



THE SECRETARY OF EDUCATION
WASHINGTON, D.C. 20202

APR 30 2001

SENT BY FACSIMILE TRANSMISSION

Ms. Nadica McIntyre
Permanent Secretary
Ministry of Health and the Environment
St. George's
Grenada, West Indies

Dear Ms. McIntyre:

In September 1996, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the medical accreditation standards used by Grenada to evaluate St. George's University School of Medicine were comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. On March 9, 2001, the NCFMEA reviewed the information recently provided by Grenada on its current medical accreditation standards to reassess the comparability of those standards.

I am pleased to inform you that the NCFMEA, at its March meeting, determined that the accreditation standards used by Grenada to evaluate St. George's University School of Medicine remain comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. Grenada's accreditation standards include: (1) the standards used by the New York State Education Department (NYSED), Office of the Professions, for the on-site review of St. George's campus as well as the on-site review of clinical clerkship sites in teaching hospitals in New York State, and (2) the standards used by Grenada's Ministry of Health and Housing for the review of clinical clerkship sites outside of New York State.

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 accreditation standards and procedures for evaluating St. George's University School of Medicine are still comparable to the accreditation standards applied to medical schools in the United States. If so, its previous determination of comparability will be extended for another period.

In an effort to keep apprised of the accreditation activities of Grenada's Ministry and the NYSED with respect to St. George's University School of Medicine, the NCFMEA has

requested that Grenada submit annual reports, with the first report scheduled for review at the March 2002 NCFMEA meeting. The purpose of the annual report is to provide the NCFMEA with a summary of accreditation activities involving St. George's University School of Medicine, including the following information:

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

The Committee asked that the next report, in addition to providing this general overview of accreditation activities, provide specific information on whether the teams responsible for conducting on-site reviews of clinical clerkship sites in Michigan and New Jersey include representatives of the State medical boards in those respective States.

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

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

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

As a result of the NCFMEA's determination that Grenada's medical accreditation standards remain comparable, St. George's University School of Medicine may continue to participate in the Federal Family Education Loan (FFEL) program as long as it continues to meet the



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eligibility criteria for program participation. If the school has any questions regarding its eligibility for participation in that loan program, it should contact the U.S. Department of Education's Foreign Schools Team at (202) 708-8820, fax (202) 205-2904.

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

Sincerely,

Rod Paige

cc: Ms. Michaele Samuel
Embassy of Grenada

U.S. Department of Education



**Staff Analysis
of the
Standards Used by**

Grenada

for the Evaluation of Medical Schools

March 9, 2001

U.S. Department of Education

Staff Analysis
of the Standards Used by
Grenada
For the Evaluation of Medical Schools

Prepared February 2001

Background

At its September 1996 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the standards used by the New York State Department of Education (NYSED), Office of the Professions, to evaluate St. George's University School of Medicine in Grenada (for the purpose of placing St. George's students in clinical clerkships in teaching hospitals in New York State) in conjunction with the standards used by Grenada's Ministry of Health, Housing, and the Environment to evaluate and approve clinical clerkships for St. George's students outside of New York, were comparable to those used to evaluate medical schools in the United States. However, because Grenada had only fairly recently contracted with an independent medical expert¹ to conduct evaluations of those clerkships outside of New York using the New York standards, the Committee requested a report by September 1, 1997 on the results of those evaluations. That report was reviewed and accepted at the October 1997 NCFMEA meeting.

In response to the Secretary's request that Grenada provide information on its current accreditation/approval process for a re-evaluation of those processes, the country stated that there were no changes from its 1996 submission and therefore, the Secretary should consider that response in conducting the current review. Department of Education staff obtained and used a current copy of the NYSED guidelines for approving foreign medical schools in conducting its current analysis.

Summary of Findings

The standards and processes used by Grenada/NYSED to evaluate and approve Grenada's sole medical school, St. George's University School of Medicine, and its clinical sites are quite similar to those used to evaluate and accredit medical schools in the United States.

¹ Grenada has contracted with a former employee of the New York State Education Department to perform an inspection of the clinical component of St. George's medical program that takes place in Michigan and the United Kingdom. Documents provided by Grenada indicate that this is an ongoing process.

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.

NOTE: In the analysis that follows, the term "Guide" refers to the three principal documents containing the regulations and guidelines; they also contain fairly detailed discussions of the interpretations of those regulations and guidelines. The three documents are the Guide for Foreign Medical Schools Seeking to Operate in New York State, A Guide for Use in the Evaluation of Foreign Medical Schools, and Questions Related to the Evaluation of Foreign Medical Schools. The term "data base document" refers to the questionnaire foreign medical schools must fill out as part of their application for approval. It is comparable to the LCME survey.

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.

In its original application, the Grenadian Permanent Secretary stated that the Grenadian standards and process are the same as those of the State of New York. It is important to clarify, however, that Grenada does not use the NYSED standards and process as the basis for conducting its own evaluation of the medical program at St. George's University School of Medicine. Rather, Grenada basically relies on NYSED to conduct the evaluation of the medical school, using the standards and processes that NYSED has developed for the approval of foreign medical schools wishing to establish clerkships in NY state

hospitals. Gernada's Ministry of Health, Housing, and the Environment then contracts to have a third-party evaluator conduct evaluations of clinical sites located in New Jersey, Michigan, and the United Kingdom using the same standards. Approximately 85 to 95 percent of the University's students do their clinical clerkships in New York or New Jersey. About five percent do their clerkships in Michigan and the rest in the United Kingdom. Both NYSED and the third-party evaluator provide Gernada with copies of evaluation reports.

The Guide requires that the medical program offered by foreign medical schools be recognized as an acceptable training program for physicians by the appropriate civil authorities of the country in which it is located. It further stipulates that the institution must be "listed in one or more of the generally accepted resource volumes on international education" and its program must be "legally recognized and approved for the training of physicians by the competent authorities of the jurisdiction in which it is located."

NYSED's data base document requires foreign medical schools to provide evidence that they have the legal authority to operate a school of medicine.

The 1995 on-site evaluation team report of NYSED's visit to St. George's provides evidence that NYSED does examine whether foreign medical schools have the proper legal authority to operate a school of medicine and are listed in generally accepted resource volumes on international education.

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.**

According to the Guide, the purpose of NYSED's evaluation of foreign medical schools is to provide assurances that students who participate in clinical clerkships in New York State are functioning with an adequate framework of medical education and have the basic competencies necessary to perform with safety for the public. Further, the Guide requires "a complete educational program, the structure and content of which provide an adequate foundation in the basic and clinical sciences." The Guide also incorporates LCME's standard for educational programs leading to the M.D. degree, which require a breadth and depth of program sufficient to serve the general public interest. Thus, there is general assurance in the written materials describing NYSED's approval process that it requires foreign medical schools to serve the general public interest.

The 1995 on-site evaluation team report of NYSED's visit to St. George's provides evidence that NYSED does in fact examine whether a medical school seeking approval to offer clinical clerkships in New York serves the general public interest.

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 Guide requires the medical program offered by foreign medical schools to be recognized as an acceptable training program for physicians by the appropriate civil authorities of the country in which it is located. NYSED further stipulates that the institution must be "listed in one or more of the generally accepted resource volumes on international education" and its program must be "legally recognized and approved for the training of physicians by the competent authorities of the jurisdiction in which it is located."

NYSED's data base document requires foreign medical schools to provide evidence that they have the legal authority to operate a school of medicine.

The Guide does not address the issue of the school's management being accountable to an external authority independent of the school's administration.

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.**

As mentioned in the previous section, the Guide requires that "an administrative and governing system is provided which allows the school to accomplish its objectives." It also contains a fairly extensive set of questions on administration designed to serve as a point of reference for on-site evaluators in assessing the effectiveness and appropriateness of the school's administration. The questions also allow evaluators to determine whether the chief academic officer is qualified by experience and training to provide leadership in medical education and to determine whether the functions, responsibilities and authority of senior administrative staff are clearly defined.

NYSED's data base document requires foreign medical schools to provide detailed information on the administration of the medical school, including the curriculum vitae of the key members of the administration and the organization of the faculty (departmental as well as committee structure).

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

The Guide incorporates the LCME standard for administration, including the section on the qualifications of the dean. The Guide also provides a set of questions for evaluators to use in examining the qualifications of the chief academic official and other key academic and clinical administrators.

NYSED's data base document requires foreign medical schools to provide the curriculum vitae of the chief academic officer as well as the deans of academic and clinical affairs and any other major officers of academic affairs.

One of the questions that foreign schools must respond to is "is the chief academic officer qualified by education and experience to provide leadership in medical education, in scholarly activity and research, and in the care of patients."

- (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 questionnaire used by NYSED requires information on the role of faculty in selecting students for admission to medical schools and whether both basic science and clinical faculty are involved in the selection of students. Further, the questionnaire also requires schools to provide information on the involvement of faculty in the appointment of new staff.

- (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.**

NYSED evaluates educational quality at each clinical site in NY. The NYSED also requires schools to provide extensive information on how students are evaluated as well as the involvement of the faculty in student evaluations.

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.

In order to receive approval for students to participate in clinical clerkships in sites within the State of New York, schools must demonstrate that the medical education program offered is at least 32 months in length.

- (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 Guide states that its guidelines are based, in part, on the LCME standard for an educational program for the M.D. degree, including the section that specifies the content of the curriculum. The Guide also contains a discussion of the approval criteria for the curriculum, which addresses issues such as its breadth and depth. The Guide states that each medical program must include a system for assuring that all portions of the program include sufficient instruction in the necessary subjects and provide an adequate foundation in the basic and clinical sciences. Finally, the Guide provides a set of questions for evaluators to use in examining whether the curriculum contains the required breadth and depth. Included in the questions is a requirement that a foreign medical school include coursework in anatomy, biochemistry, physiology, microbiology, immunology, pathology, pharmacology and therapeutics, and preventive medicine.

The Guide also requires that sufficient laboratory work complement classroom lectures. The questions also ask the school to provide information that would ensure the adequacy of laboratory facilities to allow the medical school to accomplish its mission.

NYSED's data base document requires schools to provide detailed information on the content of the curriculum and the year each component is offered.

- (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.

Clinical clerkships for the sole medical school in Grenada are provided in teaching hospitals in New York under formal affiliation agreements and with the approval of the NYSED, Office of the Professions. The New Jersey Board of Medical Examiners has granted similar approval for clinical clerkships at specific hospitals in that state, based largely on the findings and conclusions of New York with respect to the University's medical program. Michigan has also granted approval for clinical clerkships at specific hospitals in that state. Likewise, the United Kingdom permits the University to place students in clinical clerkships at certain hospitals in that country.

It is the school's policy that all core rotations (defined as Internal medicine, surgery, obstetrics/gynecology, pediatrics, and psychiatry) must be taken in the university's affiliated hospitals in the three states mentioned and the United Kingdom and only where there exists residency training programs approved by the American Council on Graduate Medical Education (ACGME), or their British equivalent.

The University has on staff, two Deans of Clinical Studies whose specific responsibilities include such areas as the screening and recruitment of hospitals for clinical programs, the curriculum for the clinical program, the requirements for the successful completion of both core rotations and electives, the grading system for the clinical programs, the placement of students in the programs, and the overall supervision of students in the core rotations.

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

No information could be found on this issue.

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

The NYSED documentation is silent on this issue. However, discussions with NYSED staff revealed that during the on-site review, the team does review the curriculum to ensure that these topics are covered.

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

The NYSED documentation is silent on this issue. However, discussions with NYSED staff revealed that during the on-site review, the team does review the curriculum to ensure that these topics are covered.

(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 Guide, while not specifically incorporating the LCME standard for faculty, does include the LCME standard for administration, which addresses the role of faculty in the design, implementation, and evaluation of the curriculum. The Guide also contains very specific standards for faculty, including standards for qualifications, experience, research, and teaching effectiveness. Finally, the Guide provides a set of questions for evaluators to use in examining the faculty of a medical school, including questions directed toward ascertaining whether there is a faculty committee responsible for the curriculum, whether the faculty are responsible for setting the objectives of the curriculum, and the extent of the interaction between basic science and clinical faculty.

The Guide incorporates many parts of the LCME standards for an education program for the M.D. degree, including the section on evaluation of student achievement. The Guide also provides questions for evaluators to use in examining a school's system for evaluating students. These questions ascertain the system for measuring student success, the involvement of the faculty in evaluating student achievement, the instruments used for measuring student achievement, and whether the school has the means by which achievement of curriculum objectives is measured and achieved.

The Guide notes that schools must maintain records of student performance in the medical school program including any additional post-graduate study and employment to show that the program is effectively meeting its stated objectives. The data base document requires submission of USMLE scores for the past five years; however, there was no indication that placement into residency programs or licensure of graduates is tracked.

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.

The Guide contains a fairly extensive discussion of its own approval criteria for this area, including such topics as admissions, student evaluations, and advisement. Finally, the Guide provides a set of questions for evaluators to use in examining these topics. The questions address all aspects of the admissions process and require schools to show that transfer students accepted for admittance have "demonstrated achievements in college or another medical school that are comparable to those of the students in the class they seek to join." The Guide notes that information on admissions, the program, faculty, and clinical resources are to be placed in the catalog. The Guide also requires schools to ensure that all faculty and student records are available to the respective parties and are well maintained.

NYSED's data base document requires schools to provide detailed information on admissions and transfer policies, entering students' grade point averages and mean new MCAT scores, attrition rates, etc.

(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.

As noted above, the Guide addresses the area of evaluation of student achievement. The Guide notes that schools must maintain records of student performance in the medical school program including any additional post-graduate study and employment to show that the program is effectively meeting its stated objectives. The Guide also provides questions for evaluators to use in examining a school's system for evaluating students including their basic science coursework and clinical training. These questions ascertain the system for measuring student success, the involvement of the faculty in evaluating student achievement, the instruments used for measuring student achievement, and whether the school has the means by which achievement of curriculum objectives is measured and achieved.

(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 Guide states that each school must maintain adequate student services. The Guide is not specific on the extent of student services that must be provided; however, student services are evaluated as evidenced by the evaluation conducted by the NYSED team in 1995 which indicated that they reviewed the student services offered by the college.

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.**

The Guide requires demonstration that sufficient financial resources are available to allow schools to meet their stated mission. Each school must also have a financial management system in place to ensure that the effective operation of the medical school is not compromised. The NYSED questionnaire that each school must submit includes information on the financial condition of the school.

Schools must also demonstrate that sufficient facilities exist to support the students, administration, and faculty. Facilities include faculty offices, laboratories, student classrooms, and libraries. Teams are to look at the number, design, condition, and accessibility of the facilities in making a determination as to their sufficiency in allowing the school to adequately support the objectives of the medical program. The data base document requires countries to provide information on the facilities available.

The Guide also provides a number of questions addressing the quantity and quality of the foreign medical school's physical facilities.

The Guide does not directly address the issue of biomedical research or the humane care of animals when animals are used in teaching and research; however, the evaluator questions do address the research issue. Further, the 1995 team report did discuss the research efforts undertaken by the medical school.

(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 Guide requires a school to have on its faculty "a sufficient number of representatives of the biological, behavioral, and clinical sciences to implement the objectives of the Institution." The Guide further states that "[s]ince the

