

SECTION I:

Staff Analysis

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

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

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

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

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

PART II: Accreditation/Approval Standards

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

1. Mission and Objectives

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

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

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

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

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

2. Governance

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

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

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

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

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

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

3. Administration

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

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

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

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

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

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

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

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

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

(i) Admissions;

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

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

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

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

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

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

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

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

4. Educational Program

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

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

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

(i) The sciences basic to medicine, including—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Design, Implementation, and Evaluation:

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

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

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

5. Medical Students

(a) Admissions, Recruiting, and Publications

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

Dominican standards state:

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

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

The standards also state:

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

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

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

(b) The Evaluation of Student Achievement

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

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

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

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

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

(c) Student Services

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

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

6. Resources for the Educational Program

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

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

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

(b) Facilities:

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

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

The country states in its standards that:

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

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

(c) Faculty:

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

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

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

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

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

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

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

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

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

PART III: Accreditation/Approval Processes and Procedures

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

1. Site Visit

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

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

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

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

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

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

3. Re-evaluation and Monitoring

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

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

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

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

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

4. Substantive Change

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

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

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

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

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

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

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

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

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

6. Accrediting/Approval Decisions

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

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

Documentation:

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

Medical Act of Dominica

Change of Ownership Site Visit Report

SECTION II:

Staff Analysis

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

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

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

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

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

Documentation:

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

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

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

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

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

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

Documentation:

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

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

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

Documentation:

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