

U.S. Department of Education

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

**Commonwealth of Dominica**

Prepared March 2007

Background

The current action before the National Committee on Foreign Medical Education Accreditation (NCFMEA) is a redetermination application submitted by the Commonwealth of Dominica, West Indies. The NCFMEA first made a determination regarding comparability in October 1997, when the Committee determined that the accreditation standards and procedures being used by the Dominica Medical Board to accredit Ross University School of Medicine (the only medical school in Dominica) were comparable to those used in the United States. The NCFMEA re-determined that those standards were comparable during its March 2001 meeting.

The NCFMEA periodically reviews the continued comparability of the standards used by countries to evaluate medical education. Therefore, Department staff provided a copy of the most recent NCFMEA guidelines to Dominica and requested that the country submit information and documentation to demonstrate its continued comparability with those guidelines.

Furthermore, in September 2004, the NCFMEA reviewed a periodic report submitted by the Dominica Medical Board and requested another report for 2005. The report for fall 2005 was submitted and contained the requested information. However, the NCFMEA did not meet to consider that report previously. Therefore, it is being reviewed at the current NCFMEA meeting in conjunction with the country's redetermination application.

Summary of Findings

The Ministry of Health and Social Security confirmed that the Dominica Medical Board "has been delegated the responsibility of evaluation, certification, review, and oversight of medical schools in Dominica." (The standards of the Dominica Medical Board are modeled upon those of the Liaison Committee on Medical Education (LCME), and to a lesser degree, on the guidelines issued by the General Medical Council of the United Kingdom. They were updated in 2006 based on the 2004 revised NCFMEA guidelines.)

The Medical Board of Dominica provided responses to the NCFMEA's current questionnaire on the standards and procedures for accrediting the only medical school in Dominica. In addition, the country had previously submitted a periodic report that answered specific questions previously posed by the NCFMEA concerning the accreditation activities regarding Ross University School of Medicine, located in Dominica. After evaluation visits to the main campus and several clinical sites (documented in the current submission), the Dominica Medical Board granted Ross University School of Medicine continued certification (with scheduled monitoring) for a period of five years beginning December 16, 2006.

Based on the information provided by the Medical Board of Dominica, it appears that the country has an evaluation system that remains substantially comparable to the system used in the United States to evaluate the quality of medical education.

The country's 2005 periodic report (also being reviewed at the current NCFMEA meeting), together with the substantial documentation specifically concerning Ross University School of Medicine, both demonstrate that the Medical Board has been consistently applying its standards and procedures while conducting its reviews and monitoring medical education in Dominica.

However, Department staff review of the documents submitted by Dominica found that the Medical Board did not clearly address the qualifications of all those responsible for policy and decision-making. Therefore, the NCFMEA may wish to request further documentation regarding the qualifications of all the individuals responsible for accreditation/certification policy and decision-making for the Medical Board.

### Staff Analysis

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

In making this determination, the Committee uses the following guidelines that 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 Dominica within the Ministry of Health and Social Security is responsible for evaluating the quality of medical education offered in the Commonwealth of Dominica. The Medical Act of 1938, amended in 1990, provides the legal authority for the establishment of the Medical Board. The Minister of Health and Social Security has delegated the responsibility for evaluating the one medical school in the country to the Medical Board.

The Standards and Procedures for Certification of Medical Education Programs (Standards), submitted by the Commonwealth of Dominica, also establishes the fact that the Medical Board is the entity responsible for evaluating the quality of medical education within the country.

### **Documentation:**

- Exhibit F-1 Medical Act of Dominica establishing the Medical Board
- Exhibit F-2 Legal Opinion of Dominica Attorney General (October 1996) affirming that the Medical Board has the authority and responsibility to evaluate and certify medical schools in Dominica

## **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 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 graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have an educational background necessary for continued learning.**

The evaluation of the quality of medical education in Dominica is based on the document (published January 2001 and revised December 2006) entitled "Standards and Procedures for Certification of Medical Education Programmes" (hereafter, Standards). The Standards used by Dominica are similar to the "Guidelines" issued by the NCFMEA, which are in turn, are similar to the standards used by the Liaison Committee on Medical Education (LCME) to accredit medical schools in the United States.

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

The Standards specifically require that the objectives of the educational program must be stated in outcomes-based terms that allow assessment of student progress in developing competencies expected by the profession and the public. Furthermore, the medical school is required to engage in a planning process that sets the school's direction and to be able to document that the vision and goals are met. As noted under the Background section above, Dominica accredits ("certifies") one medical school, Ross University School of Medicine (RUSM).

The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

Documentation:

- Exhibit E Standard II.A. - Mission and Objectives; Standard II.B - Planning. Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.
- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

## 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.**

Dominica's Standards require that a medical school must be legally authorized to provide a program of medical education in the Commonwealth of Dominica. In addition, the Standards require that there must be a governing body that includes individuals qualified to oversee a medical program and who are not members of the school's administration. The Standards require the following of formal policies and procedures to avoid conflicts of interest by the governing board and those operating the school and affiliated enterprises. The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

### Documentation:

- Exhibit E Standard II.C. – Governance. Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine; and Appendix C: Conflict of Interest Policy.
- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

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

Dominica's Standards permit the school to determine the best administrative structure to suit its mission, however, the Standards require the school to demonstrate that the administration is effective and appropriate with regards to the school's mission. Specifically, the school must document that there are sufficient administrative personnel to administer the areas identified in

Dominica's Standards and that the chief academic official and all deans must be qualified by education and experience to carry out their responsibilities.

Furthermore, the Standards require that the structure appropriately involve faculty in the decision-making. In particular, the Standards require that faculty be involved in admissions, hiring, retention, promotion, and discipline of the faculty. Faculty must be involved in developing and reviewing the curriculum, including the instruction offered at clinical sites.

At both the main campus and at any affiliated institutions, the Standards require that the department heads and senior clinical faculty must have sufficient authority to administer the program and the authority consistent with their responsibility for the instruction of students. In particular, the Standards require that the education offered at all geographically separated sites are comparable to that offered at the main campus. As well, the Standards require that the medical school ensure that student evaluations are consistently applied at all sites.

The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described. The documentation also shows that the Medical Board has an on-going effort to evaluate the clinical training offered in the United States to RUSM students.

Documentation:

- Exhibit E Standard II.D. – Administration. Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.
- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.
- Exhibit H Reports of clinical site visits conducted in the United States by the Dominica Medical Board to hospitals affiliated with Ross University School of Medicine in 2005 and 2006.

#### **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.**

Dominica's Standards require that the program of medical education must be at least 130 weeks in length and that the instruction must be scheduled over a minimum of four years.

Documentation:

Exhibit E Standard II.E.1. – “Duration” under “Educational Programme for the M.D. Degree.”

**(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.**

Dominica's Standards require that the curriculum contain courses on anatomy, biochemistry, physiology, microbiology, immunology, pathology, pharmacology and therapeutics, and preventive medicine.

Documentation:

Exhibit E Standard II.E.2. – “a. In the basic sciences” under “Educational Programme for the M.D. Degree.”

**(b)(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 a thorough study of a series of selected patients having the major and common types of disease problems represented in the clerkship.**

The Standards require the medical school in Dominica to offer clerkships in internal medicine, obstetrics and gynecology, pediatrics, surgery, psychiatry, and family medicine. Although clerkships are conducted in both 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 the students to become medical practitioners.

The Standards state that all students must receive instruction in all organ systems. Additionally, the school must ensure that instruction and experience in patient care is provided to all students and must include acute, chronic, continuing, preventive and rehabilitative, and end-of-life care. 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. Dominica requires 48 weeks of rotations in core subjects and 42 weeks of rotations in elective subjects, and routinely conducts on-site visits to clinical sites to ensure that students are being adequately trained.

Documentation:

Exhibit E      Standard II.E.2. – “b. In clinical education” under “Educational Programme for the M.D. Degree.”

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

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

Documentation:

Exhibit E Standard II.E.2.c. under "Educational Programme for the M.D. Degree."

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

Dominica's Standards also require the medical school's curriculum to include courses in medical ethics and human values as well as other behavioral and socioeconomic subjects.

Documentation:

Exhibit E Standard II.E.2.d. under "Educational Programme for the M.D. Degree."

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

Dominica's Standards require that the curriculum address the area of communication skills including effective communication with patients, families, colleagues, and other health professionals. Specifically, the Standards require that the faculty and students demonstrate an understanding of the diverse cultures and beliefs of their patients to recognize and appropriately address gender and cultural biases.

Documentation:

Exhibit E Standard II.E.2.e. and 2.f. under "Educational Programme for the M.D. Degree."

**(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.**

Dominica's Standards require 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.

The medical school is required to document the achievement of its students in verifiable ways that show the extent that the school is 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.

Note: Regarding the various components of NCFMEA "Guideline 4: Educational Program" considered separately above -- the documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described. And as noted above, the documentation also shows that the Medical Board has an on-going effort to evaluate the clinical training offered in the United States to RUSM students.

Documentation:

Exhibit E Standard II.E.3. – "Design, implementation, and evaluation" under "Educational Programme for the M.D. Degree." Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.

- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.
- Exhibit H Reports of clinical site visits conducted in the United States by the Dominica Medical Board to hospitals affiliated with Ross University School of Medicine in 2005 and 2006.

## 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.**

Dominica's Standards require that 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.

As well, the Standards require that 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 program. Its catalogue (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 that 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.

The Standards expect a medical school to 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. Schools are expected to maintain the confidentiality of student records and to only make them available to faculty and administrative personnel. The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

Documentation:

- Exhibit E Standard II.F.1. – Medical Students. Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.
- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

**(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's Standards explicitly address subsections (i) through (iii). The Standards require the school to use a variety of assessment methods to evaluate student achievement. The medical school grades students using mid-term and

final examinations, and quizzes given during the term. Student achievement is also measured using the United States Medical License Examinations (USMLE).

The supervising instructor for each rotation is responsible for the clinical assessment of student achievement. The Standards also require the school to track acceptance into residency programs. As well, the Standards require the school to develop a system that evaluates the progress made by each student and to promote only those students who successfully complete the program.

The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

Documentation:

- Exhibit E Standard II.F.2. – Evaluation of student achievement. Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.
- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

**(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.**

Dominica's Standards require the school to provide students with personal counseling as well as academic and financial aid counseling. The school must have policies covering the prevention and management of exposure to infectious diseases. The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

Documentation:

- Exhibit E Standard II.F.3. – The learning environment. Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.

Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

**(d) Student Complaints**

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

Dominica's Standards include a section regarding student complaints. The school is expected to develop and widely promulgate written procedures that allow medical students to report violations of standards, such as incidents of harassment or abuse, without fear of retaliation. The procedures are expected to also specify mechanisms for the prompt handling of such complaints and for the educational methods aimed at preventing student mistreatment.

As well, the Standards specify that the student consumer information provided by the medical school must include the school's policies for addressing student complaints, as well as the name and contact information for the Dominica Medical Board to which students can submit complaints. The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

Documentation:

Exhibit E Standards II.F.3.d. and 3.e. Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.

Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

**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.**

Dominica's Standards require the school to have adequate financial resources to sustain a sound program of medical education. Additionally, the school must not enroll more students than its resources can accommodate.

Documentation:

Exhibit E Standards II.G.1. – Finances under “Resources for the Educational Programs.”

**(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.**

Dominica's Standards requires the medical school to 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.

In addition, the Standards specify that if animals are used in teaching or research, the medical school must provide facilities for the humane care of animals.

Documentation:

Exhibit E Standards II.G.2. – Facilities under “Resources for the Educational Programs.”

**(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.**

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

Documentation:

Exhibit E Standards II.G.3. – Faculty under “Resources for the Educational Programs.”

- (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.**

Dominica's Standards expect that the school will have a library that is well maintained and of sufficient size and breadth to meet the educational needs of the students and faculty. As well, 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.

Documentation:

Exhibit E Standards II.G.4. – Library under “Resources for the Educational Programs.”

- (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.**

Dominica's Standards require affiliation agreements with all clinical facilities and hospitals. The Medical Board has an ongoing effort to evaluate all clinical sites, and reports of several site evaluations have been included among the provided documentation.

Note: Regarding the various components of NCFMEA “Guideline 6: Resources for the Educational Program” considered separately above -- the documents presented by Dominica for the current redetermination, together with the documents included with Dominica’s 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described. And as noted above, the documentation also shows that the Medical Board has an on-going effort to evaluate the clinical training offered in the United States to RUSM students.

Documentation:

- Exhibit E Standards II.G.5. – Clinical Teaching Facilities under “Resources for the Educational Programs.” Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.
- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school’s Dominica campus and Fifth Semester Program in Miami.
- Exhibit H Reports of clinical site visits conducted in the United States by the Dominica Medical Board to hospitals affiliated with Ross University School of Medicine in 2005 and 2006.

**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.**

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

- (a) At sites that have never been visited by an accreditor whose standards are comparable, the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.**
- (b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.**
- (c) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.**

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

Dominica conducts a comprehensive site visit every five years. (The last full site visit to RUSM occurred in 2006.) The school is asked to fill out a questionnaire that is similar to the one used for the LCME accreditation process. The school 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 Dominica's Standards. The team meets with students, faculty, and support and administrative staff. In addition, clinical sites are visited throughout the accreditation period. The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

Documentation:

- Exhibit E Standard III.A. – 1. Data Base Document, 2. Self-Study, and 3. Site Visits under "Certification Processes and Procedures." Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.
- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

Exhibit H Reports of clinical site visits conducted in the United States by the Dominica Medical Board to hospitals affiliated with Ross University School of Medicine in 2005 and 2006.

## **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 evaluations of medical schools, 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. Those involved in assessing the school must satisfactorily demonstrate that they have no conflict of interest, and furthermore, they must participate in periodic training. Department staff review of the documents submitted by Dominica found that the Medical Board did not clearly address the qualifications of all those responsible for policy and decision-making. However, there is sufficient evidence that the Medical Board does use competent and knowledgeable individuals to conduct its site visits.

The NCFMEA may wish to request further documentation regarding the qualifications of all the individuals responsible for accreditation/certification policy and decision-making for the Medical Board.

### Documentation:

Exhibit E Standard III.A.3. - Site Visits under "Certification Processes and Procedures." Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine; and Appendix C: Conflict of Interest Policy.

Exhibit F-3 Medical School Accreditation Workshop (extensive training guide) by Thomas J. Monahan (NY State medical education reviewer).

Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

Exhibit H Reports of clinical site visits conducted in the United States by the Dominica Medical Board to hospitals affiliated with Ross University School of Medicine in 2005 and 2006.

### 3. Re-evaluation and Monitoring

**The accreditation/approval process must provide for the regular re-evaluation 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.**

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

Dominica's Standards expect that to remain certified, the school must submit progress reports that address the steps taken by the school to correct concerns that were identified during the site visit. The school must also submit an annual report to the Dominica Medical Board 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.

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. In addition, the Standards prescribe a thorough process for the handling of complaints to ensure that the medical program is not being compromised. The redetermination application noted that the Board did not receive any formal complaints during the past year.

The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

#### Documentation:

Exhibit E      Standard III.B. – Re-evaluation and monitoring; and Standard III.G. – Complaints under “Certification Processes and Procedures.”

Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.

Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.

Exhibit H Reports of clinical site visits conducted in the United States by the Dominica Medical Board to hospitals affiliated with Ross University School of Medicine in 2005 and 2006.

#### **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 note 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 resources 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 makes a decision as to whether it will approve the change. If approval is granted, an on-site visit will be conducted within 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.

The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

#### Documentation:

Exhibit E Standard III.C. – Substantive change under “Certification Processes and Procedures.” Standards and Procedures for

## **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. 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 documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

### Documentation:

Exhibit E Standards and Procedures for Certification of Medical Education Programmes – Appendix C: Conflict of Interest Policy

## **6. Accrediting/Approval Decisions**

**It is recognized that circumstances within a country may appropriately result in diverse institutional missions and educational objectives. However, those circumstances can never justify the accreditation of a substandard program of medical education leading to the M.D. degree. The accreditation/approval process must ensure that all accreditation/approval decisions are based on compliance with 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.**

Prior to a certification decision, the members of the Medical Board 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.

The Board noted that it has tracked the United States Medical Licensing Examination (USMLE) pass rate for RUSM for a number of years. The Board requests that information in the Data Base Document. As well, it is referenced in the site visit report and considered in connection with the Board's accreditation/certification decision. Regarding the most recent review of RUSM in 2006, the school reported that its recent USMLE Step 1 pass rate for first-time test takers was 93 per cent.

The documents presented by Dominica for the current redetermination, together with the documents included with Dominica's 2005 periodic report to the NCFMEA, indicate that the country does follow its Standards as described.

#### Documentation:

- Exhibit E Standard III.A.4. – Certification Decisions under “Certification Processes and Procedures.” Standards and Procedures for Certification of Medical Education Programmes; Data Base Document for a School of Medicine.
- Exhibit G Re-certification Letter to RUSM in December 2006, including the reports of the site visits conducted by the Medical Board to the school's Dominica campus and Fifth Semester Program in Miami.
- Exhibit H Reports of clinical site visits conducted in the United States by the Dominica Medical Board to hospitals affiliated with Ross University School of Medicine in 2005 and 2006.

#### Country Response to the Draft Staff Analysis

Dominica responded to the draft staff analysis by email on March 7, 2007. The response cover letter provided additional information regarding the qualifications of the policy and decision-makers of the Dominica Medical Board. They are eminently qualified by experience and training to perform their duties with respect to the evaluation and accreditation of the medical school on Dominica.

The response also included information on Dominica's 2006 Accreditation Act, which requires the establishment of a National Accreditation Board (hereafter, Board). Department staff notes that several sections of the Act raise questions



as to the effect that the Board will, or may, have on the operation of the Dominica Medical Board. Some examples are found in Part II, section 15(1) of the Act. That section, which delineates the functions of the Board, includes the following:

(b) to accredit and re-accredit institutions operating in Dominica and the programmes of study offered;

(e) to ensure the maintenance of the appropriate standards, whether set by the Board or by any other accreditation body having jurisdiction to set standards, to be followed by the Board;

(j) to establish relationships with national and external accrediting and quality assurance bodies and keep under review their systems of accreditation, procedures and practices;

(q) to establish requirements and regulations with which an institution and/or a programme of study must comply in order to be accredited, reaccredited or validated; or to have their awards recognized by the Board.

Furthermore, Part II, section 19 of the Act notes the following:

(1) The Board shall grant or refuse the application for accreditation;

(7) Before taking a decision on any application or matter under this section or any other provisions of this Act, the Board shall consider the appropriate professional body in Dominica if there is any and may consult an appropriate professional body outside Dominica and in the case of medical schools, the Dominica Medical Board.

Regarding the ramifications of the 2006 Accreditation Act, Dominica's Attorney General and Minister of Legal Affairs and Immigration wrote a letter dated March 5, 2007 to the country's Minister for Health and Social Security. The National Accreditation Board has yet to be established, and the letter renders the Attorney General's official opinion as of the letter's date. The letter states the following:

"As you know, the Accreditation Act of 2006 addresses certain matters with respect to higher education institutions that operate in Dominica. The question has arisen, what effect does the Act have on the role of the Ministry of Health and the Dominica Medical Board with respect to accreditation of medical schools? No accreditation body has been composed under the Act to date. It is my opinion, that the authority of the Ministry of Health and the Dominica Medical Board is presently unchanged by the Act. I would also advise that decisions of the Ministry of Health and Dominica Medical Board with respect to medical school accreditation be authoritatively relied upon under the Act."

Considering the possibilities that could materialize after the establishment of the new entity, the NCFMEA may want to request periodic updates specifically inquiring about the developing working relationship between the National Accreditation Board and the Medical Board of Dominica.

Note: Dominica's response also included a copy of the 2006 Accreditation Act and a copy of the letter from the country's Attorney General, as documentation.