and Procedures by action taken by majority vote at a duly called meeting of the Board. Before adopting such an amendment, the Board shall, if practicable, give the public notice of the proposed changes and an opportunity to comment.

**APPENDIX A**  
**SELF-STUDY QUESTIONNAIRE FOR A SCHOOL OF MEDICINE**

**Self-Study Questionnaire for a School of Medicine**

The self-study should examine the medical school's conformity with the Board's Standards and Procedures for Certification of Medical Education Programmes (effective January 11, 2001) ("Standards"). This questionnaire may assist the institution with that process, but may not fully address all aspects of the Standards.

**I. Assemble the following documents for submission with this questionnaire:**

- Catalog of the School of Medicine
- Student Handbook
- Calendar
- Schedule of Fees
- By-laws; governance documents
- Self-study database document
- Audited financial statements for most recent completed fiscal year
- Other documents as specified by the Board

**II. Governance and Administration**

- a. Describe the Governing Board and administrative structure of the Medical School.
- b. List the officers and primary administrative position for the School and provide a brief description for each.
- c. Provide the following information:
  - 1. University Name, Address and Telephone
  - 2. School of Medicine Address and Telephone
  - 3. Chief Executive Officer Name and Telephone
  - 4. Dean's Name, Credentials and brief Curriculum vitae

**III. Educational Programme and Curriculum**

- a. How is the programme organized? Describe the curriculum structure and calendar. What is the overall length of the programme?
- b. State the curriculum objectives of the medical school programme.

- c. What pedagogical methodologies are employed throughout the medical curriculum? Describe in particular any technology-based modes of instruction.
- d. List the individual courses by discipline area and delineate the portion of the overall curriculum devoted to each area in each academic year.
- e. How is the programme apportioned, in terms of courses and time allocated, among the basic medical science and clinical components? Are these components at all integrated, and if so, in what way(s)?
- f. For each course in the basic science curriculum, complete a profile form (attached). For each subject listed, indicate the number of hours and instructional methods employed. (See form)
- g. Are ethical, behavioural, and socio-economic topics relevant to the practice of medicine covered in the curriculum?
- h. Where in the pre-clinical curriculum do students acquire the following clinical skills?
- Interviewing patients and recording patients' history
  - Physical examination
  - Ethics of Patient care
  - Interpersonal skills related to patient care
- i. What is the overall duration of the clinical program? What clinical subjects are required?
- j. What elective clerkships may be taken?
- k. Where in the programme do the students encounter the following:
- Family Medicine
  - Emergency Medicine
  - Geriatrics/clinical gerontology
  - Rehabilitation Medicine
- l. Does the clinical programme include experience in
- Ambulatory care?
  - Nursing home patients?
  - Home health care?

m. Where in the curriculum are the students prepared for critical review of the literature and for the evaluation of new methods of diagnosis and therapy?

n. For each required clinical clerkship provide the following information (use a separate sheet for each clerkship):

- Title of Clerkship
- Duration
- Recommended textbooks
- List of hospitals where students may perform this clinical rotation

o. For each hospital, describe the following:

- Resources (beds, faculty, residents, # of students)
- Educational programme (lecture hours, conference hours, etc.)

p. What are the objectives of the clerkship, in terms of clinical experience and learning outcome?

q. What measures are used for student evaluation? How is this reported?

r. How is the clerkship assessed in terms of teaching effectiveness and achievement of objectives?

s. Describe the process which exists to promote the correlation and integration of the basic and clinical sciences.

t. Self-assessment: What are the priorities for future development or improvement of the curriculum?

#### IV. Faculty and Methods, Problems, Areas for Improvement

a. For each content area listed below, indicate the number of hours per week each instructional method is employed, whether in single-discipline or interdisciplinary courses:

##### Number of Hours

Content Area	Lecture	Lab	Conference	Other	Total
Anatomy					
Gross					
Microscopic					
Neuro-anatomy					
Embryology					

Content Area	Lecture	Lab	Conference	Other	Total
Biochemistry					
Physiology					
Microbiology & Immunology					
Pathology					
Pharmacology					
Molecular Biology					
Clinical Pharmacology					
Biostatistics					
Preventive Medicine					
Behavioral Science					
Medical Ethics					
Medical Socio-economics					
Genetics					
Epidemiology					
Environmental Health					
Introduction to Clinical Medicine					
Healthcare Delivery Systems					
Home Health Care					
Nutrition					
Clinical Decision-making					
Law and Medicine					
Occupational Health					
Research Methods					
Women's Health					
Health Technology Assessment					

b. Describe the departmental organization of the faculty. Who are the department heads and what are their responsibilities? Respond for both the basic medical science faculty and the clinical teaching faculty.

c. What faculty committees exist? What are their functions and responsibilities? How are these committees elected or appointed?

d. Provide a list of faculty by discipline, name, rank, credentials, and full-time equivalent. What is the standard teaching load?

e. Show faculty/student ratios, overall and in each of the major areas, i.e. basic medical science, and clinical.

f. Describe the scholarly activities of the faculty. What opportunities are available for student involvement in scholarly activity?

g. Self assessment: What are the relative strengths and weaknesses of the faculty? In what disciplines should future recruitment efforts be focused?

V. Students

a. Admissions, Enrollment, Academic Policies

1. What are the admissions requirements? What recent changes, if any, have occurred in these standards?
2. Describe the Admission process. Describe the professional and support staffing for Admissions.
3. What are the criteria for selection? Who determines the selection criteria? How is this information transmitted to the applicants?
4. How is the membership of the faculty admissions committee constituted?
5. Show admissions data for the last three entering classes; number of applicants, number admitted, number enrolled.
6. What is the overall mean GPA for the most recent entering class?
7. Are transfer students admitted? What is the policy on granting transfer credits and placement?
8. How many students were admitted in each of the last years?
9. What undergraduate majors are most represented in the most recent entering class? List the five majors most represented.
10. List the ten colleges or universities with the highest representation in the most recent entering class.
11. Show enrollment (by programme year) for the past three academic years.
12. How many students graduated in the last academic year?
13. Comment on attrition and retention rate experience.

14. Provide copies of the policies regarding grades, student course failure, repetition, withdrawal, and evidence of the monitoring of academic progress, etc.
15. What grading system is employed in the basic science courses and in the required clinical clerkships?
16. How is consistency in the evaluation of students in clinical clerkship ensured, both over time and among the several clinical teaching sites?
17. Describe in detail the student evaluation and promotion systems as well as the appeal process.
18. Who is responsible for the maintenance of student records? What policies exist in regard to confidentiality and access to these records?

**b. Student Finance**

1. What are the tuition and fees for currently enrolled students?
2. What is the average total expense per student on campus, including board, lodging, transportation, books, etc.?
3. When was tuition last increased? Is an increase currently anticipated? By how much and when?
4. What is the tuition refund policy? Where is this mentioned?

**c. Student Support Services**

1. Describe the services available in the following areas:  
  
financial aid counseling  
housing  
academic advisement  
study skills  
clinical placement  
personal counseling  
student health services
2. Describe any student organizations that exist.

3. Describe amenities for students, including study space, lounges, food service, and recreational facilities.
4. Describe security provision for students on the campus.
5. Is health insurance required for students?

## VI. Resources and Facilities

- a. Describe laboratory facilities, equipment and space.
- b. Describe library resources for the School of Medicine, including space, holdings in terms of books, journals, and other media. What is the staffing for the library and related services?
- c. What is the annual budget for the library? How are decisions on purchases made? How is the faculty involved?
- d. What network and/or consortium arrangements exist to facilitate faculty and student access to other libraries?
- e. What services do the library provide (e.g. databases, searches, instruction or training, hours when open)?
- f. Describe computer support, administrative and instructional. What is the number of work stations available for student use?
- g. Describe classroom and lecture areas. How many auditoriums, seminar rooms, etc. are there? How are they equipped?
- h. Self-assessment: What is the adequacy of the above resources and facilities? What else is needed or planned?

## VII. Clinical Facilities

- a. Provide a list of hospitals and ambulatory sites that provide clinical training to students in the medical school programme. In which subject areas does each provide clerkships? How many students can be accommodated by each hospital in each subject area? Describe the teaching staff for each. What is the patient allocation per student?
- b. How are clerkships supervised, coordinated, and monitored?

### VIII. Scholarly Activities

- a. Describe the scholarly activities of the faculty.
- b. What opportunities are available for student involvement in scholarly activity?

### IX. Evaluation and Outcomes

- a. What evaluative methods, including examinations, are used to assess student achievement?
- b. What external examinations, if any, are required for awarding the M.D. degree?
- c. How is the effectiveness of the faculty assessed? Describe the policies and procedures for appointment, re-appointment, and promotion of faculty.
- d. What mechanisms exist for review of the curriculum?
- e. How are clinical training sites evaluated?
- f. What is the postgraduate placement experience (residencies) for graduates of the School of Medicine? What is the evidence of graduates' satisfaction with their education and training?

(complete a separate form for each course)

**PROFILE FORM FOR REQUIRED BASIC SCIENCE COURSE**

**Title:**

**Department:**

**Other department(s) involved:**

**Course director:**

**Faculty involved (with ranks):**

**Required texts:**

**Format**

**Hours**

Lecture

Laboratory

Conference

Other

**Total:**

**During which semester or year is this course taught?**

**What are the objectives of the course? What content is covered and what outcomes are expected?**

**What measures of student evaluation or examination are used?**

**How is the final course grade evolved?**

**Assessment of content**

**APPENDIX B**  
**ASSESSMENT VISIT PROCESS**

The Assessment Team, during the course of its site visit to a School of Medicine, must meet with a variety of constituencies. These interviews can be performed by the full team or by selected members of it. The following groups are to be included in the interview process:

**Administration:** Senior University officers

**Faculty:**

- Deans
- Chairs of faculty committee
- Academic department chairs (Basic Science and Clinical)
- Medical librarian
- Laboratory staff
- Faculty in charge of computer-based learning

**Students:**

- Groups drawn from various stages of the programme, including those from both the basic science and clinical portions
- Officers of the Student Government
- Recent graduates (if available)

**Clinical teaching faculty:**

- Administration of affiliated hospitals
- Directors of Medical Education at affiliated hospitals
- Clinical Supervisors

The assessment site visit generally extends over the course of several days, for as long as is necessary to complete all interviews, visits to teaching locations, and examinations of facilities, including clinical sites. Meetings with various constituencies and tours of facilities take place during two sessions each day, morning and afternoon. The entire team should consult together each day in order to evolve a sense of the institution's strengths and weaknesses.

**Sample Schedule**

**First Day:** Meetings with upper administration.

Meeting with Dean of School of Medicine, who will familiarize team members with the faculty structure, the faculty's academic specializations, and any issues he or she feels the visit should focus upon.

Meetings with all faculty committees to discuss curriculum, academic standards, student quality, resources.

Initial meetings with student groups.

Days 2 and 3 (as needed): Visits to basic science departments; interviews with department chairs.

Visits to library, classrooms and lecture halls, laboratories, computer-assisted learning sites, faculty offices, and other facilities.

Meetings with student counseling and support staff.

Additional meeting(s) with students and/or alumni.

Visits to pre-clinical sites.

Additional meetings with faculty groups if needed

Other Days (as needed): Visits to teaching hospitals and ambulatory clinical teaching locations; meetings with clinical deans and department heads; hospital teaching staff, visits to hospital facilities.

Meetings with students in clinical portion of programme.

Final Day: Follow-up meeting with the Dean.

Team consultation and preparation of oral report.

Meeting with University officers to present preliminary findings.

**APPENDIX C**  
**CONFLICT OF INTEREST POLICY**

The maintenance of standards of honesty, integrity and impartiality by the Board and its site visitors is essential to the proper performance of the Board's evaluation process for medical schools. Thus, the Board adheres to the following standards:

1. Board members and site visitors shall conduct themselves in a manner that avoids a conflict of interest or any appearance of a conflict of interest. Members of the Board and its site visitors shall declare in advance all current interests, financial or otherwise, in any school that is certified or may seek to become certified by the Board and shall absent themselves from all review, consideration and voting regarding that school.
2. Board members and site visitors shall not solicit or accept, for themselves or any other person, gifts, gratuities, entertainment, loans or other consideration from individuals that own, operate or are otherwise associated or affiliated with schools that are certified or may seek to become certified by the Board where the circumstances indicate that the consideration may be motivated by the donor's interest in a matter that is or may come before the Board for consideration.
3. Except for activities that are part of the regular evaluation process, Board members and site visitors shall not visit or consult with any school that is certified or may seek to become certified by the Board concerning any aspect of the school.
4. Board members and site visitors shall participate fully in the evaluation process and otherwise conduct themselves in meetings and activities in a manner consistent with their best, impartial and unfettered judgment, and in furtherance of the Board's purposes, without regard for the potential impact of the Board's decisions on their own professional and financial interests or those of their friends, relatives and colleagues.
5. During their tenure, Board and site visitors shall conduct and comport themselves professionally, impartially and courteously.



**EXHIBIT C**

**COMPARISON OF 1999 NCFMEA GUIDELINES WITH  
DOMINICA STANDARDS AND PROCEDURES**

<u>1999 NCFMEA GUIDELINES</u>	<u>DOMINICA STANDARDS AND PROCEDURES</u>
<p>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.</p>	<p>I. <u>The Medical Board</u>                      The Medical Board ("Board") of the Ministry of Health and Social Security, Commonwealth of Dominica, West Indies, is charged with the responsibility for evaluating the quality of medical education in Dominica and also for establishing the process through which such evaluation for accreditation of a medical school is carried out. The Minister of Health and Social Security has delegated this responsibility to the Board, in addition to its statutory duty to regulate the practice of medicine in Dominica. The Board has adopted these Standards and Procedures for the Certification of Medical Education Programmes ("Standards and Procedures") effective January 11, 2001. The Board updated its previous standards and procedures in light of the 1999 guidelines of the National Committee for Foreign Medical Education and Accreditation of the U.S. Department of Education, and also with reference to documents of the Liaison Committee on Medical Education, including <u>Functions and Structure of a Medical School</u> (May 2000), <u>Rules of Procedure</u> (July 2000), and <u>Guide to the Institutional Self-Study</u> (1997), and documents of the General Medical Council of the United Kingdom, including <u>Tomorrow's Doctors: Recommendations on Undergraduate Medical Education</u> (Dec. 1993) and <u>Recommendations on General Clinical Training</u> (April 1997). As set forth in</p>

	<p>more detail in the Standards and Procedures, the Board assesses a school of medicine in terms of its stated objectives, its governance, administration and faculty, its educational programme in the basic sciences and clinical training, its admissions and academic standards, and its facilities and other resources.</p>
<p>What is the name of the entity responsible for evaluating medical schools in your country?</p>	<p>The entity responsible for evaluating medical schools in Dominica is the Medical Board of the Ministry of Health and Social Security, Commonwealth of Dominica.</p>
<p>Please describe the organization of this entity. For example, is it part of the Ministry of Education or the Ministry of Health? Is it an autonomous unit?</p>	<p>The Medical Board is part of the Ministry of Health and Social Security. As described in the Submission of the Commonwealth of Dominica to the National Committee on Foreign Medical Education and Accreditation (Jan. 16, 2001), the Minister of Health and Social Security appoints the Chairman and other members of the Medical Board on an annual basis, with approval of the cabinet. Members of the Medical Board may serve an unlimited number of terms.</p>
<p>Please provide the documentation that authorizes this entity to accredit/approve your country's medical schools.</p>	<p>The Medical Act establishes the Medical Board. (A copy of the Medical Act is attached as <u>Exhibit C-1</u>.) The Attorney General of Dominica has confirmed that pursuant to the Medical Act, the Minister of Health and Social Security "has the unrestricted authority to delegate the evaluation, certification, review, and oversight of medical schools to the Medical Board." Legal Opinion of A. La Ronde (Oct. 22, 1996) (copy attached as <u>Exhibit C-2</u>).</p>
<p>Part II: Accreditation/Approval Standards – The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical</p>	<p>II. <u>Certification Standards</u></p>

<p><b>schools should have standards comparable to the following:</b></p>	
<p><b>1. <u>Mission and Objectives</u></b>  <b>(a)</b> 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 education program must be appropriate in light of the mission and objectives of the school.</p>	<p><b>II.A. <u>Mission and Objectives</u></b>  A medical school must define its objectives and outcomes and make them known to faculty and students. 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.</p>
<p><b>(b)</b> An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.</p>	<p><b>II.A. <u>Mission and Objectives (con't)</u></b>  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.</p>
<p><b>Q.</b> Please identify and describe the standard(s) that require that medical schools in your country serve the general public and that the schools include this mission of serving the general public as one of their objectives.</p>	<p>Please see Standard II.A. Mission and Objectives, quoted above.</p>
<p><b>2. <u>Governance</u></b>  <b>(a)</b> The medical school must be legally authorized to provide a program of medical education in the country in which it is located.</p>	<p><b>II.B. <u>Governance</u></b>  <b>II.B.1.</b> A medical school must be legally authorized to provide a programme of medical education in Dominica and in any other jurisdiction in which it is located.</p>
<p><b>(b)</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</p>	<p><b>II.B.2.</b> A medical school should preferably be part of a university; if not, it should be governed by a board of fiduciaries. The school's organizational structure must be promulgated in the medical school or university by-laws.   <b>II.B.3.</b> There must be an appropriate</p>

<p>to develop policies in the interest of both the medical school and the public.</p>	<p>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. The governing body of the medical school must include individuals who are qualified to oversee a programme of medical education and are not members of the medical school administration. The governing body should establish an academic committee to oversee the medical school and report to the governing body concerning medical school affairs.</p>
<p>Q. Please identify and submit documentation that indicates that medical schools in your country must be legally authorized to provide medical education. Please identify, describe and submit documentation that demonstrates that there is a standard(s) requiring that the management of a medical school be accountable to an ultimate responsible authority external to and independent of the medical school's administration.</p>	<p>Please see Standard II.B.1., quoted above, with respect to legal authorization. Please see Standards II.B.2.-3. with respect to accountability of medical school management.</p>
<p>3. <u>Administration</u>  (a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.</p>	<p>II.C. <u>Administration</u>  II.C.1. The administration of the medical school must be effective and appropriate in light of the school's mission and objectives. For example, the administration of the medical school must be responsible for ensuring the academic quality of all basic science and clinical experiences.</p>
<p>(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility</p>	<p>II.C.1.a. Administrative Officers and members of medical school faculty should be appointed by or on the authority of the governing board of the medical school or its parent university. There must be</p>

