

U.S. Department of Education



Staff Analysis

Mexico

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

U.S. Department of Education

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

Mexico

Prepared January 2004

Background

At its spring 1997 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA or the Committee) determined that Mexico's medical accreditation entity at that time, the Asociación Mexicana de Facultades y Escuelas de Medicina, A.C., commonly referred to as AMFEM, had accreditation standards and procedures for medical schools in Mexico comparable to those used in the United States. Since the NCFMEA comparability determination in 1997, Mexico has submitted annual reports to the Committee on its accreditation activities, including its accreditation site reviews and decisions, changes in its standards and procedures, and information about various meetings and training sessions.

In October 2000, the Public Education Secretary formed the Council for the Accreditation in Superior Education (COPAES) to "confer formal recognition" on foreign and domestic organizations that promote quality and improvement through an accreditation process for academic programs offered by public and private schools of higher education in Mexico. COPAES regulates accreditation for higher education in Mexico by recognizing organizations that will conduct evaluations and make accreditation decisions.

In January 2002, AMFEM established the Consejo Mexicano para la Acreditación de la Educación Médica, A.C. (the Mexican Board for the Accreditation of Medical Education), hereafter referred to as COMAEM or "the Board." COMAEM is a civil association totally independent from AMFEM. COMAEM is responsible for developing and implementing all the standards, policies and procedures for the accreditation of medical schools in Mexico, replacing AMFEM in these activities. COMAEM's accreditation standards, policies and procedures meet COPAES recognition requirements.

Since the NCFMEA had reviewed AMFEM for "comparability" purposes, but not COMAEM, in November 2002, the Committee requested that COMAEM submit by June 2003, information, documentation and answers to the Committee's revised guidelines so that the NCFMEA could make a comparability determination with respect to COMAEM at its fall 2003 meeting. COMAEM submitted some information and Dr. Carlos Díaz-Montemayor, Vice President of COMAEM, provided additional information on COMAEM's accreditation activities at the fall meeting. However, the NCFMEA did not have enough information or answers to its revised guidelines for the Committee to make a comparability determination for Mexico. Therefore, the Secretary requested that COMAEM provide additional information and answers to the NCFMEA guidelines

regarding the comparability of the Board's standards and procedures for the evaluation of medical education.

Currently, there are 51 public and 29 private medical schools in Mexico

Summary of Findings

The Mexican Board for the Accreditation of Medical Education (COMAEM) has been officially designated by the Mexican government as the entity responsible for reviewing and accrediting the medical schools in Mexico. While COMAEM has provided substantial information enabling staff to assess the comparability of the country's quality assurance system for medical education in Mexico to that used in the United States, the following areas remain unaddressed:

- 1) COMAEM has not provided any information on its having any policies or provisions relating to the authority of a medical school's chief academic officer, his or her access to any university officials, or the authority of the department heads or senior clinical faculty members of a medical school's affiliated institutions.
- 2) COMAEM did not provide any information about the agency establishing any curriculum requirements regarding the laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.
- 3) COMAEM did not provide any information regarding biomedical research and the humane care of animals used by its accredited schools.
- 4) COMAEM did not provide any information on the qualifications or training necessary to qualify as a COMAEM policy-making or decision-making official.
- 5) COMAEM did not include any information about any measures used to prevent the inconsistent application of standards in making accreditation decisions.

As well, Mexico's system of medical evaluation appears to be different than the US system of medical education evaluation in the following areas:

- 1) COMAEM appears to have no requirement that there be an authority external to and independent of the management of a Mexican medical school.
- 2) COMAEM does not appear to have any policies or provisions requiring that a medical school's faculty participate in the hiring, promotion or tenure of part-time faculty.

- 3) COMAEM does not appear to require any psychiatry course in its clinical curriculum, nor has the agency provided any information addressing to what extent a medical school's clinical instruction covers aspects of acute, chronic, continuing, preventive, and rehabilitative care for all organ systems.
- 4) COMAEM appears to have no requirement that accredited schools submit annual reports.
- 5) COMAEM does not have any "substantive change" provisions in its accreditation policies or procedures.
- 6) COMAEM does not use information on its accredited schools' graduates' performance history or any licensing examination results in making accreditation decisions.

Nevertheless, based on the information provided by COMAEM, it appears that Mexico has an evaluation system that remains substantially comparable to the system used in the United States to evaluate the quality of medical education here.

Staff Analysis

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

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

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

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

The Mexican government formally installed the Consejo Mexicano para la Acreditacion de la Educacion Medica, A.C. (the Mexican Board for the Accreditation of Medical Education or COMAEM), to be the entity responsible for the accreditation of all medical

schools in Mexico in a ceremony in Mexico City in January 2002. This official action followed the creation of several other organizations in Mexico, all related to the accreditation of higher education institutions in the country.

Once these organizations were in place, they set guidelines and requirements for the creation of agencies to accredit various specialties. For medicine, this meant that the then-accreditor of medical schools in Mexico, the Mexican Association of Medical Faculties and Schools (AMFEM), had to form a nonprofit, civil association, independent of the government, for the sole purpose of evaluating and accrediting the quality of medical education programs. This association is COMAEM or the Board, which was publicly recognized in June 2002 by Mexico's Council for the Accreditation in Superior Education, also known as COPAES, for five years.

Documentation:

"Agreement through which the conditions for el Consejo Mexicano para la acreditacion de la education medica (COMAEM), now named el Organismo," dated June 6, 2002.

PART II: Accreditation/Approval Standards

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

1. Mission and Objectives

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

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

Several COMAEM standards involve the mission and objectives of medical schools and medical education in Mexico. One standard has a provision requiring that the "mission must be based and structured on a commitment with the highest quality in the scientific, social, ecological and humanistic development." Another standard requires that medical schools publish their general educational objectives and mission so that students, faculty members, administrators, staff personnel and school directors will know them.

COMAEM's first standard requires that medical schools must clearly state their educational objectives and how these will be attained during the educational process. The process should then result in a quality education graduating general medical

practitioners who will contribute to the country's health system through "competent and scientifically based practices," keeping themselves continuously up to date on current medical practices and partaking in postgraduate training or education and research.

Mexico does not have a licensing requirement for students to practice medicine; however, a student must have an M.D. degree earned by graduating from a program with approved courses and the "approval of the Professional Exam" (after the required period of social service). New physicians must register their degrees with the Secretary of Public Education (SEP) and obtain a "Cedula Profesional," which is a license to practice as a physician. Also, new physicians must register with the Secretary of Health. Medical schools must have a "Professional Exam" or its equivalent that confirms a graduate's knowledge in the different aspects of the basic sciences, clinical expertise, and in the general abilities and attitudes needed by a general practitioner.

Documentation:

Quality Standards: 1, 2, 3, 18, 37 and 39.

2. Governance

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

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the institution's administration. The external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

Before a school can begin a medical education program, it must obtain a document of approval from the Secretary of Public Education (SEP) by complying with specific requirements set by the SEP. This document of approval is known as an "RVOE," which is an "Acknowledgement of Official Validity of Studies." Also, the Secretary of Health (SSA) must approve the medical school's proposed curriculum. The SSA is the entity in Mexico that authorizes all medical schools' clinical teaching facilities by granting a school a "Visto Bueno" or approval from the SSA's Inter-Institutional Committee for Education of the Human Health Resources.

Beginning in March 2005, the SSA will not grant approval to unaccredited medical schools. Thus, these schools must seek and earn accreditation from COMAEM or they will no longer have access to clinical teaching facilities in Mexico.

In Mexico, medical schools are accountable to their parent universities or an institution of studies of higher education, which must be approved by the SEP. One standard states that SEP recognition assures "a proper academic environment for scientific research, and intellectual and cultural development of the future physician." Other than

this, there appears to be no other accountability for the management of Mexican medical schools that is external and independent of the schools administration.

Documentation:

Document—"Acuerdo 279 REVOE SEP."

Quality Standards: 5, 6, 7, 8 and 11.

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 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.**

Several COMAEM standards apply to the effective administration of Mexico's medical schools. Standard 79 requires a medical school's administration to include professionals, secretaries, technicians, and cleaning, maintenance and security personnel, while another standard includes the requirement that medical schools have the "human" resources necessary to accomplish the school's objectives and accommodate the number of enrolled students. All medical schools that are part of a university must adhere to the university's rules and regulations.

COMAEM has not provided any information on its having any policies or provisions relating to the authority of a medical school's chief academic officer, his or her access to any university officials, or the authority of the department heads or senior clinical faculty members of a medical school's affiliated institutions.

Each school's faculty supervises and controls the clinical sciences program. Teachers at the clinics, who are appointed by the medical schools, assess the medical schools' students while they are doing their clinical rotations.

Documentation:

Quality Standards: 4, 56, 57, 62, 63 and 79.

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

Two standards have requirements for the chief academic official of a medical school in Mexico. One standard requires that the dean or his or her equivalent be a physician "with outstanding academic activity with degrees and studies recognized by an approved university, and have leadership and experience in medical education, research and management." Also, the appointment of the chief academic official must be for a minimum of three years so he or she will be at the school long enough to understand it and establish policies and projects to improve the medical education at the school.

Documentation:

Quality Standards: 9 & 10.

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

- (i) Admissions;**
- (ii) Hiring, retention, promotion, and discipline of faculty; and**
- (iii) All phases of the curriculum, including the clinical education portion;**

All medical schools must have a selection committee, or its official equivalent, that determines and publishes yearly the school's admission criteria and selection process. The academic faculty of a medical institution must design, approve, supervise and evaluate the school's curriculum and its educational process in accordance with the institution's internal rules and procedures. Medical schools also must have procedures for the hiring, promotion and tenure of part-time faculty. COMAEM does not appear to have any policies or provisions requiring that a medical school's faculty participate in the hiring, promotion or tenure of part-time faculty.

Documentation:

Quality Standards: 14, 15, 41 & 53.

- (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.**

Several state universities with medical schools and some private medical schools in Mexico have more than one medical school in the geographic state in which they are located. However, these additional sites are regarded as separate, independent schools regarding both their educational programs and clinical sites. Thus, COMAEM evaluates these locations individually and makes accreditation decisions based solely on the merits and qualifications of each school site.

Documentation:

Quality Standards: 54, 55 & 78.

4. Educational Program

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

The minimum length of a medical education program in Mexico is five years and 5,000 hours, including the clinical internship.

Documentation:

Quality Standard: 12.

- (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.

All medical education programs in Mexico require basic sciences, socio- and bio-medical and clinical sciences courses, and an undergraduate internship. Subjects required include morphology (anatomy, histology, and embryology), biochemistry, physiology, physio-pathology, genetics, molecular biology, immunology, neurosciences, microbiology, pathology, pharmacology, therapeutics, statistics, epidemiology, public health, medical ethics and medical anthropology.

COMAEM did not provide any information about the agency establishing any curriculum requirements regarding the laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

Documentation:

Quality Standard: 19.

(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.

Required clinical subjects in the Mexican educational program include internal medicine, pediatrics, gynecology and obstetrics, surgery, emergencies, and family and community medicine. The clinical education must include at least a one-year internship during which students are under the supervision of personnel from both the medical school and the hospital or healthcare institution. Since the hospitals are not usually part of the medical schools, the schools must have signed agreements with the hospitals for the clinical training of their students. Agreements between the school and clinical sites must provide for an adequate number of patients at the facility that will guarantee the students satisfactory opportunities to participate in the required educational activities.

COMAEM does not appear to require any psychiatry course in its clinical curriculum, nor has the agency provided any information addressing to what extent a medical school's clinical instruction covers aspects of acute, chronic, continuing, preventive, and rehabilitative care for all organ systems. Also, the agency provided no information on how it assesses the extent to which a medical school program of clinical instruction is designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Documentation:

Quality Standards: 22, 24, 25, 27, 54, 55, 57, 58 & 60.

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

Imaging is taught as a complement to each clinical discipline, but not as a separate subject in Mexican medical schools. Hospitals used for internships must have departments of pathology, clinical pathology and imaging, and include academic activities with integrated teachings in patient diagnostics. A standard does require that all medical schools have the necessary resources for clinical studies, including a clinical history department, a clinical laboratory, and an infrastructure with a sufficient library, meeting and class rooms, and audiovisual and computing support.

Documentation:

Quality Standards: 25 & 70.

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

All medical schools must include bioethics and research committees of faculty and students that interact with the school's curriculum and medical program. Medical and community ethics are required basic science courses, as is having a curriculum that promotes the study of the interaction between good health and illness. Further, medical schools must include in the curriculum courses that assist medical students in understanding Mexico's social, economic and political problems. Finally, the curriculum must include courses that help the students in their future practices deal with their

patients coping with the intellectual and emotional demands that result from uncertainty, tension, conflicts of interest and ethics, and that arise in medical emergencies.

Documentation:

Quality Standards: 19, 28 & 61.

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

Mexican medical schools must promote the correct use of Spanish and encourage using English so that medical students will be able to use and understand the clinical and bio-medical terms and language used in Mexico and the rest of the world.

Documentation:

Quality Standards: 20 & 21.

(b) 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.**

Many quality standards require Mexican medical schools to review their curricula, educational programs, students, graduates, faculty, and administrative personnel and staff for their continuous improvement.

The faculty in all medical schools is responsible for designing, conducting and evaluating a school's educational process, including the curriculum. The curriculum must be approved by the faculty, and the faculty also is the group that makes changes to it based on its evaluation of it. All medical schools must have a permanent "auto-evaluation" system that measures the accomplishments of a school's objectives and

evaluates the students, professors, curriculum, and administrative and support personnel in order to promote the continuous improvement of all aspects of the school. Finally, all schools must have a system in place that checks on its graduates and their academic and professional achievements on national and international standardized examinations, their practice of medicine as private practitioners or with an institution, and their research activities.

Mexico also has a national exam used to place students in medical residency specialty programs. This exam is a multiple choice test and examines students in the basic sciences and the clinical sciences in internal medicine, pediatrics, obstetrics-gynecology, surgery (including emergency care), public health and in the English language. Although the exam is used for the placement of students, schools use it as a means to measure "outcomes" relating to their students, and then use this information to make changes to their educational programs.

Documentation:

Quality Standards: 12-39.

(a) 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

In general, medical schools in Mexico determine their own admission requirements, except that all schools may only admit students who have completed a preparatory school education with a bachelor of sciences degree, approved by the public education secretary, which includes three years of natural sciences studies. COMAEM does have

standards that require that medical schools "have a rigorous selection and admission system," and a faculty selection committee or its equivalent that sets and makes public at the beginning of a school year the school's admission criteria and selection procedures. Additionally, schools can only admit as many students as they can handle given their resources, including faculty, classroom and laboratory space and equipment, and library and clinical facilities.

Other quality standards require that schools have "established norms" for the transfer students, which is only allowed between accredited schools, and for the transfer students to take remedial courses, if necessary. Also, schools should give transfer students examinations if there are any questions as to a student's preparedness for the educational program.

As far as students having access to their records, while all schools must provide students with their grades and appropriate academic certificates, there is neither a law in Mexico nor a COMAEM policy provision that requires schools to allow students free access to their academic records.

Documentation:

Quality Standards: 35 & 40-44.

(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.

Neither COMAEM nor Mexico has a law or regulation requiring the country's medical schools to use a specific methodology to evaluate their students' academic performances. However, all medical schools have their own methods of evaluating and testing their students. COMAEM has provisions in its quality standards that require that all elements in an educational program have evaluation instruments, and that the faculty of all schools at the beginning of a course advise students on the evaluation instruments that will be used in the course. Schools must have regulations for their evaluations and for the requirements for promotions and graduation. The evaluations must explore the knowledge and skills gained by

the students and their competence and ability to solve problems. They must also demonstrate their abilities in clinical criteria and situations.

Almost all medical schools require students to pass a "Professional Exam" to get their degrees at the end of their undergraduate studies and after they have completed at least six months of their year of a required social service program. These exams have an oral "theory" part that tests students in both the basic and clinical sciences and in the socio-medical aspects and community medicine areas, and a "practical" part, where a student must perform an examination of a hospital patient, usually completing a diagnosis, treatment plan, and applicable rehabilitation and preventative recommendations.

As reported in an earlier section, Mexico also has a national exam used to place students in medical residency specialty programs. This exam is a multiple choice test and examines students in the basic sciences and the clinical sciences in internal medicine, pediatrics, obstetrics-gynecology, surgery (including emergency care), public health and in the English language. Although the exam is used for the placement of students, schools use it as a means to measure "outcomes" relating to their students, and then use this information to make changes to their educational programs.

Documentation

Quality Standards: 30-37 & 39.

(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.

COMAEM has standards that require medical schools in Mexico to offer their students access to academic and mental health counseling by appropriately trained personnel and access to available healthcare facilities. Another standard requires that all schools have a committee that sets policies and procedures for the students' exposure to infectious diseases and environmental risks that accompany their activities as medical students.

Documentation:

Quality Standards: 45, 47 & 48.

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.

COMAEM's standards relating to the financial condition of its accredited schools require them to have adequate funding to carry out their programs and a fixed, operating budget in place for each academic period based on the school's upcoming projects and programs.

All schools are required to have "appropriate classrooms and study areas" for their students, along with a cafeteria and recreation areas for them to use. Additionally, all schools must have areas for their faculty to conduct their academic and research activities, and offices, meeting rooms and laboratories consistent with their duties at their schools. Finally, all schools must have satisfactory clinical facilities, study and classrooms, and the appropriate equipment and infrastructure for their students to accomplish all the topics and studies required in the curriculum.

COMAEM did not provide any information regarding biomedical research and the humane care of animals used by its accredited schools.

Documentation:

Quality Standards: 46, 51, 55, 62-65 & 70.

(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.

Medical schools in Mexico follow their own rules with respect to the size of their faculty. Faculty members must have university and postgraduate degrees in their specialized area of expertise and the clinical faculty at all accredited schools must be specialty board certified teachers. Medical school faculty must continue their pedagogical training, teacher training and clinical skill training. Faculty are also allowed time to

attend national and international conferences and training workshops. Finally, all schools must have systems in place to hire and promote their faculty, which acts as a collegiate entity without political interests.

Documentation:

Quality Standards: 44, 49, 50, 52, 53 & 76.

(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.

COMAEM has standards that require medical schools to have a well-catalogued and updated library with materials that support the educational and clinical research needs of the students. To accomplish this, a school must have "efficient mechanisms for the acquisition of new material, subscriptions to main periodic publications for the clinical and bio-medical areas, computing technology to find and access efficiently bibliographical information, professional and trained personnel to operate and supervise the libraries operation, and user services, such as direct access to the materials, tutoring, and training to find and obtain bibliographical information of other types, such as videocassettes, compact, video and interactive discs, multimedia, and tri-dimensional communication models by means of electronic mail." If a school shares a library with a health institution, the school must have a cooperative agreement with the clinical site to make certain that the library functions correctly. If students are not located near the school's library, the school must ensure that the students can use a subsidiary library or that there is in place an inter-institutional agreement with a library that the students can use.

Documentation:

Quality Standards: 66-69.

(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.

With respect to the clinical sites used by medical schools for educating their students, a school must first obtain permission from the secretary of health to use a hospital as a clinical site, and then the school and hospital must enter into an agreement concerning the education of the school's students. The secretary of health also proposes an internship program for the students, which is approved by the medical school. To graduate, a Mexican medical student must take the last year of his or her educational program at a clinical site as part of the clinical science program, before also providing a year of social service, usually in a rural setting.

All medical schools must have signed collaboration or inter-institutional agreements with the facilities that their students use for their clinical studies. These agreements must

stress the importance of the educational aspects the students need to obtain at the healthcare facility and have the facility direct some of its resources to the education and research activities that support the students' educational goals. As stated earlier, the agreements must also provide for an adequate number of patients at the facility that will guarantee the students satisfactory opportunities to participate in the required educational activities.

The medical schools must have enough trained personnel at the healthcare facilities to supervise and evaluate the teaching programs there and must select and appoint the teachers in the healthcare facilities based on their academic qualifications and evaluations. Finally, medical schools must have an established evaluation system for the healthcare facility that assesses their clinical facilities.

Documentation:

Quality Standards: 23, 54, 55 & 70-78.

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.

COMAEM requires a comprehensive on-site inspection for all medical schools seeking accreditation. The on-site inspection includes reviewing the school's facilities, admissions process, the faculty, students and graduates, and the academic support services available to the students. While the on-site inspection does include reviewing the main campus and the facilities used by the school for its clinical sites, including those used for the undergraduate rotating internships located near the main campus, the inspection does not include internship hospitals located in other cities. On-site inspections often do include visits to close-by rural sites where the students do their required social service year of training.

Medical schools must complete a self-assessment report based on COMAEM's quality standards before an on-site inspection. On-site inspection teams usually have four or five members, and complete a verification report, which lists the team's recommendations, observations, and suggestions. The report also includes comments on all of the quality standards and includes the school's observed strengths and weaknesses. The report does reach a conclusion as to the school's performance and includes a statistical review of the school's rating on each quality standard.

COMAEM makes accreditation decisions at its regularly scheduled meetings, deciding to accredit medical schools for five years or one year, or to deny accreditation. If COMAEM decides that a school needs to take remedial action, it gives the school a deadline to take such action and report back to COMAEM. Schools may appeal all accreditation decisions to COMAEM.

Documentation:

Accreditation Procedures Manual.

Site Visit Guide.

Site Visitors Manual.

Site Visit Report Format,

2. Qualified On-Site Evaluators

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.

COMAEM requires that its on-site inspection team members be either part-time or full-time faculty member at an accredited medical school with at least seven years academic or administrative experience at the school, and demonstrate formal pedagogical training. Further, on-site inspectors must complete a COMAEM on-site training course and assist on their first on-site inspection as an "observer."

COMAEM did not provide any information on the qualifications or training necessary to qualify as a COMAEM policy-making or decision-making official.

Documentation:

Site Visitors Manual.

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.

Medical schools in Mexico must be re-accredited at least once every five years. There is no requirement that accredited schools submit annual reports. However, any school accredited with obligations or recommendations to fulfill as a condition of its accreditation must meet the deadlines set for its compliance with these conditions. Schools accredited only for one year must satisfy the conditions set within the required deadlines and submit an annual report.

Documentation:

Accreditation Procedures Manual.

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.

COMAEM does not have any "substantive change" provisions in its accreditation policies or procedures. Schools should, however, note any changes in their medical education programs or school infrastructure in their self-evaluation reports when they apply for re-accreditation. Medical schools making substantive academic or infrastructure changes must notify the secretary of public education and their university or parent institution of higher education.

Documentation:

Quality Standard: 5.

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.

COMAEM's code of ethics applies to members of its Board of Directors and site visitors. In the case of site visitors, those individuals with any relationship, past or present, with the school being evaluated are left off the site visitors' team. If a Board member has, or has had, any relationship with a school on which the Board is making an accreditation decision, the Board member must withdraw from the decision-making process.

COMAEM did not include any information about any measures used to prevent the inconsistent application of standards in making accreditation decisions.

Documentation:
COMAEM's Code of Ethics.

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.

Although COMAEM now has a standard that requires its accredited medical schools to follow up on the results of their graduates' licensing examinations and their academic and professional post-graduate achievements, the agency has not used their graduates' performance history or any licensing examination results in making accreditation decisions.

Documentation:
Quality Standard: 39.