



THE SECRETARY OF EDUCATION
WASHINGTON, DC 20202

MAY 14 2004

SENT BY FACSIMILE TRANSMISSION

Mr. Andrés Reyes Rodriguez
Presidente, SEESCYT
Ave. Enrique Jiménez Moya esq. Juan de Dios Ventura Simó
5to. Piso, Centro de los Héroes
Santo Domingo, República Dominicana

Dear Mr. Reyes:

On March 8-9, 2004, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) met in Washington, D.C., to review materials from 13 countries, including the information and documents submitted by your office describing the accreditation standards and processes used by the Consejo Nacional de Educación Superior, Ciencia y Tecnología (SEESCYT) to evaluate and accredit medical schools in the Dominican Republic. The NCFMEA members wish to thank all of the officials from the Dominican Republic who attended the meeting, and the members especially appreciate the testimony that Mr. Emilio Huyke and you provided, which was most helpful to the members in their understanding of your accreditation system.

At the meeting the NCFMEA, based on the information and materials submitted and the testimony presented, reaffirmed its prior determination that the standards and processes used by the SEESCYT to accredit medical schools in the Dominican Republic are comparable to those used to accredit medical schools in the United States (U.S.). 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 processes for accrediting medical schools in the Dominican Republic 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.

As a result of the determination of continued comparability by the NCFMEA, any medical school in the Dominican Republic that is accredited by the SEESCYT may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program.

If a medical school's application is approved, students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive FFEL loans to finance their medical education if they meet all other eligibility requirements. Medical schools that wish to participate in the FFEL program may obtain the proper application forms from the Foreign Schools Team by calling (202) 377-3168 or by writing to the following address:

Foreign Schools Team
FSA/Schools Channel/CMO
U.S. Department of Education
Room 73C3
830 First St., N.E.
Washington, DC 20202-5340
USA

Please note that it is not necessary for any medical schools in the Dominican Republic that currently participate in the FFEL program to contact the Foreign Schools Team at this time; the status of those participating schools remains unchanged by the NCFMEA's decision of continued comparability.

At the meeting, the NCFMEA also requested that the Dominican Republic provide a report on its accreditation activities involving its medical school(s) for review at the March 2006 NCFMEA meeting, and the members requested that the report include information on several issues that were identified in the staff analysis. Please see the enclosure for details on the information to be provided in the report.

We would appreciate receiving the requested report by December 1, 2005, so we have sufficient time to review the information prior to the March 2006 NCFMEA meeting. Please send the information to the U.S. Department of Education at the address below.

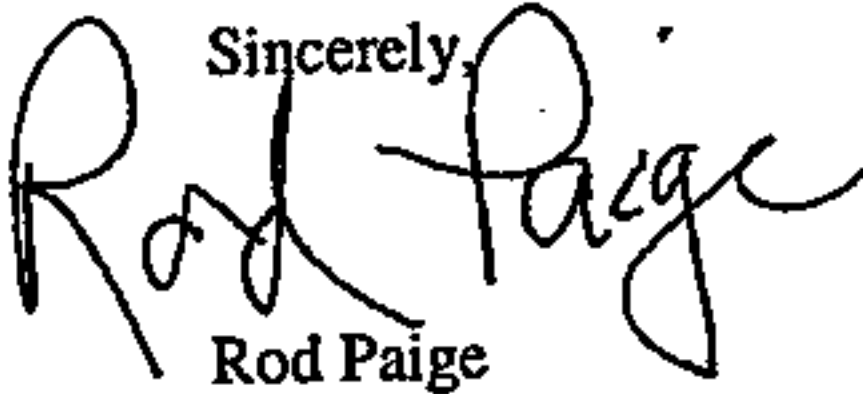
Mr. John Barth
Director, Accreditation and State Liaison Staff
U.S. Department of Education
1990 K Street, N.W. – Room 7105
Washington, DC 20006-8509
USA

If you have any questions regarding the information requested, please feel free to contact Mr. Barth at (202) 219-7011 (telephone), (202) 219-7005 (fax), or john.barth@ed.gov (e-mail).

The Executive Director of the NCFMEA, Bonnie LeBold, will contact you in the autumn of 2005 to provide information regarding the March 2006 NCFMEA 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).

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Thank you very much for providing information regarding your country's accreditation of its medical schools. The NCFMEA members and the U.S. Department of Education appreciate your ongoing assistance in this matter.

Sincerely,

Rod Paige

Enclosures

cc: Mr. Emilio Huyke
Consultant to SEESCYT

**Report Requested from Dominican Republic and the
Consejo Nacional de Educación Superior, Ciencia y Tecnología (SEESCYT)
by the National Committee on Foreign Medical Education
and Accreditation (NCFMEA)**

Due Date: December 1, 2005

Submit to: John Barth
Director, Accreditation and State Liaison Staff
U.S. Department of Education
1990 K Street, N.W. – Room 7105
Washington, DC 20006-8509
USA

Phone: (202) 219-7011
Fax: (202) 219-7005
E-mail: john.barth@ed.gov

Content: The NCFMEA is requesting information (and any applicable supporting documents) regarding the following:

- ***Areas of concern identified in the Department staff report on the Dominican Republic prepared for the March 2004 NCFMEA meeting:*** The attached staff analysis identifies areas where additional information is needed. Please provide a status report on these areas, including:
 - Any standards that SEESCYT has established requiring medical schools to involve faculty in decisions related to admissions and in decisions pertaining to the hiring, retention, and discipline of faculty.
 - Any standards or procedures that SEESCYT has established to assess medical programs with respect to graduation rates, rates of acceptance into residency programs, and licensure rates.
 - Any standards or procedures that SEESCYT has implemented to minimize student exposure to infectious diseases.
- ***Current status of medical schools:*** A list of the medical schools currently operating in the Dominican Republic, indicating whether each school has gone through the accreditation process and what the outcome of that accreditation process has been (whether the school is fully accredited or provisionally accredited, whether accreditation has been terminated, etc.).
- ***Overview of accreditation activities:*** A summary of key activities involving medical schools in the Dominican Republic during 2004 and 2005, such as accreditation reviews conducted, meetings held and accreditation decisions reached, and accreditation conferences or training sessions held.
- ***Laws and regulations:*** Any changes in your country's laws or regulations during 2004 and 2005 affecting the accreditation of medical school(s) in the Dominican Republic.
- ***Standards:*** An indication as to whether there have been any changes during 2004 and 2005 in the accreditation standards that the SEESCYT uses to evaluate and accredit medical schools, and, if so, what those changes were in the areas listed below:

- administration,
 - faculty,
 - curriculum,
 - admissions procedures,
 - student services,
 - methods for evaluating student achievement, and
 - facilities.
- ***Processes and procedures:*** An indication as to whether there have been any changes during 2004 and 2005 in the accreditation processes or procedures used by the SEESCYT for the following:
 - conducting reviews of medical school campuses and clinical clerkship sites,
 - selecting and training individuals who conduct site evaluations or who make accreditation decisions,
 - periodically reevaluating and regularly monitoring medical schools,
 - reviewing substantive changes reported by medical schools,
 - ensuring the SEESCYT has effective controls against the conflicts of interest and the inconsistent application of accreditation standards, and
 - ensuring that accreditation decisions are based, in part, on the evaluation of student performance after graduation from medical school.
 - ***Schedule of upcoming accreditation activities:*** A listing of upcoming accreditation meetings and on-site visits to medical schools and clinical clerkship sites planned for 2006.

Attachment

U.S. Department of Education



Staff Analysis

Dominican Republic

**For the March 8-9, 2004 Meeting
of the
National Committee on Foreign Medical
Education and Accreditation**

U.S. Department of Education

**Staff Analysis of the Standards for the
Evaluation of Medical Schools used by**

The Dominican Republic

Prepared February 2004

Background

This is an application for redetermination by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) regarding medical education in the Dominican Republic. The NCFMEA is asked to make a determination that accreditation standards used by the Dominican Republic to evaluate medical education at Dominican programs leading to the M.D. (or equivalent) degree are comparable to standards of accreditation used to evaluate medical education in the United States. The Dominican Republic is a governmental accreditor that accredits nine medical programs that are housed within public non-profit universities. The country last received a determination of comparability at the October 1997 meeting of NCFMEA.

Summary of Findings

Based on the information provided, it appears that the country has an evaluation system that remains substantially comparable to that used to accredit medical schools in the United States.

The Dominican Republic maintains a clearly designated accrediting body that is responsible for evaluating the quality of medical education and uses measurable standards for evaluative purposes. Although more attention to the adequacy of administrative staffing could be made, it appears that medical schools in the country are required to maintain clearly defined organizational structures with appropriate training for administrative personnel.

Faculty members at Dominican medical schools actively participate in the development of curriculum but are less active in the faculty admissions, hiring, retention, promotion or discipline processes. The country's requirements regarding qualifications of faculty appear to be comparable, although it is unclear whether policies are maintained to prevent conflicts of interest that sometimes arise with respect to private and official duties.

The Dominican Republic's curriculum requirements in both basic sciences and clinical sciences appear to be fully comparable with respect to course offerings,

the variety of clinical experiences offered, and the availability of support disciplines. The country appears to employ adequate measures to monitor the effectiveness of individual courses but could strengthen its evaluation system by assessing medical programs with respect to graduation rates, acceptances into residency programs and/or licensure rates.

Medical students in the Dominican Republic have access to medical services and periodic physical examinations, but it is not clear that the country emphasizes practices designed to minimize student exposure to infectious diseases. The country's requirements with respect to adequacy of facilities, including library and clinical teaching facilities, appear to be comparable to those used in the United States.

The country's processes for reviewing medical schools on a recurrent basis, securing qualified evaluators/decision makers, monitoring substantive changes, and making accrediting decisions based on accreditation standards are all fully comparable to processes used in the United States.

Staff Analysis

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. degree (or equivalent) degree.

The country identifies one governmental entity that is given responsibility for evaluating the quality of medical education in the Dominican Republic. The entity identified is the Secretary of State for Higher Education, Science, and Technology (SEESCYT). Article 38, subpart (g) of Law 139-01 mandates that SEESCYT will approve the creation and accreditation of institutions of higher education, science and technology. Article 69 of Law 139-01 further assigns SEESCYT the task of stimulating the institutions of higher education to develop processes of self-evaluation that will guarantee the achievement of institutional ends, goals, and objectives. Although the statutory language does not specifically mention medical schools, SEESCYT interprets the language to mean that it has oversight responsibility over all institutions of higher education in the Dominican Republic, including medical education programs.

Documentation:

Narrative, p. 1.

Exhibit 1, Law 139-01, pp. 15 and 26.

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 the educational background necessary for continued learning.

SEESCYT describes the mission of medical schools as one of serving the public interest. To accomplish this mission, the agency requires each medical program to have educational objectives that are clearly stated and measurable. At a minimum, SEESCYT requires its medical program objectives to include: a) the offering of a strong base of human integrated skills that enables the practice of medicine; b) the contribution to community work that benefits the living conditions of citizens; c) the preparation of professionals who stay updated in their knowledge of advancements in their field; and d) the development of ethical, intellectual and moral attitudes to ensure confidence and leadership. Although preparation for licensure is not specifically mentioned in the objectives, facilities and resources for testing and license preparation are made available to students who wish to become licensed to practice medicine in the United States.

Documentation:

Narrative, p. 2.

Exhibit 2, "Regulations of the Secretary of State for Higher Education, Science and Technology (SEESCYT) for the Recognition of Medical Schools in the Dominican Republic", p. 3.

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 institution's administration. The external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

Only universities are authorized to offer medical programs in the Dominican Republic. In order to receive authorization, the prospective university must receive approval from the President of the Dominican Republic to create a non-profit educational organization at the higher education level. Once this authorization is received, the university must secure recognition from SEESCYT before it may offer a medical program. SEESCYT then performs the approval, oversight, evaluation and accreditation functions for the medical school.

Medical school management is accountable to SEESCYT for fulfillment of mission and compliance with SEESCYT standards. SEESCYT has the power to withdraw authorization or accreditation from any medical school that does not comply with agency standards. SEESCYT, as a government agency, is entirely separate and independent of the medical schools it accredits, and secures the services of persons to perform program reviews who have knowledge and understanding of the medical education field.

Narrative, p. 4.

Exhibit 1, Law 139-01, pp. 20-22.

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, 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.

SEESCYT requires that each medical school have a Board of Directors with final responsibility for the administration of the school. The school must also have a clearly defined organizational structure, with each department integrated through a Dean or School Director, supervisor coordinators, department heads, or the equivalent. Each medical school is required to maintain a document that presents the structure and organization of the school and the responsibilities of each employee. The organizational structure must include curriculum, basic science, clinical science, admissions, investigation (research), publishing, and library components. In each of these areas, SEESCYT program reviewers assess whether there is a mechanism for evaluating the performance of academic administrators. Program reviewers also investigate whether there is an in-service training program for administrative personnel.

No evidence was presented as to whether SEESCYT evaluates the adequacy of staffing in each functional area. Also, there was no evidence of any assessment as to whether department heads and senior clinical faculty members have authority consistent with their responsibility for the instruction of students.

Documentation:

Narrative, pp. 5-7.

Exhibit 2, p. 10.

Exhibit 4, pp. 8-10.

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

The chief academic officer for medical schools in the Dominican Republic is the Dean or School Director. Minimum qualifications for a Dean or School Director include professional standing as a medical doctor, community leadership recognition, and experience in medical school administration. Although SEESCYT does not mandate specific functions for the Dean or School Director, the agency does require that the Dean or School Director have free access to university officials necessary to accomplish the mission of the medical school. The Dean or School Director must also communicate well with faculty members in the various academic departments to ensure adequate resources for each educational program.

Documentation:
Narrative, pp. 6-7.
Exhibit 2, p. 10.

- (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.**

SEESCYT requires faculty participation in the development of curriculum and mandates that they meet at least once per semester for this purpose. However, the agency provides no evidence that it requires faculty participation in the admissions process or in the hiring, retention, promotion or discipline of faculty.

Documentation:
Narrative, pp. 7-8.
Exhibit 2, p. 12.

- (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.**

The country reports that institutions operating campuses geographically separated from the main campus are responsible for maintaining the quality of instruction at each of those campuses.

In cases where a large number of locations are used or significant distances between campuses are found, the country reports that additional academic or administrative controls may be required. However, SEESCYT does not fully describe the nature of these controls.

Documentation:

Narrative, p. 8.

Exhibit 2, p. 11.

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 country provides evidence of the developmental components it uses in preparing a student for the M. D. degree, including two academic years of pre-medical courses, 132 calendar weeks of basic and clinical sciences instruction, one calendar year of pre-internship and one calendar year of internship or hospital rotation.

Documentation:

Narrative, pp. 9-12.

Exhibit 2, pp. 4-7.

- (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 country's basic sciences component of its M.D. degree program includes biochemistry, microbiology and parasitology; anatomy; histology; embryology; genetics; pathology; immunology; pharmacology and therapeutics; behavioral

sciences; physiology; physiopathology; public health; image diagnostics; and semiology.

The clinical sciences component includes initial patient procedures, clinical history, physical examination, preliminary diagnostics, epidemiology, prevention, and socioeconomic factors. The clinical experience, which actively involves the student in hospital procedures, appears to provide the student with adequate opportunities for making accurate quantitative observations of biomedical phenomena and for critically analyzing data.

Documentation:
Narrative, p. 10.

- (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 Dominican Republic describes required training in the clinical sciences component of its curriculum that appears to fulfill the core subject requirements of the NCFMEA guidelines. Clinical training in internal medicine, pediatrics,

psychiatry, gynecology and obstetrics, surgery, family medicine and social science is included with a student's clinical science training. This training appears to include all organ systems and provides a foundation in all aspects of acute, chronic, continuing, preventive, and rehabilitative care. The clinical instruction is developmental such that students can augment their knowledge, skills, attitudes, and behaviors with further training. Instruction is provided in patient care in both ambulatory and hospital settings. The clinical sciences component provides students with the opportunity to observe patients directly under the supervision of instructors.

Documentation:
Exhibit 2, p. 5.

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

The Dominican Republic lists image diagnostics and pathology as courses in its basic sciences curriculum. Image diagnostics is also included in the internal medicine curriculum for pre-internship.

Documentation:
Exhibit 2, pp. 4-6.

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

The SEESCYT regulations state that a medical school's curriculum in the basic sciences must include ethical, behavioral and socioeconomic subjects relevant to medicine. The country lists behavioral sciences and public health as subjects that appear to satisfy these requirements. Ethics is not listed separately, although it is likely that ethical considerations are discussed as an aspect of behavioral sciences and public health.

Documentation:
Exhibit 2, p. 5.

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

SEESCYT regulations require communications-oriented courses in the medical school's pre-med curriculum, including sociology, humanities, language, computers, methodology of scientific investigation, and social sciences. Also, practical work with patients under the supervision of teachers and instructors appears to foster improved communication skills.

Documentation:
Exhibit 2, p. 4.

(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.**

SEESCYT approves course offerings prior to their being offered to students, and the agency also periodically assesses whether the courses required by regulations are being offered. The regulations also require medical schools to establish an evaluation system for each course in the curriculum. These activities are all adequate for monitoring the effectiveness of individual courses. However, no evidence was provided of a concerted and periodic effort to measure overall program performance as measured by the percentage of students that graduate, the percentage of students accepted into residency programs, the percentage of students who obtain licensure, or by other appropriate methods of assessment.

Documentation:
Exhibit 2, p. 8.

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 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.**

SEESCYT does not set specific admissions requirements in its regulations, other than stipulating that the students should meet minimum requirements for intelligence, integrity, public service orientation, critical thinking skills, a respect for life, and the capacity to work as a team. Admissions directors and admissions committees are tasked with the responsibility of reviewing applications for admission and making recommendations for admission based on the medical school's own requirements, which are published in a written procedures manual. The procedures manual provides a complete accounting of admissions requirements and processes.

Student records are available for review by the students at all times. Public law in the Dominican Republic requires that student records be kept confidential.

Documentation:

Narrative, pp. 18-19.

Exhibit 2, pp. 8-9.

(b) *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.**

SEESCYT reports that school faculty members establish an evaluation mechanism for each course, although no details have been provided regarding the principles and methods used in the evaluation process. The country reports that students attending basic science courses are monitored for progress in comparison to norms previously established among students taking examinations. No details are provided as to how this monitoring is carried out.

The country reports that clinical science students are evaluated for adequacy of student cognition at each particular academic level, although they do not explain what measures are used to evaluate student cognition.

The country reports that students may graduate only after completing all graduation requirements established in the school curriculum, and all other requirements published in the school's graduation policy.

Documentation:
Exhibit 2, p. 8.

(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.

SEESCYT regulations provide that students must have access to medical services, periodic physical examinations, and clinical care as necessary. No mention is made of any policies designed to prevent or manage the exposure of students to infectious diseases.

Documentation:
Exhibit 2, p. 12.

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.

(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.

SEESCYT reviews each school's capacity to provide adequate resources to concrete needs as well as unforeseen situations. The agency evaluates the school's ability to provide services to the community and assesses whether the school is optimally using its resources to best achieve school objectives.

SEESCYT regulations provide that medical schools must have buildings and equipment that are adequate to promote a high quality teaching environment. The rules provide for administrative and faculty offices, adequate classroom and laboratory facilities, a registrar, access to a building large enough to accommodate the student body, a cafeteria, a library, meeting facilities, and a recreational area.

Medical schools in the Dominican Republic must be equipped to conduct biomedical research. In schools where animals are used in biomedical research, facilities must be provided for the humane care of the animals.

Documentation:

Exhibit 2, pp. 12-13.

Exhibit 3, sections H2 and H4.

(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.**

Although medical schools in the Dominican Republic set specific qualifications for faculty, SEESCYT does require faculty at its accredited schools to have the necessary training and experience to teach those courses assigned to them. SEESCYT requires schools to keep updated records of its faculty resumes, areas of specialization, professional qualifications, professional experience, teaching experience and each faculty member's work contract. The contract must clearly state the employee's duties, responsibilities and rights. SEESCYT rules also require that at least 15% of the faculty of any medical school must be employed on a full-time basis.

No mention is made regarding policies governing conflicts of interest that may arise with respect to a faculty member's private and official responsibilities.

Documentation:

Exhibit 2, p. 11-12.

- (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.**

SEESCYT regulations require each medical school to have a library on its campus that contains books and reference materials that are supportive of the educational program. The library must employ a qualified librarian, offer Internet-accessible computer facilities, provide audiovisual equipment to support teaching, offer day and night service to students, and have a budget that is sufficient to continually purchase new publications and update reference

resources. The library must be large enough to accommodate the usage of at least 25% of the student body at any one time.

Documentation:
Exhibit 2, p. 14.

- (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.

SEESCYT regulations require all medical school programs to incorporate the use of hospital and health-related facilities to facilitate a medical education program. The arrangement employed between the hospital or health facility and the school must be documented by means of an agreement or contract of affiliation that describes the covenants and responsibilities of both parties.

Documentation:
Exhibit 2, p. 15.

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 the students.

SEESCYT reports that its periodic evaluation of a medical school involves the verification of self-study data through on-site visit by agency reviewers who observe participants and processes on the campus. The site team collects information from students and teaching staff, and makes assessments of

