



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](mailto: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 expert<sup>1</sup> 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.

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<sup>1</sup> 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

composition of the faculty relates directly to the objectives and goals of the school, it is the responsibility of that institution to provide a sufficient number of faculty of appropriate quality to assure that the educational obligations to the students are fulfilled. In order to meet these obligations, the faculty must have demonstrated competence in the biological, behavioral, and clinical sciences. The competence of the faculty to offer the courses and to discharge the other academic responsibilities which are assigned to them shall be demonstrated by training, earned degrees, scholarships, experience, teaching ability, and the ability to advance knowledge." The Guide also provides a set of questions for evaluators to use in assessing the quality and quantity of a foreign medical school's faculty. NYSED's data base document (questionnaire) requires schools to provide extensive documentation on the quantity and quality of faculty.

The 1995 on-site evaluation team report of NYSED's site visit to St. George's University School of Medicine provides evidence that NYSED conducts an extensive evaluation of the quantitative and qualitative aspects of a foreign medical school's faculty.

There was no mention in the Guide regarding faculty conflicts of interest and no reference to this issue was found in any of the documents.

- (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.**

The Guide contains the following general statement with respect to libraries:

"The library should have sufficient funds, staff, holdings, and equipment. The library should hold the important books and journals appropriate to the field of study, degree level, course offerings, and research requirements. There should be professional staff sufficient to assist students and to keep the collection current. The library should be open at hours convenient to students."

The Guide also incorporates the LCME standards for library. Finally, the Guide provides a set of questions for evaluators to use in assessing the foreign medical school's library.

NYSED's data base document requires foreign medical schools to provide detailed information concerning their libraries, including information on the specific holdings of the medical school or health center library, the university hospital library, and the libraries of all affiliated hospitals.

The 1995 on-site evaluation team report of NYSED's site visit to St. George's University School of Medicine provides evidence that NYSED conducts a thorough evaluation of the adequacy of a foreign medical school's library.

**(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 NYSED has granted approval to the University to place students in clinical clerkships in those teaching hospitals in the State of New York with which the University has established a formal affiliation agreement. The affiliation agreement must meet the New York requirements for such agreements.

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 St. George's to place students in clinical clerkships at certain hospitals in that country.

No information was given regarding affiliation agreements with clinical sites outside of New York and New Jersey.

### **PART III: Accreditation/Approval Processes and Procedures**

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

#### **1. Site Visit**

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

The Guide requires a thorough on-site review of any foreign medical school before that school may be approved to place students in clinical internships in the State of New York. According to the Guide, "the site visit will include, among other things, an evaluation of:

- a. The depth and breadth of the curriculum and the integration of the basic science component with the clinical component of the program;
- b. The administrative and governing system of the institution;
- c. The faculty, both basic science and clinical;
- d. The standards for admission, the maintenance of student records, and the provision for student services;
- e. The basic sciences facilities including faculty offices, laboratories, classrooms and libraries and other supporting basic science instruction; and
- f. The clinical facilities both in the home country and in New York State."

In the case of the medical school located in Grenada, NYSED's evaluation team visited the campus in 1995 to evaluate the school's program of medical education - primarily the basic medical sciences program - that prepares students for clinical training. There were also visits to Bay Shore, New York (headquarters for the school's clinical program in New York) and affiliated hospitals in New York State to (1) evaluate the clinical training provided at the University's affiliated hospitals, (2) review faculty and student records, and (3) meet with academic and administrative officers regarding the structure for monitoring and supervising the clinical training that takes place in New York.

As previously mentioned, Grenada has contracted with an independent expert to evaluate the clinical component of the University's medical program that takes place in Michigan and the United Kingdom. Documentation provided by Grenada showed that the evaluation of sites located outside of New York is an ongoing practice by the country.

## **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 Guide states that the visiting team "will number at least five people and may comprise as many persons as are necessary according to the scope of the program under evaluation. The team will include Department staff and individuals designated by the Department who are medical educators and practitioners experienced in medical program evaluation."

The 1995 on-site evaluation report of St. George's University School of Medicine verifies that NYSED follows its stated policy with respect to the composition of teams to evaluate foreign medical schools. The team consisted of six members, two of whom were staff members (the Executive Secretary and the Assistant Executive Secretary) of the New York State Board of Medicine. The other four had substantial experience in medical education. At the time of the visit, all held (or previously held) professorial or administrative rank in U.S. medical schools; two were, themselves, graduates of foreign medical schools.

### **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.

Although there is no written guidance on re-evaluating schools, NYSED officials informed Department staff that a comprehensive on-site review takes place on at least a five-year cycle with some schools being revisited within three years. NYSED officials also notified staff that each school is required to provide an interim report within 18-months of the on-site visit that provides detailed information on the efforts to address concerns that were identified in the on-site evaluation report. If the interim report raises concerns with NYSED staff another on-site visit can be scheduled immediately. If the report satisfactorily addresses all of the concerns, a site visit is scheduled for the end of the normal five-year cycle.

Department staff discussion NYSED officials indicated that the last full review occurred in 1998. Although that on-site evaluation was not provided with the documentation, Gernada did forward a copy of the 18-month interim report that addressed the concerns identified in the 1998 on-site review.

### **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 NYSED documents do not address the issue of substantive change. Discussions with NYSED officials revealed, however, that the approval letter sent to schools after the site visit instructs those schools to notify NYSED of any changes to the curriculum.

#### **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.**

Although there are no written guidelines on this issue, NYSED officials informed Department staff that all on-site visitors must submit a current curriculum vitae that would allow officials to identify any potential conflict of interest issues. NYSED officials stated that they have replaced on-site members after identifying that a conflict of interest existed. Further, the presence of senior staff of the New York Board of Medicine on the on-site evaluation team and the extensive documentation prepared for the use of the evaluation team clearly provide effective controls against the inconsistent application of standards. Additionally, NYSED follows the practice of allowing institutions to request a substitute team member if the school has reason to believe that there is a conflict of interest involving someone selected by NYSED to be a member of the on-site evaluation team.

#### **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.**

The Guide clearly sets forth the standards for the approval of foreign medical schools, and the processes used by NYSED to reach its decisions concerning approval of a specific school are clearly based on those standards. NYSED has also developed a set of questions, based on the standards, that are intended to assist on-site evaluators in determining whether or not the foreign medical schools meets the standards. The questions "provide a point of reference but are not exhaustive or meant to limit a consultant's inquiry. Consultants are free to raise any issue, ask any question, or request any information which [is]



pertinent and relevant to the evaluation and which will assist in the preparation of his or her report."

The 1995 on-site evaluation team report of NYSED's visit to St. George's University School of Medicine, which formed the basis for NYSED's decision to approve the school, provides evidence that NYSED's evaluation process is based on its standards.

Documentation:

Guide for Foreign Medical Schools Seeking to Operate in New York State

A Guide for Use In the Evaluation of Foreign Medical Schools

Questions Related to the Evaluation of Foreign Medical Schools

New York State Education Department Data Base Document (Questionnaire)

Ref. No. \_\_\_\_\_

In replying the above  
Number and date of this  
letter should be quoted.

Facs Number (473) 440-4127  
Tel. Nos. (473) 440-3485/4955



MINISTRY OF HEALTH AND  
THE ENVIRONMENT,  
ST. GEORGE'S,  
GRENADA, W.I.

August 28, 2000

Dr. Karen Kershenstein  
Director  
Accreditation and State Liaison  
1990 K Street, NW, Room 7105  
Washington, D.C. 2006-8509  
U.S.A.

Dear Dr. Kershenstein,

I write in response to a letter of June 19, 2000 from Assistant Secretary, A Lee Fritschler. As previously reported, the standards used in Grenada to accredit medical schools are identical to those used to accredit medical schools in the United States. Grenada recognizes and relies on the standards used by the New York State Regents, which are recognized by the United States Department of Education (USDOE). These standards are reported in the Regent's application for recognition as an accrediting agency to the USDOE. I assume there is no need to provide an additional copy.

Grenada is a democracy. The senior elected official who oversees this nation's administrative agency is the Prime Minister. He has lawfully recognized New York State Regents standards as those, which will govern any medical school chartered here.

Sincerely,

*Baron - Thomas*  
PERMANENT SECRETARY

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Purpose/Objectives of Session

Distribution of Materials

British vs US Models of Education/Regulation

### II. Accreditation Process

Standards of Accreditation

Data Base Document

Basic Areas of Review -- Administration,  
Resources, Faculty, Students, Curriculum,  
Clinical Resources, Library Resources

### III. Site Visit Organization

Team Composition -- Size of Team, Areas of  
Expertise, Role of Staff

Site Visit Schedule

Basic Science

Clinical Affiliations

Team Member Responsibilities

Daily Activities During Site Visit

#### **IV. Completion of Site-Visit and Report Preparation**

**Individual Reports**

**Master Report**

**Exit Interview**

**Areas of Concern**

**Areas of Strength**

**Recommendations**

#### **V. Conclusion**

# New York State's approach to clinical clerkships for students in unaccredited medical schools

Tab B

THOMAS J. MONAHAN

New York State's Education Law establishes several categories of individuals who may practice medicine in this state without a license. One of these groups is composed of students who are enrolled in medical schools that meet standards acceptable to the New York State Education Department and who are performing clinical clerkships in New York State hospitals.<sup>1</sup>

Until recently most students performing clinical clerkships in New York were enrolled in medical schools that were registered with the education department or accredited by the Liaison Committee on Medical Education. And for many years, foreign nationals who were enrolled in medical schools in their own country had participated on occasion in a short-term clinical experience in New York State hospitals. Clerkships performed by students who matriculated in schools outside of the United States and Canada were few in number, were restricted to major teaching institutions, and were limited to approximately 12 weeks or less during the last two years of medical school.

In the mid and late 1970s, however, a new and different type of clinical clerk began appearing in significant numbers in New York's health care facilities. These clinical clerks were usually United States nationals enrolled in unregistered and unaccredited medical schools located outside of the United States and Canada. By 1979 it was becoming apparent that many such clinical clerks were functioning in New York State hospitals. As a result of this phenomenon concern developed over the need to assure that such students were receiving an adequate medical education. It was also necessary to protect the health and welfare of the people of New York State who would be seeking medical care at the facilities in which these students were performing clinical clerkships. Based on these concerns specific requirements were developed by the Board of Regents under which students enrolled in unregistered and unaccredited medical schools might serve in clerkships in New York State hospitals.

## HISTORY OF THE REGULATIONS

A position of barring students in unregistered and unaccredited medical schools from doing clerkships in New York was ruled out on legal and practical grounds. To adopt a policy of barring such students unequivocally could be considered arbitrary, since students from some unregistered and unaccredited schools had been admitted to clerkships under New York law and regulations for many years. A policy of allowing some schools to send clerks and denying

the privilege to others could only be sustained on the basis of standards and procedures for selection. These issues were discussed by the Board of Regents of the University of the State of New York at several meetings, and regulations were developed concerning students seeking clinical training in New York State. In February 1981 public hearings were held concerning the proposed regulations, and on March 26, 1981 the Board of Regents amended the Regulations of the Commissioner of Education with regard to clinical clerkships undertaken in New York hospitals by students enrolled in unregistered and unaccredited medical schools. These regulations became effective May 1, 1981<sup>2</sup> and were further amended by the Board of Regents on December 17, 1982 and October 21, 1983.<sup>3</sup> The later amendments further define the regulations regarding clinical clerkship eligibility.

The Regents' policies on clerkships relate to clinical rotations that are intended to constitute the third or fourth years of medical education, served under the aegis of unregistered or unaccredited medical schools. These policies are not intended to apply to students enrolled in programs that are registered by the State Education Department or programs accredited by the Liaison Committee on Medical Education or the American Osteopathic Association—basically encompassing all United States and Canadian medical schools.

In general, the regulations restrict all clinical clerkships undertaken by students in unregistered and unaccredited medical schools to teaching hospitals and stipulate that no clinical clerkships are to be undertaken in non-teaching hospitals or other health related facilities or agencies. A teaching hospital is defined as having a residency program approved by the Accreditation Council on Graduate Medical Education or an equivalent accrediting agency acceptable to the State Education Department, or which is part of such a program through an affiliation approved by the Accreditation Council on Graduate Medical Education or an equivalent agency acceptable to the State Education Department. A clinical clerkship may be performed only in the area in which a teaching hospital has an accredited residency program. A clinical clerkship in medicine, for example, may be performed only in a teaching hospital that has an accredited residency training program in medicine.

## SPECIFIC REQUIREMENTS FOR STUDENTS

The regulations on clinical clerkships establish different sets of requirements depending upon where a student is in the sequence of his or her medical education and the total number of weeks of clerkship that are to be completed. For participation in clinical clerkships, in New York State

Address correspondence to Mr. Monahan, Associate Executive Secretary, New York State Board for Medicine, The New York State Education Department, Albany, NY 12230.

distributions for Part I and the eight subtests of MSKP are established for this special reference group, and for each portion of MSKP the specific score that corresponds to 1.2 standard deviations below the mean of the reference group is determined. The eight subtest scores are then added and a total is established as the minimum performance necessary for clinical clerks in a specific year. Although the minimum satisfactory total score may vary from year to year, it always represents the same level of performance of students in unregistered and unaccredited schools relative to the reference group of United States medical school students. The minimum acceptable total scores to date have been 39 (1980), 41 (1981), 43 (1982), 44 (1983).

#### SITE VISIT GUIDELINES

An unregistered and unaccredited medical school may seek approval to place students in clinical clerkships in teaching hospitals in New York State by submitting an application to the State Education Department. The medical school must submit a completed Data Base Document along with current catalogs, handbooks and all other materials concerning the institution's program of medical education. The school must also agree to cover all expenses connected with the evaluation process, which currently costs about \$30,000.

The department's system for the evaluation of medical school programs for the placement of clinical clerks in New York is based on generally accepted procedures for academic program review. The institution presents documents, in English and in a format specified by the department, that provide information required by the department and relevant to the Regulations of the Commissioner of Education and the Guidelines for Evaluation of Medical Programs.<sup>4</sup> The department then designates several persons to review these materials. After the initial review of the materials submitted by the school, a site visit team visits the campus and representative clinical facilities which may be located at other sites—New York hospitals, for example. The site visit team usually includes at least one staff representative of the department, a member of the State Board for Medicine, and three or four medical educators and practitioners who have experience in evaluating medical programs.

Prior to the visit, the school requesting approval must provide extensive information concerning the curriculum, faculty, students, resources, and administration of the institution. The site visit provides an opportunity to verify the accuracy and completeness of the data provided and permits an in-depth review of such program components as (1) the depth and breadth of the curriculum and the integration of the basic sciences and clinical experiences; (2) the use of acceptable standards of admission, the maintenance of student records and the provision of student services; (3) the adequacy of basic science facilities including faculty offices, laboratories, classrooms, libraries and other resources; (4) the levels of faculty and student morale, intellectual stimulation and academic achievement.

Program evaluators use specific guidelines to review the program of medical education. These guidelines include but may not be limited to the following: (1) The medical school is organized as a definable academic unit, responsible for an educational program of not less than 32 months which leads to the MD degree or equivalent degree as determined

by the department. The institution is listed in one or more of the generally accepted resource volumes in international education, and its program is legally recognized and approved for the training of physicians by the competent authorities of the jurisdiction in which it is located. (2) A complete educational program is maintained, the structure and content of which provide an adequate foundation in the basic and clinical sciences. (3) An administrative and governing system is provided which allows the school to accomplish its objectives. (4) The faculty is composed of a sufficient number of representatives of the biological, behavioral, and clinical sciences to implement the objectives of the institution. (5) Acceptable standards concerning admission requirements and the student selection process are in place, and a system is maintained for keeping adequate student records. (6) Financial resources are available that allow the institution to conduct its program in a satisfactory manner. (7) Adequate facilities, or access to them, including buildings and equipment, are available to provide an environment conducive to the maximum productivity of faculty and students in fulfilling the objectives of the school.

After the site visit to the home campus of the medical school and the clinical affiliates in New York State, program evaluators are asked to submit reports on those areas for which they have been assigned responsibility. A composite report is then prepared and submitted to a departmental review committee for consideration. The review committee, composed of department staff and a member of the State Board for Medicine, reviews and discusses the site visit report. The final action is the responsibility of the Deputy Commissioner for Higher and Professional Education. It may be disapproval, approval with conditions, a request for additional information, or approval. The two institutions (Universidad del Noreste and Universidad Autonoma de Guadalajara) approved to date have both been approved with various conditions. Two of these conditions have been an ongoing monitoring of the institution's clinical clerks in New York State hospitals by department staff, and a reevaluation or site visit of the parent institution within a specified period of time.

In conclusion, the objectives of the New York State program to regulate clinical clerks from unregistered and unaccredited medical schools are being met. An effective system that clearly defines those conditions under which clerkships may be performed has been established. This system also exerts quality control measures over the educational experiences available to students. The use of the MSKP examination as a screening device provides directors of medical education as well as state officials with a mechanism for measuring student performance in the basic science areas after two years of medical school, and it provides at least an initial index by which to measure the student's beginning skills in introductory clinical diagnosis.

The system and criteria for the review of medical education programs located outside of the United States and Canada has had another positive effect. Through an ongoing system of program review, New York State is able to assure that students in selected unregistered and unaccredited medical schools are receiving a reasonable education. This has positive results for both the students and the citizens of New York State. In addition, the medical



Tab C

**UNITED KINGDOM  
MEDICAL EDUCATION**

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**11-12 YEARS OF ELEMENTARY/SECONDARY  
EDUCATION - "O" LEVELS**

**2 YEARS "A" LEVELS  
(PHYSICS, CHEMISTRY, BIOLOGY/MATH)**

**MEDICAL SCHOOL - 5 YEARS  
(2 YEARS PRE-CLINICAL  
3 YEARS CLINICAL)**

**BACHELOR OF MEDICINE/  
BACHELOR OF SURGERY**

**POSTGRADUATE TRAINING**

**HOUSE OFFICER  
SENIOR HOUSE OFFICER  
JUNIOR REGISTRAR  
REGISTRAR  
SENIOR REGISTRAR**

**ROYAL COLLEGE  
SPECIALTY CERTIFICATION**

**UNITED STATES  
MEDICAL EDUCATION**

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**12 YEARS - ELEMENTARY AND  
SECONDARY**

|  
**4 YEARS BACCALAUREATE  
DEGREE PROGRAM**

|  
**4 YEARS MEDICAL  
EDUCATION  
(2 YEARS BASIC SCIENCES/  
2 YEARS CLINICAL SCIENCES)**

|  
**1 - 6 YEARS  
POSTGRADUATE TRAINING**

|  
**SPECIALTY CERTIFICATION**

Tab E

**A REVIEWER'S GUIDE FOR THE  
APPROVAL OF PROGRAMS OF MEDICAL EDUCATION**

**NEW YORK STATE EDUCATION DEPARTMENT  
OFFICE OF THE STATE BOARD FOR MEDICINE  
ALBANY, NY 12230**

**REVISED JUNE 1997**

## **A GUIDE FOR USE IN THE EVALUATION OF FOREIGN MEDICAL SCHOOLS**

### **Introduction**

This Guide is intended to describe the process and procedures for the evaluation of unaccredited/unregistered medical schools seeking approval for placing students in clinical clerkships in teaching hospitals in New York State.

### **I. PURPOSE**

The purpose of the evaluation is to provide assurances that students who are participating in clinical clerkships in teaching hospital in New York State are functioning within an adequate framework of medical education and have basic competencies to perform with safety for the public.

Clinical clerkships involve the practice of medicine under supervision and as part of a program of medical education. Medical students are permitted to practice medicine in the state without a license while they are "performing in a clinical clerkship" and are "matriculated in a medical school which meets standards satisfactory to the Department." Review of a program by competent authority is a necessary basis for a determination by the Department that a program is "satisfactory." That determination is important for the hospital that accepts students for service in clerkships, for the students who is concerned that the program in which he/she is enrolls meets appropriate standards, and for the public with whom the student will practice medicine.

### **II. APPLICATION FOR EVALUATION**

An unregistered/unaccredited medical school seeking approval to place students in clinical clerkships in teaching hospitals in New York State may apply to the Office of the State Board for Medicine. The medical school must submit a Data Base Document provided by the Department, along with a current catalog, and faculty and student handbooks or other documents setting forth policies relating to faculty and students. All expenses connected with the evaluation are borne by the institution seeking the evaluation.

### **III. THE EVALUATION PROCESS**

The objective of the site visit team is to evaluate the program of medical education provided for students who would take their basic science education at an unaccredited/unregistered medical school and their clinical training in New York State teaching hospitals. The major purpose of the visit to the home campus is to evaluate that part of the institution's program of medical education, primarily the basic medical sciences, which prepares students for clinical training. The purpose of the visit to the institution's affiliated hospitals in New York State is to evaluate the clinical training undertaken in those

hospitals by the medical students, including the integration of such training within the medical school's total program of medical education and the respective roles of the unaccredited/unregistered medical school and the hospitals in faculty appointments, student selection, supervision, coursework, and academic evaluation.

The Department's review of unaccredited/unregistered medical school programs for placing students in clinical clerkships consists of two elements:

1. A review of the documents submitted by the institution requesting the evaluation. The purpose of the review is to ensure that the medical school provided all of the information requested by the Department. Specifically, the review will determine if the information is adequate to proceed with the site visit. The review will provide an analysis for the site visitors, including any areas that appear to require special attention by the site visitors.
2. A visit to the institution, including visits to clinical facilities at location other than the main campus. The visit will encompass all elements cited in the Guidelines for Evaluation (Part X) and the Regulations of the Commissioner of Education (Appendix A). The site visit will include, among other things, an evaluation of:
  - a. the depth and breadth of the curriculum and the integration of the basic science component with the clinical component of the program;
  - b. the administrative and governing system of the institution;
  - c. the faculty, both basic science and clinical;
  - d. the standards for admission, the maintenance of student records, and the provision for student services;
  - e. the basic science facilities, including faculty offices, laboratories, classrooms, and libraries and other resources supporting basic science instruction; and
  - f. the clinical facilities both in the home country and in New York State.

#### **IV. THE VISITING TEAM**

The visiting team will number at least five people and may comprise as many persons as are necessary according to the scope of the program under evaluation. The team will include Department staff and individuals designated by the Department who are medical educators or practitioners experienced in medical education evaluation.

The institution to be visited will assist the Department in making arrangements necessary for members of the site visit team to visit the campus and, as the Department may request, clinical facilities

at locations other than the campus for the purpose of reviewing and evaluating all aspects of the program. This may include the opportunity to meet trustees, owners or their representatives, administrators, faculty, students, and others connected with the medical education program.

Information concerning the curriculum, faculty, students, resources, and administration, will be provided before the visit. The campus visit will offer an opportunity to verify the accuracy and completeness of this information and to acquire additional information necessary for making sound judgements and providing documentation for such judgements. Interviews with faculty and student and observation of their activities will provide insights regarding morale, intellectual stimulation, and academic achievement.

#### V. THE SITE VISIT REPORT

Following visits to the medical school campus (the preclinical component) and to proposed affiliated hospitals in New York State (the clinical component), a draft report of the evaluation of both components will be prepared by the State Education Department. The draft comprehensive report will be sent to the medical school for comment regarding statements of fact. Following receipt of the medical school's comments, a Department Review Committee will review the report, including any comments or information provided by the medical school. A final report will then be sent to the Associate Commissioner for Professional Education. If no further action is needed, the Associate Commissioner will notify the applicant school of the Department's decision, and include a copy of the final report. If the department's action is unfavorable, the medical school may submit an appeal directly to the Commissioner of Education.

#### VI. THE APPEAL PROCESS

Within 30 days of receiving notice of a decision to deny approval, the medical school may notify the Commissioner in writing of its intention to appeal. Within 120 days of receiving notice of the decision to deny approval, the medical school shall submit its appeal to the Commissioner. The appeal shall take the form of a written statement that presents the position of the medical school and all evidence and information that the institution believes pertinent to the case.

#### VII. GUIDELINES FOR EVALUATION

The guidelines for evaluation of medical programs set forth in the items that follow are based on Sections 52.2, 52.3, and 52.4 of the Regulations of the Commissioner of education, on the policies and guidelines of the Liaison Committee on Medical Education, and on policies and procedures of agencies involved in assessing foreign education systems. Programs of medical education in unaccredited/unregistered medical schools are evaluated solely for the purpose of placing clinical clerks in teaching hospitals in New York State; the evaluation is not for the purpose of registering or accrediting such programs although the criteria are based upon the standards for such evaluation.

Criteria that have been developed from the guidelines for use in program review and evaluation are set forth in Appendix B.

### GUIDELINES

1. The medical school is organized as a definable academic unit, responsible for an educational program of not less than 32 months which leads to the M.D. degree or equivalent degree as determined by the Department. The institution is listed in one or more of the generally accepted resource volumes on international education, and its program is legally recognized and approved for the training of physicians by the competent authorities of the jurisdiction in which it is located.

A variety of organizational forms are possible and no single organizational pattern is prescribed. The program is recognized, however, by the appropriate civil authorities in the country in which it is located as an acceptable training program for physicians.

2. A complete educational program is maintained, the structure and content of which provide an adequate foundation in the basic and clinical sciences.

Since there is no single undergraduate curriculum that can best be prescribed for medical education, each educational program must include a system for assuring that all portions of the program include sufficient instruction in the necessary subjects as well as opportunities for integrating the basic science portion of the program and all clinical experiences. Contained within this structure must be a system for establishing and monitoring all clinical rotations in a satisfactory manner. The parent institution must assume responsibility for assuring the integrity of all clinical experiences regardless of the location in which they occur, including determining that adequate supervision is provided in all clerkships.

3. An administrative and governing system is provided which allows the school to accomplish its objectives.

The institution, through its system of governance, must provide mechanisms to assure appropriate process and high quality in the selection, appointment, and promotion of faculty, and for the selection, promotion, and graduation of students. To achieve these ends, there should be clear definitions of the responsibility and authority of all

committees, administrators, departmental chairs, and faculty, as well as a clear description of the delegations of authority within the institutions.

4. The faculty are composed of a sufficient number of representatives of the biological, behavioral, and clinical sciences to implement the objectives of the institution.

Since the composition of the faculty relates directly to the objectives and goals of the school, it is the responsibility of that institution to provide a sufficient number of faculty of appropriate quality to assure that the educational obligations to the students are fulfilled. In order to meet these obligations, the faculty must have demonstrated competence in the biological, behavioral, and clinical sciences. The competence of the faculty to offer the courses and to discharge other academic responsibilities that are assigned to them shall be demonstrated by training, earned degrees, scholarships, experience, teaching ability, and the ability to advance knowledge.

5. Acceptable standards concerning admission requirements and the student selection process are in place and a system is maintained for keeping adequate student records.

Although each medical school may restrict its specified premedical course requirements to those courses that are considered essential for success in that curriculum, such requirements may not be less than those specified in the Commissioner's Regulations. In addition, each institution must maintain adequate student records and student services. Student records should contain summaries of admission credentials, attendance, a measurement of the performance of the student, and the degree to which the student has met the requirements of the medical school curriculum. These records should accurately reflect each student's work and qualifications, and the qualitative evaluation of each student in each course should be part of that record.

6. Financial resources are available that allow the institution to conduct its program in a satisfactory manner.

Financial support should be sufficient to enable the institution to achieve its objectives, and a system of financial management must be in place that will not compromise the effective operation of the medical program.

7. Facilities, including buildings and equipment, or access to them, are provided that are quantitatively and qualitatively adequate to facilitate the maximum productivity of faculty and



students in fulfilling the objectives of the school.

In the basic sciences, these facilities should include sufficient faculty offices, laboratories, student classrooms and laboratories, and libraries. The medical school must also have access to adequate clinical resources to provide for the clinical instruction of its medical students. Regardless of whether the clinical facilities are operated by the parent institution or are located at some distance from the parent institution and are operated by other authorities, precise agreements of cooperation must be established which clearly define the responsibilities of each party.

