



THE SECRETARY OF EDUCATION
WASHINGTON, DC 20202

MAY 14 2004

SENT BY FACSIMILE TRANSMISSION

Dr. Guillermo Soberón Acevedo
President, Mexican Board for the
Accreditation of Medical Education
South Peripheral Not 4809
Colony the Arenal Tepepan
Delegación Tlalpan
CP 14610
México D. F.

Dear Dr. Soberón:

On March 8-9, 2004, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) met in Washington, D.C., to review materials from 13 countries, including the information and documents submitted by your office describing the accreditation standards and processes used by the Mexican Board for the Accreditation of Medical Education (COMAEM) to evaluate and accredit medical schools in Mexico. At the meeting, Dr. Carlos Diaz-Montemayor provided additional information on behalf of Mexico. His testimony was most helpful, and the NCFMEA members wish to thank him for his participation in the meeting.

I am pleased to inform you that the NCFMEA, based on the information and materials submitted and the testimony presented, determined that the standards and processes used by COMAEM to accredit medical schools in Mexico are comparable to those used to accredit medical schools in the United States. This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and processes for accrediting medical schools in Mexico are still comparable to the accreditation standards applied to medical schools in the United States. If so, its previous determination of comparability will be extended for another period.

As a result of the determination of continued comparability by the NCFMEA, any medical school in Mexico that is accredited by COMAEM may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program. If a medical school's application is approved, students enrolled in the school

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

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

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

At the March meeting, the NCFMEA also requested that Mexico provide a report for review at the March 2006 NCFMEA meeting. In addition to providing information on accreditation activities involving Mexican medical schools, the report should include a status report on the areas of concern listed in the Department's staff analysis. Please see the enclosure for details on the information to be provided in the report.

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

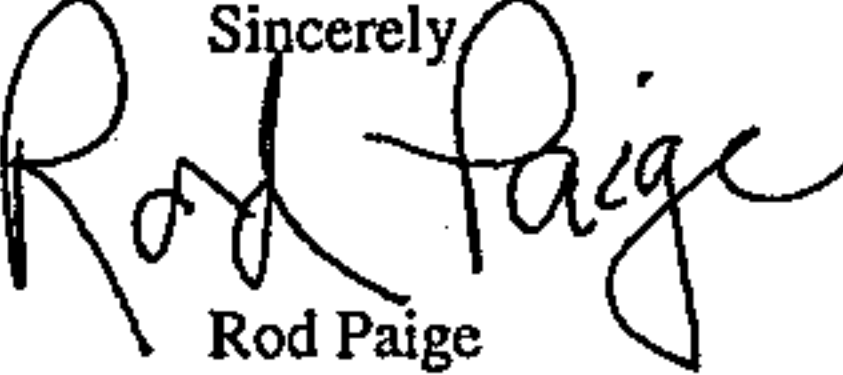
Mr. John Barth
Director, Accreditation and State Liaison Staff
U.S. Department of Education
1990 K Street, N.W. – Room 7105
Washington, DC 20006-8509
USA

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

The Executive Director of the NCFMEA, Bonnie LeBold, will contact you in the autumn of 2005 to provide information regarding the March 2006 NCFMEA meeting. In the interim, if you have any questions, please do not hesitate to contact Ms. LeBold at (202) 219-7009 (telephone), (202) 219-7008 (fax), or bonnie.lebold@ed.gov (e-mail).

Page 3 -- Dr. Guillermo Soberón Acevedo

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

Sincerely

Rod Paige

Enclosures

cc: Dr. Carlos Diaz-Montemayor
Vice President, COMAEM

**Report Requested from Mexico and the
Mexican Board for the Accreditation of Medical Education (COMAEM)
by the National Committee on Foreign Medical Education
and Accreditation (NCFMEA)**

Due Date: December 1, 2005

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

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

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

- ***Areas of concern identified in the Department staff report on Mexico prepared for the March 2004 NCFMEA meeting:*** The attached staff analysis identifies areas where COMAEM did not provide information. Please provide a status report on those areas, including:
 - Any standards established by COMAEM that schools must follow regarding biomedical research and the humane care of animals.
 - Any requirements regarding qualifications and training that COMAEM has established for its decision-makers and policymakers.
 - Any procedures that COMAEM has established to prevent the inconsistent application of standards in making accreditation decisions.
- ***Current status of medical schools:*** A list of the medical schools currently operating in Mexico, indicating whether each school has gone through the accreditation process and what the outcome of that accreditation process has been (whether the school is fully accredited or provisionally accredited, whether accreditation has been terminated, etc.).
- ***Overview of accreditation activities:*** A summary of key activities involving Mexican medical school(s) during 2004 and 2005, such as accreditation reviews conducted, meetings held and accreditation decisions reached, and accreditation conferences or training sessions held.
- ***Laws and regulations:*** Any changes in your country's laws or regulations during 2004 and 2005 affecting the accreditation of medical school(s) in Mexico.
- ***Standards:*** An indication as to whether there have been any changes during 2004 and 2005 in the accreditation standards that the COMAEM uses to evaluate and accredit medical schools, and, if so, what those changes were in the areas listed below:
 - administration,
 - faculty,
 - curriculum,

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

Attachment: Staff Analysis

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.



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2004	S (W)

005313
Doc Number (Places Stamp here)

Document Class
circle one

01 Agenda

Country Materials for 89

Enter country-code number from the Master List.

- 21 Staff Analysis
- 23 Agency Response
- 24 Addendum
- 29 Secretary's Decision Letter

- 02 Decision Memo
- 04 Federal Register Notices
- 05 General Correspondence
- 06 Handouts
- 07 Minutes
- 08 Readers/Recusals
- 09 State Department Notice
- 10 Transcripts

Date - -
 YYYY mm dd

30 By-Laws

- 62 Appointment Letters
- 64 Membership Lists
- 66 Guidelines
- 68 Miscellaneous

*Country
Response
to draft
Staff
Analysis*

Greathouse, Robin

From: Carlos Diaz-Montemayor [carlos.diaz@itesm.mx]
Sent: Thursday, February 12, 2004 3:47 PM
To: Griffiths, Carol
Cc: Guillermo Soberon Acevedo; Octavio Castillo Lopez; LeBold, Bonnie; Greathouse, Robin
Subject: FW: Draft Staff Analysis for Review for March 8-9, 2004 Meeting

Mr. John Barth
Director, Accreditation and State Liaison

Dear Mr. Barth:

We have read your Draft Staff Report regarding the Mexican Board for Accreditation of the Medical Education; we find it to be correct in your interpretation and have nothing further to add at this moment. On March 8-9/04 I will be attending your NCFMEA Meeting in Washington DC on behalf of COMAEM. Thank you.

Dr. Carlos Diaz-Montemayor, F.A.C.S.
Rio Madeira 205 Pto. Col. Del Valle
Garza Garcia, N.L., Mexico 66220

Tel. (52) (81) 8356-3063, Tel. (52) (81) 8348-2816
Fax. (52) (81) 8378-3006

E-mail: <carlos.diaz@itesm.mx>

Nota: Algunos mensajes, intencionalmente no llevan caracteres graficos exclusivos del español.

-----Original Message-----

From: Gloria Orozco [mailto:gloria@funsalud.org.mx]
Sent: Jueves, 12 de Febrero de 2004 01:19 p.m.
To: Greathouse, Robin; Bonnie.LeBold@ed.gov
Cc: Dr. Octavio Castillo; Dr. Carlos Díaz Montemayor
Subject: RE: Draft Staff Analysis for Review for March 8-9, 2004 Meeting

Dear Mr. Greathouse:

Thank you for your kind invitation to the 8-9 meeting, Carlos Díaz Montemayor very kindly, has accepted to represent COMAEM, for that meeting, unfortunately I will not be able to go to Washington on those days because due to previous commitments.

I am sure, Carlos represents COMAEM successfully, and he will send you the information your are requested.

With my best regards,
Guillermo Soberon

-----Mensaje original-----

De: Greathouse, Robin [mailto:Robin.Greathouse@ed.gov]
Enviado el: Jueves, 12 de Febrero de 2004 08:29 a.m.
Para: 'gloria@funsalud.org.mx'; 'carlos.diaz@itesm.mx'
Asunto: FW: Draft Staff Analysis for Review for March 8-9, 2004 Meeting

2/13/2004



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2004	S (W)

005827
Doc Number (Bates Stamp here)

Document Class
circle one

01 Agenda

Country Materials for 49

Enter country-code number from the Master List.

- 21 Staff Analysis
- 23 Agency Response
- 24 Addendum
- 29 Secretary's Decision Letter

- 02 Decision Memo
- 04 Federal Register Notices
- 05 General Correspondence
- 06 Handouts
- 07 Minutes
- 08 Readers/Recusals
- 09 State Department Notice
- 10 Transcripts

Date - -
 yyyy mm dd

30 By-Laws

- 62 Appointment Letters
- 64 Membership Lists
- 66 Guidelines
- 68 Miscellaneous

Country Submission



COMAEM

Consejo Mexicano para la Acreditación
de la Educación Médica

Consejo Directivo
2002 - 2004

Presidente

Dr. Guillermo Sobertín Acevedo

Vicepresidente

Dr. Carlos Díaz Montemayor

Secretario Ejecutivo-Tesorero

Dr. Octavio Castillo y López

Vocales

Dr. José de Jesús Villalpando Casas
Academia Nacional de Medicina

Dr. Leopoldo S. Gutiérrez Rodríguez
Academia Mexicana de Cirugía

Dra. Guadalupe Alarcón Fuentes
Secretaría de Salud

Dr. Enrique Vargas Salado
Dr. Humberto Augusto Veras Godoy
AMIFEM

Observadores

Dra. Ana María Monterosas Rojas
Instituto Mexicano del Seguro Social

Dr. Luis Felipe Montaña Estrada
Inst. de Seguridad Social y Servicios
para los Trabajadores del Estado

Dra. Beatriz J. Velásquez Castillo
Universidad Autónoma de
San Luis Potosí

Dr. Alfonso Puebla Pérez
Colegio Médico de México, A.C.

Mtro. Gilberto Hernández Zúñiga
Representante de la Sociedad Civil

Consejo Mexicano
para la Acreditación
de la Educación Médica, A.C.

Perifoneo Sur 4809 Tel. 5159
Col. El Arenal Tepepan
Tlalpa, México, D.F. C.P. 14610

Av. Juárez 2111-201
Puebla, Pue., México C.P. 72160
Tel. 01 (222) 248 46 77

comaem@upaep.mx
www.comaem.org.mx

COMAEM

Av. Juárez No. 2111 2º piso Int. 201

Col. La Paz

Puebla, Pue. 72160

México

Telephone and fax number 52 222 248 46 77

E-mail comaem@upaep.mx

December 8, 2003.

Mr. John Barth
Director, Accreditation and State Liaison Staff
U.S. Department of Education

Dear Mr. Barth,

According to the verbal recommendation given by the National Committee on Foreign Medical Education and Accreditation (by Dr. Harry R. Jacobson, Committee Chair) to Mexico's representative (Dr. Carlos Díaz-Montemayor, Vice-President of the Mexican Board for the Accreditation of the Medical Education.-COMAEM), on its last NCFMEA meeting held on November 11th, and 12th, 2003 in Washington, D.C., we are sending the answered NCFMEA Guidelines, used to evaluate medical schools offering programs leading to the MD degree. We include the needed references, some of which had also been previously sent. The main referential material has been translated as well as the answers to the guidelines. We hope that this meets your expectations in order that you may consider them for your 2004 NCFMEA Spring Meeting as was stated in your November 2003 meeting. We thank you in advance for the considerations that you may have for the present letter.

Dr. Octavio Castillo y López
Executive Secretary and Treasurer

c.c. Dr. Carlos Díaz-Montemayor.- Vice-President COMAEM

1.- Guidelines

2.- Self-Evaluation Instrument with 79 quality standards

3.- COPAES Agreement

4.- Agreement 2/9 of acknowledgment of official Validity of Studies SEP

5.- Manual of Procedures for the Accreditation

6.- Site Visit Guide

7.- Site-Visitors Manual

8.- COMEM's Code of Ethics

9.- Site Visit Report format

10.- Examen Nacional de ingreso a la educación Superior

11.- Examen Nacional para Aspirantes Mexicanos y Extranjeros a Residencias Médicas

12.- Estado de la Acreditación

13.- Examen General para el Egreso de la Licenciatura en Medicina General
EGEL-MG

Oxford
Omi-Dex™

Tabla	Product
Orógrafos	Prochal
Medios	Embraga
15	20-0050
	20-0085
	20-0100
	24100
	24150

Assembled in Mexico
Using U.S. Components/
Assemblaje de piezas de Estados Unidos
en México/
Ensamblado en México utilizando
componentes de los EE. UU.

ESSELE

#1

ANSWERS BY
THE MEXICAN BOARD FOR ACCREDITATION OF THE
MEDICAL EDUCATION
TO
THE NATIONAL COMMITTEE ON FOREIGN MEDICAL
EDUCATION AND ACCREDITATION GUIDELINES
USED TO EVALUATE MEDICAL SCHOOLS OFFERING
PROGRAMS LEADING TO THE M.D. DEGREE

Mexico
October 24, 2003

PRELIMINARY NOTES

EVALUATION STANDARDS

These answers to the NCFMEA GUIDELINES include the reading of the questions (some are indicators) in the Self-Evaluation Instrument pertaining to the specific standards that are cited as references, in order to get the adequate interpretation of the standard. Some questions are indicators and appear under each standard (Ref. No.)

GLOSSARY

AMFEM: Asociacion Mexicana de Facultades y Escuelas de Medicina, A.C.
(*Mexican Association of Faculties and Medical Schools, citizen association*)

Faculty: In Mexico this word is commonly used to designate a school of higher education studies that grants academic Masters and doctoral (PhD) degrees besides professional degrees; it is seldom used to name the professors body. This is why our standards begin with "A faculty or school must....." Because all standards apply equally to both.

COMAEM: Consejo Mexicano para la Acreditacion de la Educacion Medica, A.C.
(*Mexican Board for the Accreditation of the Medical Education*).

SEP: Secretaria de Educacion Publica
(*Secretary of Public Education*) government.

SSA: Secretaria de Salud
(*Secretary of Health*) government, National Healthcare System

COPAES: Comité Para la Acreditacion de la Educacion Superior
(*Committee For The Accreditation of Higher Studies*) reports to SEP. It accredits higher education accrediting organizations.

IMSS: Instituto Mexicano del Seguro Social
(*Mexican Institute of Social Security*) Healthcare system.

ISSSTE: Instituto de Servicio de Seguridad Social de los Trabajadores del Estado
(*Social Security Service for the State Employees*) government, Healthcare System.

CIEES: Comité Interinstitucional para la Evaluacion de la Educacion Superior
(*Interinstitutional Comité for the Evaluation of Higher Education*) reports to SEP. It evaluates higher education public (state) programs.

CENEVAL: Centro Nacional de Evaluacion
(*National Evaluation Center*) It offers final and midterm evaluation exams for high schools and higher education (professional) programs to any schools.

EGEL-MG: Examen General de Egresados de la Licenciatura de Medico General
(*General Exam for the Graduates of the General Practitioner Program*) This exam is offered to the universities on a voluntary basis and gives specific feedback on the student's performance on its different subject areas and compares this performance with other schools; it is used as an option by some state medical schools as an option to receive the professional degree.

ENARM: Examen Nacional de Aspirantes a las Residencias de Especialidades Medicas.

ANSWERS TO NCFMEA GUIDELINES

COMAEM

Dr.C.Diaz-M. Oct. 24-03

(National Exam for the Applicants for the Medical Specialty Residency Programs)

All graduates must take this exam in order to be selected as candidates for the residency matching program.

Internado Rotatorio de Pregrado:

(Rotating Undergraduate Internship) A minimum of a year of clinical training in an approved hospital or clinical facility by the SSA, which is part of the medical school curriculum. It is not a clinical clerkship, it includes patient and healthcare delivery supervised responsibilities which a clerkship does not.

**ANSWERS OF THE MEXICAN BOARD FOR
ACCREDITATION OF THE MEDICAL EDUCATION
(COMAEM), TO THE GUIDELINES OF THE NATIONAL
COMMITTEE ON FOREIGN MEDICAL EDUCATION AND
ACCREDITATION (NCFMEA), USED TO EVALUATE
MEDICAL SCHOOLS OFFERING PROGRAMS LEADING TO
THE M.D. DEGREE**

**PART I.- The Entity Responsible for the
Accreditation/Approval of Medical Schools**

Question 1: What is the name of the entity responsible for evaluating the quality of medical education in your country?

The Mexican Board for the Accreditation of Medical Education (Consejo Mexicano para la Acreditación de la Educación Médica, A.C. – (COMAEM)

Question 2: By what authority does this entity accredit or approve medical schools?

By the year 2000, the ANUIES (National Association of Universities and Superior Education Institutes), the FIMPES (Federation of Private Mexican Institutions of Superior Education), the SEP (Public Education Secretary), the National Academy of Medicine, the Mexican Academy of Engineers and the Honorable Bar of Lawyers established the COPAES (Accreditation Board of Superior Education), whose only purpose is to legally qualify and accredit the accrediting organizations of these educational programs. In order to abide by COPAES' rules the Mexican Association of Medical Faculties and Schools (AMFEM) promoted the creation of COMAEM (Mexican Board for the Accreditation of Medical Education), formed as a Civil Association, independent from the government, non profitable, whose only purpose is to evaluate and accredit the quality of the medical programs. COMAEM was officially installed in a ceremony at the National Academy of Medicine on January 2002, we had Mr. Ron Lipton as an observer, at this event. The COMAEM assumed the process already started by AMFEM in 1996, continuing the site visits and accreditation process . COMAEM uses the same 78 quality standards (updated in 2000), that you heard of in the report sent to you by AMFEM last year (2002). COMAEM was officially accredited for five years by COPAES and publicly recognized as such on June 6, 2002 as an accrediting organization of the medical education programs in our Country.

**Documentation to provide: Please provide a copy of the law, regulation, or other document that authorizes this entity to accredit/approve medical schools.
SEE DOCUMENT "Convenio COPAES 2002" Ref (3)**

PART II.- Accreditation/approval Standards

1. Mission and Objectives

Question 1a: What are your country's requirements related to the educational mission of medical schools in your country?

Besides taking in consideration the fraction II of article 3 of our Constitution in relation to "...the criteria that will guide the education, this will be democratic, national and contribute to a better human living together...", which is not specifically related to medical education, it needs to comply with the following standards:

Standard 2.- The mission must be based and structured on a commitment with the highest quality in the scientific, social, ecological, and humanistic development.

Standard 3.- The general educational objectives and the mission must be published. At the same time, they must be known by the students, the faculty, the administrators, the staff, and the directors of the medical school.

Question 1b: What are your country's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care?

The COMAEM establishes on its quality standards, the requirements that must be considered in the mission, as well as the requirements that must be observed by the schools to give a qualified education.

Standard 1.-The General educational objectives must be clearly stated so that they permit the forming of general practitioners that will be capable of:

- a. Contributing in the preservation or reestablishment, if this is the case, of individual or collective health through a competent and scientifically based practice.
- b. Keeping themselves continuously updated with the current medical knowledge.
- c. To continue if this be the case with postgraduate training or education and research.

Standard 18.- The "professional profile" must include the knowledge, abilities, attitudes and skills needed to educate the future General Practitioner and should be related and aligned with the institutional mission.

Standard 37.-The school must demonstrate that the "Professional Exam" or its equivalent evaluate in different aspects the basic sciences knowledge, clinical performance and that it verifies the abilities and attitudes needed by the general practitioner.

Standard 39.- The school must have a Follow-up Program of its Graduates that verifies their academic achievement and professional performance through standardized national and international exams; the institutional practice or private certified practice and research, that allow to have feedback on the educational system.

Note: There is no law or requirement in our Country that requires any exam in order to obtain a license to practice, other than the approval of the courses that lead to the MD degree and the approval of the Professional Exam (after the required period of Social Service) that entitles the student to be granted the M.D degree; thereafter the new physician must register his/her degree in the Secretary of Public Education (SEP) in its General Direction of Professions (DGP) Department and obtain a document called "Cedula Profesional" (which is a "license") to practice as a physician, and must also obtain a registration from the Secretary of Health (both these registrations or permits are without exams). The Certification by the Mexican Board of General Medicine is not compulsory yet. (This Board was just granted its recognition as such by the National Academy of Medicine, only a couple of years ago).

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate a medical school's mission and objectives. Alternatively, please provide a copy of the specific law or regulation in your country that mandates the mission and objectives that all medical schools in the country must have.

SEE QUALITY STANDARDS No.1, 2, 3, 18, 37, and 39 Ref (2)

2. Governance

Question 2a: What are your country's requirements related to authorization or licensure of medical schools in your country? Are they required to be legally authorized or licensed in order to provide a program of medical education in your country? If so what is the name of the entity that authorizes or licenses medical schools?

The universities established as autonomous, according to the Mexican Political Constitution, can create by their own authority a medical program. Particulars can also be authorized to give education, under the protection of the third Constitutional Article, and for this purpose must obtain authorization from the Secretary of Public Education (SEP) which recognizes the educational program through a document of approval that it issues, called "RVOE" (Reconocimiento de Validez Oficial de Estudios = Acknowledgement of Official Validity of Studies) "which all educational programs must have", and comply with the following specific requirements. Before this RVOE is granted to a University who plans to open a program leading to the M.D. degree, the Secretary of Health (SSA) must have also received and approved the proposed curriculum of the medical school's program, which it is then delivered to the SEP for its analysis and decision ; this step is mandatory for the school, since it is the SSA who will authorize the clinical

teaching facilities for the Clinical Science part of the curriculum; to this purpose the SSA grants its approval through a document called "Visto Bueno (= approval) from its CIFRHS (Interinstitutional Committee for the Education Of the Human Health Resources). We at COMAEM have not received directly any applications for approval as yet.

The SSA has been working very closely with COMAEM since it began its accreditation processes in 2002, in order to establish deadline accreditation dates for the unaccredited medical schools, after which it will no longer grant them access to clinical teaching facilities if they remain unaccredited. This deadline extends for one year and a half starting September 2003.

Question 2b: What are your country's requirements related to the accountability of the management of a medical school to some authority external to the medical school? Is there such an external authority? If so, what is that authority?

There aren't any specific external authorities to which a medical school must be accountable for its management other than its parent University. At present any medical school that is operating and is not accountable to a recognized approved University (by SEP) is not in a legal status in our Country.

Standard 5.-The medical School must be integrated to an University or an Institution of Studies of Higher Education that is legally recognized that guarantees a proper academic environment for scientific research, and intellectual and cultural development of the future physician.

Standard 6.- The medical school must have a stable and representative government structure that is elected with rules that support the education and research.

Standard 7.- The school must have a form of government, organization, rights and obligations for its members, professors, researchers, alumni, and technical administrative personnel that has its appropriate rules.

Standard 8.- The school must have academic authorities that are elected into collegiate academic groups or bodies that are representative of knowledge. Their activities in this groups are to be honorific.

Standard 11.- Medical education institutions must demonstrate that their academic objectives have priority over all other goals.

Documentation to be provided: Please provide a copy of the requirements for operating a medical school in your country. Also, please provide the specific standards your country uses to determine if the management of a medical school is appropriately accountable to some external authority. Alternatively, please provide a copy of any law or regulation in your country that mandates that medical schools must be accountable to a specific governmental authority.

SEE THE DOCUMENT "Acuerdo 279 REVOE SEP" Ref (4) and QUALITY STANDARDS: 5,6,7,8 AND 11 Ref. (2)

3. Administration

Question 3a: What are your country's requirements regarding how medical schools are to be administered?

Every school must adhere to its parent University's legislation in this respect regarding to all its professional schools, be they private or public (also there are several universities with several medical schools in Mexico), but besides this, COMAEM's specific standards for this question in regard to all medical schools follow. These standards apply to each and every school regardless if a university has one of it's medical schools accredited (if this be the case).

Standard 4.- To carry out the educational processes the school must have the physical, material, human, technological and financial resources according to its objectives and number of enrolled students.

Standard 56.- The school must have a planning system that is supported by a systematic and permanent assessment (evaluation) program that reveals a development plan that includes institutional academic long and short term projects.

Standard 57.- The school or faculty must include in its planning process the interinstitutional opinion of experts in local, regional and national health problems with the idea of offering proper solutions and to include them in the academic programs.

Standard 62.- The school must have financial funds that guarantee the accomplishment of its programs.

Standard 63.- The school's financial resources must coincide with the operation cycle and the needs be established beforehand in accordance with the programs and projects that were planned and to be developed.

Standard 79.- The administrative areas of each school or faculty must have professionals, secretaries, technicians, cleaning, maintenance and vigilance personnel, as well as offices, storerooms, workshops, parking lots and transportation.

Documentation to be provided: Please provide a copy of the specific standards you country uses to evaluate the effectiveness of a medical school's administration. Alternatively, please provide a copy of any law or regulation in your country that mandates the particular administrative structure all medical schools must have.

SEE QUALITY STANDARD No. 4, 56, 57, 62, 63 and 79 Ref. (2)

Question 3b: What are the qualifications your country requires for the person who holds the position of chief academic official of a medical school?

The only specific standards in this regard are COMAEM's:

Standard 9. - The members of the government structure must be nominated and elected according to each institution's legislation. The appointment of the Dean of the medical school or its equivalent must be for a minimum of three years to guarantee his comprehension of the institution and the establishment of policies and projects to improve the medical education.

Standard 10. - The Dean of the medical school (or its equivalent) must be a Physician (M.D.) with outstanding academic activity with degrees and studies recognized by an approved University, have leadership and experience in medical education, research and Management.

Documentation to be provided: Please provide a copy of the specific standards your country uses to determine if the chief academic official of a medical school is qualified for that position. Alternatively, please provide a copy of any law or regulation that mandates the specific qualifications and individual must have to serve as chief academic officer of a medical school.

SEE QUALITY STANDARDS No. 9 AND 10 Ref. (2)

Question 3c: What are your country's requirements related to the participation of the faculty members of a medical school in decisions related to admissions; the hiring retention, promotion, and discipline of faculty; and curriculum?

COMAEM's standards are the only guidelines in this aspect:

Standard 41.- The school or faculty must have a selection committee (or its equivalent, formalized according to the ruling of the institution) that determines the admission criteria and the selection procedures and makes them public at the beginning of the scholar calendar.

Standard 53.- The school must have a system and established procedures for hiring, permanence and promotion of docents, in which collegiate bodies (Faculty) participate. These collegiate bodies must be ruled and independent from political and labor factors that are beyond academic interests.

Standard 14.- The design, conduction and evaluation of the educational process must be the responsibility of the faculty of professors (collegiate organs or its equivalent).

Standard 15.- The curriculum must be designed, approved, supervised, and evaluated by collegiate organisms (Faculty) of strictly academic character, whose nomination and functions are properly ruled according to the legislation of each institution.

Documentation to be provided: Please provide a copy of the specific standards your country uses to determine if the chief academic official of a medical school is qualified for that position. Alternatively, please provide a copy of any law or regulation that mandates the specific qualifications an individual must have to serve as chief academic officer of a medical school.

SEE QUALITY STANDARDS No. 41, 53, 14, AND 15 Ref. (2)

Question 3d: What requirements does your country impose on a medical school that offers part or all of its program at a geographically separated site (sometimes called a branch campus or additional location) to ensure that the quality of education at that site is comparable to that at the main campus and that students are evaluated in a comparable manner at all sites?

In our Country, most of the medical schools do not have their own clinical facilities to teach the clinical sciences (hospitals) needed for their programs, therefore they have to first obtain from the Secretary of Health an authorization or permit so that the available clinical facilities may be used as "teaching clinical facilities"; thereafter the Hospitals and the school must sign an agreement on this matter. Most of the clinical teaching facilities that are used by schools in Mexico belong either to the Mexican Institute of Social Security [Instituto Mexicano del Seguro Social (IMSS)] or to the Secretary of Health [Secretaria de Salud (SSA)] or are privately owned. All medical school programs in Mexico include a required year of rotating undergraduate internship in a hospital (this is the last curricular year in the medical education programs before the students leave for a year of social service usually in a rural setting, before they can graduate).

The practice of the clinical sciences program are taught generally in a local hospital near the medical school and is supervised and controlled by the school's teaching staff, this doesn't happen during the aforementioned internship year; the reason being that the students are assigned to different hospitals in the entire country by the Secretary of Health, according to its matching program and needs for Interns. Therefore all medical schools that rely on hospitals that are not controlled by them, must have specific teaching agreements signed towards this purpose with whichever hospital their interns rotate through. The teaching medical staffs in "these remote" hospitals follow an internship program proposed by the Secretary of Public Health that is generally approved tacitly by the schools; the assessment of the interns is carried out by teachers appointed by the school at those hospitals who report back to the school.

The site visits towards obtaining an accreditation does not include the visiting of all the hospitals that one particular school may be using for its internship program but usually it does include those where the basic clinical skills are taught as well as those where the greater bulk of their interns are.

In Mexico there are several State Universities and some private ones which have 2, 3 or more medical schools in their own geographical state; regardless of the previous statement each and every medical school is independent regarding their educational programs and local clinical settings, therefore COMAEM evaluates and site visits individually each school seeking accreditation and does not blindly approve each other's program solely based on the fact that they belong to the same University.

COMAEM has some standards that lend support in these matters:

Standard 54.- The theoretical frame of reference of the interinstitutional agreements must contemplate: that the healthcare institution acknowledges the importance of academics in upgrading the quality of healthcare delivery and should support with its resources the educational and research activities. The school on its part must bring forth knowledge and strengthen the research, organizing the educational process. Both will be immersed in a common effort to upgrade the quality of health care and education.

Standard 55.- The school must establish agreements with healthcare institutions that allow both to assemble working groups that will develop clinical educational programs for different healthcare scenes at different complexity levels of healthcare, towards upgrading the quality of education and healthcare.

Standard 78.- The school must favor the interaction with the healthcare institutions and have an evaluation program to assess the clinical facilities that will allow the training and education of it's students.

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate the operations of a branch campus of additional location of a medical school and to determine if they are comparable to those provided at the main campus of the school.

SEE QUALITY STANDARDS: 54, 55 AND 78 Ref. (2)

4. Educational Program

Question 4a: How long must a medical school's program of medical education leading to the M.D. degree (or equivalent) be in your country?

Standard 12. - The studies must be of at least five years and 5000 hours duration including the undergraduate internship, excluding the "on call" and the complementary clinical practice hours.

Documentation to be provided: Please provide a copy of the specific standard, law or regulation in your country that governs the length a medical program leading to the M.D. degree (or equivalent) is required to be. Alternative, if your country is a member of the European Community (EC) and, therefore, subscribes to the EC requirement of 5500 hours for the medical program, please provide documentation that your country is a member of the EC.

SEE QUALITY STANDARD No. 12 Ref. (2)

Question 4b-1: What are your country's requirements related to the basic sciences component of a medical program leading to the M.D. (or equivalent) degree? What subjects does your country require a medical school to include in the basic sciences? What requirements does your country have for the laboratory portion of the basic sciences curriculum?

Standard 13.- The curriculum model of the school must indispensably include, the basic sciences, socio-medical and bio-medical, clinical sciences, undergraduate internship and social service.

Standard 19.-The curricular structure must include and articulate the basic science education to the clinical one, promoting a reasoning that allow the student to explain himself the interaction between the different levels of organization, from the molecular to the psycho-social one, that conditions the health process from health to illness. Subjects: [Morphology (anatomy, histology, embryology), biochemistry, physiology, physiopathology, genetics, molecular biology, immunology, neurosciences, microbiology, pathology, pharmacology, therapeutics, statistics, epidemiology, public health, clinical, community, medical ethics, medical anthropology]

Question 4b-2: What are your country's requirements related to the clinical sciences component of a medical program leading to the M.D. (or equivalent) degree? What subjects does your country require a medical school to include in the clinical sciences?

The clinical education includes subjects that deal with: Internal Medicine, Pediatrics, Gynecology and Obstetrics, Surgery, Emergencies, Family Medicine and Community.

Standard 22.- The clinical education must:

- a. Base the empiric evidence on scientific reasoning;
- b. Be done in fundamental or essential areas for the practice of the general medicine;
- c. Consider the systematized and methodological making of the clinical histories.
- d. Develop the capability of establishing diagnostic hypothesis and confirm or discard them.
- e. Develop the capability of taking decisions concerning the integral handling of the patient.
- f. Include the acquisition of skills for the initial handling of medical-surgical urgencies.

The clinical education includes subjects that deal with: Internal Medicine, Pediatrics, Gynecology and Obstetrics, Surgery, Emergencies, Family Medicine and Community.

Standard 24.- The curriculum must include at least one year of undergraduate internship that is considered a period of clinical practice where the student acquires knowledge and applies what he previously has learned, develops and perfects his/her skills, while being supervised constantly by both the school and the healthcare institution with the idea that he/she perform independently during their social service year and professional practice later on.

Standard 25.- The academic program of the Rotating Undergraduate Internship must me organized on the basis that it includes clinical rotations through the areas of Internal Medicine, Pediatrics, Gynecology/Obstetrics, Surgery, Emergencies and first level of healthcare (primary care) and must be carried out in second-level healthcare hospitals or third-level hospitals, as long as the facilities also allow the education in General Practice or the latter is complemented with rotations through other clinical facilities. The clinical rotations must be carried out in clinical services

that have an adequate infrastructure for teaching and healthcare purposes, a teaching staff with postgraduate studies that have good quality practicing standards and a constant academic activity.

Standard 27.- The school must have academic programs, trained personnel, supervision and assessment systems and access to working areas that allow community health care activities to be carried out, these being linked to the epidemiological context that prevails in the Community and nationwide. These areas should be such that they enhance research, teaching and healthcare.

NOTE: Since the teachings of the clinical sciences require the use of hospitals that are not usually owned by the schools, the schools must have signed agreements with the hospitals where these sciences are taught, before the internship year and for the internship proper. The following standards are meant to support the quality of the curriculum and its continuum during the phases of clinical education: Standards 54, 55, 57, 58 and 60 deal with the terms and conditions on which the school and the healthcare institutions must be in agreement in order that the infrastructure and the quality teaching and learning needs are met, with the obligation of having these signed agreements operating and updated as needed.

Question 4b-3: What are your country's requirements related to the inclusion of disciplines that support the fundamental clinical subjects in a medical program leading to the M.D. (or equivalent) degree? What does your country require a medical school to include in these disciplines?

The rotating undergraduate internship is carried out only in these hospitals which must have Pathology and Clinical Pathology and Imaging Departments which carry out academic activities that include these integrated teachings in the patient work-ups. The Pathology courses in all our medical schools include a section on clinical pathology at the basic sciences level, but not all include specific courses in Radiology, this is usually an optional course in some of our schools but not many. Most of the imagenology is taught as a complement of each clinical discipline but not as a stand-alone subject in our schools.

Please see Standard 25.- "carried out in second-level healthcare hospitals or third-level hospitals,..."

Standard 70.- The school must have the necessary resources oriented towards the clinical teaching be them of their own or of the National Healthcare System, qualified personnel with postgraduate studies, well organized clinical history department, clinical laboratory, imagenology and the necessary infrastructure such as library, classrooms, meeting rooms, audiovisual and computing support. All of these for the delivery of high quality healthcare, that may be considered as a model for the education of the future physicians.

Question 4b-4: What are your country's requirements related to the inclusion of ethical, behavioral, and socioeconomic subjects in a medical program leading to the M.D. (or equivalent) degree?

Standard 19.-The curricular structure must include and articulate the basic science education to the clinical one, promoting a reasoning that allow the student

to explain himself the interaction between the different levels of organization, from the molecular to the psycho-social one, that conditions the health process from health to illness. Subjects: [Morphology (anatomy, histology, embryology), biochemistry, physiology, physiopathology, genetics, molecular biology, immunology, neurosciences, microbiology, pathology, pharmacology, therapeutics, statistics, epidemiology, public health, clinical, community, medical ethics, medical anthropology]

Standard 28.- The curricular structure must include the capability of developing the following personal skills:

- a. Ability to learn by himself in order to continue his education and permanent personal development.
- b. Critical judgment that allow the identification of relevant problems for the medical practice, discriminating the important from the secondary matters, valuing the controversies and judging the validity of the state of the art..
- c. Self-Acknowledgment of the limitations in his knowledge and professional competence.
- d. Ability to work in multi-disciplinarian teams, in a plural environment of cooperation and respect, keeping adequate working relations with other doctors and members of the health team.
- e. Comprehension of the social, economic and political problems that affect our country and world, as well as alternatives of solution.
- f. Ability to contend with the intellectual and emotional demands that result from the uncertainty, tension, ethical and interest conflicts, in medical emergency; having the sensibility, integrity, moral strength, and social responsibility, as well as the altruism to act in benefit of the patient and preserving the highest human values.

Standard 61.- The school must have bioethics and research committees that relate to the school's program, in which students and teachers participate.

Question 4b-5: What are your country's requirements related to the inclusion of communications skills in a medical program leading to the M.D. (or equivalent) degree?

Standards 20 and 21.- The school must promote the learning of Spanish Language and to encourage the use of English to have access to the clinical and bio-medical national and international knowledge.

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate the content of the curriculum of a medical school's program leading to the M.D. (or equivalent) degree, including a copy of the specific requirements for each component of the program (basic sciences, clinical sciences, etc.). Alternatively, please provide a copy of any law or regulation in your country mandating the specific content of the curriculum.

SEE QUALITY STANDARDS No. 13, 19, 20, 21, 22, 24, 25, 27, 28, 54, 55, 57, 58, 60, 61, AND 70 Ref. (2)

Question 4c: What are your country's requirements related to the design, implementation, and evaluation of a medical school's curriculum? Does your country require each medical school to have its own system for evaluating the effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation? If so, what role does your country require the faculty members of the medical school to play in that process? Alternatively, does your country mandate the evaluation of the curriculum all medical schools are required to have to be provided by some centralized authority of body? If so, what is that authority or body?

Each school must design and develop and implement their curriculum based on COMAEM's standards if the school is to be accredited; nevertheless it is not mandatory that they do so when they first seek authorization from the Secretary of Education to open because accreditation is not compulsory; the latter is still carried out on a voluntary basis. The Secretary of Health (SSA) in our Country assigns the healthcare facilities (hospitals) to the schools where these carry out the teaching of the Clinical Sciences. The SSA announced a deadline for all of our medical schools to be accredited in order to qualify for clinical facilities assignment. The deadline is one and a half years beginning September 1st 2003, after which the schools that do not accomplish this will have to close, since they will not have any clinical facilities available. Each school is responsible for the design, implementation and evaluation of its curriculum as well as whatever changes they make in it, as a result of their self-diagnosis. There is no centralized body that reviews the curricula of all the schools, nevertheless any changes made to the programs (such as adding courses or changing the names of subjects), must be informed to the Secretary of Education (SEP). A working classification of schools by the SSA has been implemented in agreement with COMAEM: "accredited schools", schools "in self evaluation" and schools that were "not accredited". These schools that are in the "self evaluation" as well as those that are in the "not accredited" categories have until March 2005 to be accredited. The SEP has a noncompulsory evaluation program that is offered to all the public universities and all their programs of higher studies including medicine, but it does not accredit the programs; this is done through the Comité Interinstitucional para la Evaluación de la Educación Superior (CIEES) = (Interinstitutional Committee for the Assessment of Higher Education). Nowadays many public universities are seeking this evaluation since their Presidents are requiring it in order to assign from the University's Budget the State's funds for their improvement projects for their schools.

Standard 14.- The design, conduction and evaluation of the educational process must be the responsibility of the faculty of professors (collegiate organs or its equivalent).

Standard 15.- The curriculum must be approved, supervised and evaluated by collegiate organisms (faculty bodies) of strictly academic character, whose nomination and functions are properly ruled according to the legislation of each institution.

Standard 38.- The schools or faculties must have a permanent, integral institutional auto-evaluation system to determine the degree of accomplishment of the objectives and promote the continuous improvement, that includes the results of the evaluations of students, professors, curriculum, administrative, and support personnel.

Standard 39.- The school must have a follow up program for it's graduates, that verifies their academic and professional achievements through: national and international standardized exams; the certified institutional or private practice and their research, that allow the feedback of the educational system.

NOTE:

Standards (12 to 29) evaluate the curriculum in regard to design, organization, and implementation.

Standards (30 to 37) evaluate the educational process.

Standards (38 and 39) evaluate the medical school in an integral manner

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate the effectiveness of a medical school's system for the design, implementation, and evaluation of its curriculum. Alternatively, please provide a copy of any law of regulation specifying how the content of a common curriculum mandated for all medical schools in the country is to be evaluated and updated by some centralized authority or body.

SEE QUALITY STANDARDS No. 12 TO 39 Ref. (2)

5. Medical Students

Question 5a-1: What are the requirements for the admission of students to medical schools in your country? Are these requirements specified at the national level for all medical schools or is each medical school allowed to set its own standards for admission provided it meets the general requirements specified by the government of other appropriate body?

The only requirement specified at a national level and that is applied in common by all Medical Schools is that all students have completed and approved "Bachilleres" Studies which is called PREPARATORIA= prep school (which encompass three years of natural sciences after ninth grade), which is a Bachelor of Sciences, that was carried out in an approved and recognized program in a School recognized by SEP; the approval certificate of these studies must appear registered in the SEP.

Other than the above, the other requirements are specified by each medical school, that is, in regard to the number of admissions, the previous academic, and any vocational aspects, admission exams (which few schools have) or other student profile characteristics that must be met.

Standard 40.- The school or faculty must have a rigorous selection and admission student system.

Standard 41.- The school or faculty must have a selection committee (or its equivalent, formalized according to the ruling of the institution) that determines the

admission criteria and the selection procedures and makes them public at the beginning of the scholar calendar.

Standard 42.- The school must have established norms for the transfer of students between accredited schools and must only be allowed in the initial and intermediate years, provided there is compatibility of curricula and if it is not quite the case, it must provide remedial courses to allow it.

Standard 43.- The institutions must only accept students coming from accredited institutions and the revalidation of courses must be made on the basis of verification of the accreditation of the referral institution, taking in consideration the opinion of the national accrediting institutions. If in doubt appropriate exams should be applied to the transfer candidate.

Standard 44.- The school must only admit a number of students in direct relationship with the availability of the critical resources: Faculty, the variety and "richness" of the academic areas, the student/teacher ratio, classroom space, teaching laboratories and their equipment, financial resources, it's library and the size and healthcare quality of the clinical facilities to be used.

Question 5a-2: What access do students have to their records in your country? What law (if any) govern student access to records and the confidentiality of student records in your country?

There is no general rule or law that mandates that students have free access to their school's academic records; this is usually guided by each institution's (the University's) legislation in regard to these matters. In general the students can request grade or academic certificates as well as studies year certificates or degree certificate copies mostly at anytime; but, they cannot actually see the original school's academic records. Just recently a "Transparency Law" was a proposed and approved by Congress that allows the citizens of our Country to access government department records; this law has many clauses and conditions which at this very moment are being interpreted in regard to the extent to which this clauses and implementation rules apply and what instances it reaches, legally speaking. In time it may also reach the rights of the student's in regard to their direct access to the (their own) university's confidential academic records.

Standard 35.- The school or faculty must communicate the student's grades to the students, in a timely manner; likewise, there must be a student appeal mechanism clearly legislated, and the case warrants the process of correction, this must be implemented.

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate the effectiveness and appropriateness of a medical school's admissions requirements. Alternatively, if admissions requirements are mandated centrally in your country, please provide a copy of the law or regulation specifying those requirements. Also, please provide a copy of any standards, law, or regulation related to student access to records of the confidentiality of those records.

For Question 5a-1 SEE STANDARD No. 40, 41, 42, 43, 44

For Question 5a-2 SEE STANDARD No. 35

Question 5b: What are your country's requirements related to how medical schools must evaluate student achievement? Are medical schools free to establish their own methods? If so, how does your country determine if they are adequate? Alternatively, are there some national requirements such as standardized examinations that all medical school students must take?

There is no national law that mandates that a specific methodology be used to evaluate medical school student's academic achievement. Each school proceeds according to its own legislation in these matters.

Most, if not nearly all of the medical schools in our Country have a Professional Exam at the end of their Undergraduate Rotating Internship (Internado Rotatorio de Pregrado) and at least having completed 6 months of their Social Service year. This exam has an oral "theory part" that deals with basic sciences, clinical sciences, sociomedical aspects and community medicine and a "practical part" which requires the student to examine a patient, present the case and discuss the diagnosis, treatment, rehabilitation and preventive measures that apply; this usually is a hospitalized patient. The student must support his decisions scientifically. The student must approve this exam which is carried out by a "jurado"= (jury) composed of three professors, in order that the degree of "Medico Cirujano" or "Medico General" is granted (equivalent to General Practitioner).

Most of the public (State) medical schools are beginning to apply a standardized, not entirely compulsory, national exam that is offered by "Centro de Evaluacion Nacional" (CENEVAL) = National Evaluation Center. This exam "Examen General de Egreso de la Licenciatura de Medico General" (EGEL-MG) is based on the knowledge, abilities, skills and attitudes a General Practitioner must possess in order to properly handle the 10 most frequent health problems seen in Mexico, epidemiologically speaking. This exam is also taken after the Undergraduate Rotating Internship and usually before the Professional Exam; some schools have it as an option instead of the latter, in order to receive their degree. The CENEVAL gives feedback to the student and to the school on the performance of every student. It also gives the school comparative statistics in relation to other school's achievements in this exam; theoretically this information is used by each school to make proper adjustments in their educational process.

There is a National exam that is used for the selection of candidates to fill the available places for the Medical Residency Specialty programs in Mexico, it is called "Examen Nacional de Aspirantes a las Residencias Medicas" (ENARM). All the graduate students with their Medico Cirujano degree must take this exam in order that they may qualify and enter the matching residency program. This is a multiple choice standardized exam with 400 items that deal with Basic Sciences, Clinical Sciences in Internal Medicine, Pediatrics, Obstetrics-Gynecology, Surgery (Emergencies included), Public Health and an English Section. This exam has been applied for more than 15 years now, for the same purpose. It is a selection exam, but is internally used by the schools as feedback for their programs by some schools. The schools receive feedback on specific outcomes for every student in every one of the areas they are tested and the ranking the school holds compared with the students from other schools, for each and every residency that they applied to. The exam is the same for all applicants to all the residencies. This

exam is taken roughly by 20,000 students, that is those that graduate that specific year (plus minus 8,000) and those that were not selected in the previous years; there are approximately 4,000 slots for first year residents, including all the different Specialty Residency programs (these approximate numbers are for the year 2002). The USMLE is not generally used by Mexico's schools as a means of benchmarking or to analyze and upgrade their educational programs.

The following are COMAEM'S standards that focus on evaluating

Standard 30.- Each subject, module, or educational unit of the curriculum must have purposes, objectives, criteria and evaluation instruments according to the educational model that sustains the curriculum.

Standard 31.- The school or faculty must communicate the students the purposes, objectives, criteria and evaluation instruments of each subject, module, or educational unit at the beginning or each course.

Standard 32.- The school or faculty must have rules for the evaluation that include the series of subjects and requirements for promotion of the students.

Standard 33.- The school or faculty must implement a student evaluation that includes, besides the exams of structured answers, other types of evaluations that allow them to explore the level of knowledge, the skill to solve problems, the mastery of abilities and skills, the aptitude and attitude to act in real environments, the performance, and the competence.

Standard 34.- The school or faculty must implement registration systems in order to evaluate the clinical activities, (e.g. check lists, measuring scales) that allow them to determine the progress of the students through direct and systematic observation with the purpose of strengthening the tutorial teaching and guaranteeing the mastery of the abilities and clinical criteria.

Standard 35.- The school or faculty must communicate timely the grades to the students; likewise, there must be an appeal mechanism clearly ruled, and on its case, the process of correction.

Standard 36.- The school or faculty must have on its structure, general units of scholar registration by areas, in which to verify the pursuit of learning in the student and allow the decision taking that guarantee his best academic performance.

Standard 37.- The school or faculty must assure that the degree exam (or its equivalent), explore different levels, of the basic formation, the clinical performance and the verification of the mastery of abilities, skills, and attitudes needed by the MD .

Standard 39.- The school must have a Follow up Program of its Graduates (Programa de Seguimiento de Egresados) that verifies their academic and professional achievements through national and international standardized exams; their institutional and/or certified private practice and their research, that allow to feedback the educational system.

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate the adequacy of a medical school's methods for evaluating student achievement. Alternatively, please provide a copy of any law or regulation mandating a specific methodology and/or examination to be used by medical schools in your country to evaluate student achievement.

SEE QUALITY STANDARDS FROM No. 30 TO 37 and 39 Ref. (2)

Question 5c: What are your country's requirements for the provision of student services by medical schools?

Mexico does not require by law that the schools offer any healthcare to its students; nevertheless every University has its own Preventive Healthcare Programs that are ruled by their own legislation. Besides this, some private schools offer the possibility of buying Group Health Insurance. The State schools that have their own teaching facilities offer their students access to their facilities (these are very few), some schools have agreements with the Social Security Institution System for the major healthcare hospital needs. Some state schools have agreements with the SSA (Secretary of Health). Not all schools have a standardized means of giving healthcare to its students.

The following are COMAEM'S standards to this respect:

Standard 47.- The school must offer academic and psycho pedagogical counseling by specialized personnel.

Standard 48. - The school must offer its' students access to healthcare facilities. The school must also have a Committee with its proper policies that deal efficiently with risk factors that expose its students to infections and environmental risks that are related to their activities as medical students.

Standard 45.- The school must have a scholarship program that is properly ruled, to help the bright students and aid those that lack resources.

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate the student services medical schools must provide.
SEE STANDARDS: 47, 48 and 45 Ref. (2)

6. Resources for the Educational Program

Question 6a/b: What are your country's requirements related to the facilities a medical school must have?

All of these standards apply to public as well as private medical schools. There are 51 public and 29 private medical schools operating at present. Only the public (state) medical schools are funded by the government.

Standard 46.- The school or faculty must have appropriate classrooms and study areas for the students, in addition to places for recreation and sports practice including a cafeteria in the Institution's facilities, or in a nearby location.

Standard 51.- The school must have physical areas for the teacher's academic work and research laboratories that allow for their personal development.

Standard 55.-The school must have signed collaboration agreements with healthcare institutions (hospitals) that allow the integration of working groups from both institutions towards the development of clinical teaching programs in the different health scenarios in the different healthcare levels of complexity, focusing on improving the quality of education and healthcare.

Standard 62.-The school must have adequate funding that assures the accomplishment of its programs.

Standard 63.- The financial support must coincide with the school's operative cycle and should be established beforehand (budget) and should be based on its projects and programs.

Standard 64.- The school or faculty must have adequate buildings, facilities and equipment to allow a high academic productivity. This general infrastructure must consist in classrooms, auditoriums, study rooms, multiple-use rooms, play and sports areas, scholar services and attention-to-students areas, teaching laboratories, amphitheater, audiovisual material, anatomic models and specimens, as well as any other required in the curriculum.

Standard 65. - The Faculty (teachers) and directors or heads of departments of each school, must have offices, research laboratories, meeting rooms according to the function they perform.

Standard 70.- The school must have the necessary resources oriented towards the teaching of the clinical sciences, be them of their own or of the National Healthcare System, qualified personnel with postgraduate studies, well organized clinical history department, clinical laboratory, imagenology and the necessary infrastructure such as library, classrooms, meeting rooms, audiovisual and computing support. All of these for the delivery of high quality healthcare, that may be considered as a model for the education of the future physicians.

Documentation to be provided: Please provide a copy of the specific standards your country uses in evaluating the adequacy of a medical school's facilities. Alternatively, if all medical schools are public and funded by the government, please provide a copy of any law or regulation governing the provision of facilities for medical schools.

SEE STANDARDS No. 46, 51, 55, 62, 63, 64, 65, AND 70 Ref. (2)

Question 6c: *What are your country's requirements related to the size of the faculty a medical school is required to have? What are its requirements related to the qualifications for appointment to the faculty?*

There is no specific law or requirement in our Country in relation to the size of the Faculty and each Medical School proceeds according with its own legislation. In general the teachers must have a university degree in the discipline in which they are appointed besides the appropriate postgraduate studies. The clinical teachers must be certified by the specific Specialty Board. This last qualification is not required by entirely all medical schools but is being required by almost all government healthcare institutions where clinical teachers are appointed. The accredited schools have Board certified clinical teachers.

Standard 44.- The school must only admit a number of students in direct relationship with the availability of the critical resources: Faculty, the variety and "richness" of the academic areas, the student/teacher ratio, classroom space, teaching laboratories and their equipment, financial resources, its library and the size and healthcare quality of the clinical facilities to be used.

Standard 49.- The school must have a body of professors whose academic profiles include: they must possess the knowledge and be competent in their discipline with academic degrees above Bachelor of Sciences including postgraduate studies that are recognized by a University, pedagogical training and teaching vocation, ability to do scientific research and able to work as a team.

Standard 50.-The school must have continuous teacher pedagogical training programs that allow the teachers to grow professionally, supported by scholarships and exchange visits that allow them to attend updating courses and national and international academic events.

Standard 52.-The school must have programs that offer economic stimuli in equilibrium between academic productivity and research.

Standard 53,- The school must have an established procedural system for appointment and promotion of its teachers, that participate as a collegiate body with its proper ruling that does not have any political or syndicate interests.

Standard 76.- The teachers in the clinical facilities must be selected and appointed by the medical school, based on academic evaluations and academic criteria. Every medical school must determine and publicize their clinical teacher's profile. The healthcare institution must provide the candidates.

Documentation to be provided: Please provide a copy of the specific standards your country uses in evaluating the adequacy of a medical school's faculty. Alternatively, please provide a copy of any law or regulation that mandates the size of the faculty and/or the qualifications for appointment to the faculty of all medical schools.

SEE STANDARD No. 44, 49, 50, 52, 53 and 76 Ref. (2)

Question 6d: *What are your country's requirements related to a medical school's library?*

Standard 66.- The school or faculty must own a library with sufficient updated well catalogued material from different areas of knowledge that allow supporting the educational and continued research activities. For this reason it must have:

- a. Efficient mechanisms for the acquisition of new material.
- b. Subscriptions to the main periodic publications from the clinical and bio-medical areas.
- c. Computing technology to find and access efficiently the bibliographical information.
- d. Professional and trained personnel to operate and supervise its operation.
- e. User services, such as direct access to the materials, tutoring, and training to find and obtain bibliographical information of other type, such as videocassettes, compact discs, video discs, interactive discs, multimedia, tri-dimensional communication models by means of electronic mail.

Standard 66.- The school or faculty that shares the library with a health institution, must have an agreement to regulate the cooperation among both institutions in

order to assure the correct functioning of this library, and simultaneously, establish its dimensions considering the needs of both institutions.

Standard 68.- The school or faculty that presents a geographical dispersion factor that makes difficult the access of the students and professors to the main library, must establish a subsidiary library or inter-institutional agreements to this respect.

Standard 69.-The school must have facilities, computing technology equipment, and programs that allow extra-institutional communication and it should promote the learning of medical informatics that supports the learning process and research.

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate the adequacy of a medical school's library.

SEE QUALITY STANDARDS No. 66, 67, 68 AND 69 Ref. (2)

Question 6e: What are your country's requirements related to a medical school's clinical teaching facilities?

Standard 23.- The clinical education must be carried out and evaluated directly in the healthcare delivery institutions. It can be complemented with other means or pedagogic models.

Standard 54.- The theoretical framework of the interinstitutional agreements must include: that the healthcare institution recognize the importance of the academics in the upgrading of healthcare and it's delivery; in doing so must direct part of it's resources to education and research. The educational institution must bring knowledge, support the research and organize the educational process. Both should work together to upgrade the quality of education and healthcare.

Standard 55.-The school must have signed collaboration agreements with healthcare institutions (hospitals) that allow the integration of working groups from both institutions towards the development of clinical teaching programs in the different health scenarios in the different healthcare levels of complexity, focusing on improving the quality of education and healthcare.

Standard 70.- The school must have the necessary resources oriented towards the teaching of the clinical sciences be them of their own or of the National Healthcare System, qualified personnel with postgraduate studies, well organized clinical history department, clinical laboratory, imagenology and the necessary infrastructure such as library, classrooms, meeting rooms, audiovisual and computing support. All of these for the delivery of high quality healthcare, that may be considered as a model for the education of the future physicians.

Standard 71.- The school or faculty must have clinical facilities that have operating systematic academic activities, according to the pre-established rules.

Standard 72.- The clinical facilities of the school or faculty that are used for undergraduate and post-degree studies, must have the necessary infrastructure to support both levels and verify that they complement each other without interfering with the other's activities. Besides, there must be an established Education and Research Department or its equivalent (and if not, create one).

Standard 73.- The school or faculty must have at the facilities for the clinical teaching, (hospital, public health clinics), adequate flow of patients that guarantee

that each student is allowed to develop the established activities in the programs of each institution.

Standard 74.- The healthcare activities at the clinical facilities must be of the nature that respond to the needs of the school's programs.

Standard 75.- The supervision and evaluation of the teaching programs within the clinical facilities where the students are taught and learning must be carried out by the medical school. Therefore they should have enough trained personnel to do so.

Standard 76.- The teachers in the clinical facilities must be selected and appointed by the medical school, based on academic evaluations and academic criteria. Every medical school must determine and publicize their clinical teacher's profile. The healthcare institution must provide the candidates.

Standard 77.- The appointed teachers in the healthcare facilities are directly responsible for the education and it's evaluation.

Standard 78.-The school must favor the interaction with the healthcare institutions and have an evaluation program that assesses the clinical facilities that favors the education and training of it's students.

Documentation to be provided: Please provide a copy of the specific standards your country uses to evaluate the adequacy of a clinical facilities a medical school has or makes available to its students.

SEE STANDARDS: No. 23, 54, 55, and 70 to 78 Ref. (2)

PART III.- Accreditation/Approval Processes and Procedures

1. Site Visit

Question 1: Does the entity that is responsible for accrediting/approving medical schools in your country conduct a site visit to a medical school prior to granting it accreditation/approval? If so, does the site visit include a review of the school's admissions process, its curriculum, its faculty, the achievement of its students and graduates, the facilities, and the academic support services available to students? Does the site visit involve both the main campus of the medical school and any other branch campus (es) or additional location(s) operated by the medical school?

COMAEM conducts a site visit before approval and granting accreditation.

The site visit includes a review of the admissions process, its Faculty, the achievement of its students and graduates, the facilities and the academic support services available to students.

The site visit include the visit to the main campus where the specific school is located and the clinical facilities it uses for its clinical education, including the undergraduate rotating internship facilities located in the same city or its suburbs; it does not visit the remote undergraduate rotating internship hospitals located in other cities (some of the education programs in remote hospitals have been visited previously for the accreditation of other schools and their quality is known by the visiting members but this is not often the case), The visit also includes some of the

rural areas nearby where the students might be doing their required Social Service year. If the parent University of the medical school that is being visited has another or several medical schools, each one is visited individually

The accreditation process contemplates the following:

- 1.-The school informs the Board that it is seeking an accreditation
- 2.- An auto evaluation (self-assessment) of the Institution is carried out by the school, based on the Board's standards. The Autoevaluation Report, is delivered to COMAEM (the Board) with the pertinent backup documents.
- 3.- The Board assigns a Site Visitors Team (usually 4 to 5 members) and determines an appropriate date for the visit; the team study the Autoevaluation Report sent by the school and schedule the site visit with its respective agenda to compare the written information with the reality .
- 4.- A Verification Report is elaborated by the team's Secretary which is reviewed by the Coordinator of the visiting Team; after his approval it is sent to the Board. This Report includes a list of recommendations, observations or suggestions for improvement; it also includes the schools strengths and weaknesses. Each and every standard include a commentary in relation to the quality of its achievement or, on the contrary, of its lack thereof. A final statement as a conclusion is written as an overall appraisal of the school's performance. A table shows the percentage of achievement in this quality program and how many standards were approved and how many were not.
- 5.- About two weeks prior to the ordinary meeting of the Board, this Verification Report with its pertinent backup documents are sent to the Board members via E-mail. The Board members meet to analyze and discuss the Verification Report (site-visit report), which is presented to them by the particular Secretary or Coordinator of the visiting Team. The Board Secretary issues a written decision (called a "dictamen") of "accredited for five years" or "not accredited" or "one year accreditation" (in this last case if no serious deficiencies were encountered) whatever the result may have been after such decision is reached, including the list of the pertinent recommendations to the medical school, which should be implemented before a dead line (for each recommendation). The school must send the Board whatever advance it has towards accomplishing what was recommended prior to the deadlines that were set. A letter is sent to the school with the aforementioned accreditation decision and pertinent accompanying documents. The school may appeal the Board's decision through the Board's rules and each case is handled individually and presented subsequently to the Board for its analysis and judgment.

In case of accreditation, the Council gives a public acknowledgement to the institution.

Documentation to be provided: Please provide a copy of your country's policies regarding site visits to medical schools for the purpose of granting them accreditation/approval. Also, please provide a copy of any handbooks, guides, or other materials that site visitors use to conduct their site visits.
SEE THE FOLLOWING DOCUMENTS:

- "MANUAL DE PROCEDIMIENTOS PARA LA ACREDITACION" (Manual of Procedures for the Accreditation) Ref. (5)
- "GUÍA DE LA VISITA DE VERIFICACIÓN"(Site Visit's Guide) Ref. (6)
- "MANUAL DEL VERIFICADOR" (Site Visitor's Manual) Ref. (7)
- "FORMATO DEL INFORME DE VISITA DE VERIFICACIÓN.- 78 ESTÁNDARES" (Verification Report or Site Visit Report, format- 78 standards) Ref. (9)

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

Question 2: What are your country's requirements regarding the qualification and training of the individuals who participate in on-site evaluations of medical schools, the individuals who establish the accreditation/approval standards for medical schools, and the individuals who decide whether a specific medical school should be accredited/approved?

The members of the site visitors team should belong to the Faculty of accredited medical schools and it is necessary that they fill the following requirements:

- a) To hold an appointment as part-time or full-time professors.
- b) To have at least 7 years working at the University.
- c) To demonstrate formal pedagogical training.
- d) To have academic and administrative experience.
- e) To have taken the training course given by COMAEM, after which they should assist in a site visit as "observers" in the visiting team.
- f) To be available to travel for this purpose with its school authorization.

Documentation to be provided: Please provide a copy of the law or regulations in your country that govern the selection of individuals to participate in the evaluation of medical schools for accreditation/approval.
SEE "MANUAL DEL VERIFICADOR" (Site Visitors Manual) Ref. (7)

3. Re-evaluation and Monitoring

Question 3: Does your country require accredited/approved medical schools to undergo periodic reevaluation to determine if they are still in compliance with the standards for accreditation/approval? If so, how frequently are medical schools reevaluated? How does your country monitor medical schools throughout any accreditation/approval period granted to them to verify their continued compliance with the standards? Are medical schools required to submit an annual report? If so, what does it contain?

In our Country the accredited schools are required to seek re-accreditation every 5 years. During their accreditation period they must meet the deadlines for the recommendations that were sent to them by the Board and report accordingly. The schools are not required to send annual reports to the Board. If the school received an accreditation for one year, besides sending their accomplishment advances on

the recommendations that were made, prior to the deadlines that were set, it must submit an annual report.

Within a period beginning Sept 1st, 2003 and ending on March 2005, all the schools in Mexico must have sought accreditation, If not accredited by then the authorization for the use of clinical facilities by the Secretary of Health (SSA) will deny this use to these schools.

Accreditation Norms:

- a. For 5 years; when the Board's analysis and judgment, based on the Site Visit Report, considers that the school has fulfilled 80% or more of the standards requirements and has not failed seriously to do so in any standard to the extent that it compromises the quality of the education or is not pertinent to the profile defined in this document.
- b. For 1 year: when the Board's analysis and judgment, based on the Site Visit Report, considers that the school has fulfilled less than 80% but more than 70% of the standards requirements and has not failed seriously to do so in any standard to the extent that it compromises the quality of the education or is not pertinent to the profile defined in this document.
- c. Not accredited: When according to the Board the school has failed to fulfill 70% or more of the standards

After the site visit and the decision on accreditation (dictamen):

A. The visiting Team's Secretary, in agreement with the Team's Coordinator, sends the Site Visit Report (Reporte de Verificación) to COMAEM.

B. COMAEM:

1. Grants an accreditation decision (dictamen) within a maximum period of 3 months after the site visit.
2. The Board sends to the school the following within a maximum period of 3 months after the accreditation decision:
 - (i) The Board's accreditation decision (dictamen)
 - (ii) The site visit Report
 - (iii) The format to be filled by the school's response to the Board's decision and its directions guide.
 - (iv) Deadline dates for the school to comply with the recommendations that were sent by the Board.
 - (v) The periodical reports of achievement of the above.

C. The SCHOOL or faculty must send to COMAEM:

The "Institutional Response" or "Action Plan" (Respuesta Institucional o el Plan de Acción) not later than 30 days after the Board's decision has been received. This document must clearly state:

1. Actions that respond to each recommendation (what)
2. Person responsible for (who)
3. Deadline date to accomplish it (when)
4. Resources needed for its accomplishment

- D. COMAEM receives the reports and backup documents.
1. If the COMAEM is satisfied with the Action Plan:
 - (i) It grants its approval (Visto Bueno = Vo.Bo.)
 - (ii) The school maintains its accreditation
 2. If COMAEM is not satisfied, it might:
 - (i) Ask for further information and/or documents.
 - (ii) Schedule another site visit to confirm advances in their plan.
 - (iii) Program a special meeting of the Board to analyze the school's case.

Documentation to be provided: Please provide a copy of the policies, law or regulations in your country that govern the reevaluation and monitoring of medical schools.
SEE DOCUMENT "MANUAL DE PROCEDIMIENTOS PARA LA ACREDITACIÓN"
Ref. (5)

4. Substantive Change

Question 4: If a medical school wants to make a substantive change to its educational program or some other aspect of the medical school, what are your country's requirements requiring notification of the change to the appropriate entity and review by the entity?

There is no specific law or rule that is applied generally to all the schools in these matters. All public (state) schools are autonomous in this regard and guide themselves by their proper academic legislation; private schools do the same. Nevertheless all schools have to inform the Secretary of Public Education (SEP) of these changes (where their curricula are registered by law), in regard to subject names and their location in the curricular plan as well as the respective credit-hours or units. If any medical school is "an incorporated school" (given academic backup) by a University that is not the State University where the school is located it must ask permission and receive approval from said University. There are several schools whose university academic backup is given by UNAM (Universidad Nacional Autónoma de México in Mexico City). There are no schools that can legally operate if they do not have a University academic backup. COMAEM does not accredit any school that does not comply with this requirement.

Whatever substantial changes (academic or of infrastructure or of any kind) are made by the school, these appear in the subsequent Self Assessment Report (Auto evaluation Report) that is sent for re-Accreditation and will be verified by the proper site visit that is formally required to accomplish this.

Standard 5.- The school must be integrated to a University or Institution of Higher Education that is recognized by (SEP), that guarantees a proper academic environment and scientific research as well as intellectual and cultural development of the future physician.

Documentation to be provided: Please provide a copy of any policies, law, or regulation governing substantive changes at a medical school.

SEE STANDARD 5 Ref. (2)

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

Question 5: How does your country ensure that those involved in the accreditation/approval decision for a specific medical school do not have a conflict of interest that might prevent them from making an objective decision? How does your country ensure that your standards for the accreditation/approval of medical schools are applied consistently to all schools that seek that accreditation/approval?

COMAEM has an Ethics Code that guides the members of the Board, as well as the site visitors.

The Board's Secretary selects the members of the site visit team from the trained visitor's pool and avoids including those that are related to or have been related to the particular school that is being visited. If a Board member is in that same case he/she is not invited to participate nor assists to the specific Board's meeting where the school's site visit Report is to be analyzed for accreditation.

All the members that make up the site visit teams must have attended a Site Visitors Course that is given by COMAEM and must have attended a site visit as observers before they are assigned as visitors to verify and participate as such in any site visit.

We are in the process of initiating a site visitors evaluation program, where we are planning to include the feedback that comes from the visited school's Dean and also an evaluation of the visitors by the visiting team coordinator as well as an evaluation of the team coordinator by the visiting team members; this was started in a pilot project about a year ago but was not applied in a standardized manner and a poor follow up, so it was stopped temporarily.

We have been concerned with the proper interpretation of certain standards because of their wording and a consequence of their application by the school and by the visiting team members. For this last reason we had a workshop on June 19-22/2003 in Puebla, Puebla where commentaries to the entire 78-standard self evaluation document were reviewed (after having sent proper questionnaires to the Deans and experienced visitors), a report on the results of this is being made for the Board to be analyzed.

Another area that has been addressed is the weight that each standard must have to help the Board, Deans and visitors make proper decisions. This topic was discussed in the above mentioned meeting and was continued on Sept. 29/2003. The results of this analysis are being prepared for COMAEM's next meeting.

Documentation to be provided: Please provide a copy of any conflict-of-interest policies that govern the accreditation/approval process for medical schools. Also, please provide information regarding the training of individuals involved in the accreditation/approval process on the application of the standards.

SEE THE DOCUMENT "Código de Ética"(COMAEM's Code of Ethics)

6. Accrediting/Approval Decisions

Question 6a: How does your country use information on the performance of a medical school's graduates in reaching a decision on whether or not to grant that school accreditation/approval? What procedures does your country use to ensure that accreditation/approval decisions are based on your accreditation/approval standards?

We have not used the medical school's graduate performance history as a means of granting or not granting accreditation to a medical school. Nevertheless we do encourage our schools to have a Graduate Performance Follow up Program (Programa de Seguimiento de Egresados) in order to get feedback in relation to the school's curriculum results. Most of our schools are only beginning these programs because we have a standard that asks for this.

Standard 39.- The school or faculty must have a program for the follow-up of its graduates, that verifies their academic and professional achievements, through national and international standardized exams, the certified professional institutional or private practice by the specific Specialty Boards and their research, that allow the school to have feedback for its educational system.

A period of a year and a half, starting on September 1st, 2003 was given to all Mexican schools by our government through the Secretary of Health (SSA) to get their accreditation from COMAEM. If any school does not meet this requirement by the deadline date, SSA will not authorize the school to use any clinical facilities in the National Healthcare System in our country; this will ensure and promote that we eventually might have a standardized quality education by backing up COMAEM's mission. The non accredited schools will have to close their facilities.

Question 6b: Does your country have any benchmarks or minimal levels of performance on licensing examinations that medical school graduates must meet in order for the medical school to be granted accreditation/approval? If so, what are they?

At present we do not have or use any benchmarks or licensing examinations for granting accreditation to our schools.

Documentation to be provided: Sample data collected from medical schools on their graduates and how the information was used in the accrediting decision.
SEE STANDARD 39 Ref. (2)

[NOTE: This document was prepared by Dr. Carlos Diaz-Montemayor, F.A.C.S.; Vice President of the Mexican Board for the Accreditation of Medical Education, on October 24, 2003]



#2

I. GENERAL BASES AND EDUCATIONAL OBJECTIVES

1. The general educational objectives must be clearly established and must allow to educate MD graduates capable of:

- a. Contribute to protect and/or to restore the individual and collective health by means of a competent, professional, and science-based practice.
- b. To be Updated continuously according to the advances in medical knowledge.
- c. To continue studying , if that is the case, the post-degree education and research.

1.1 Does the medical school have clearly established the general educational objectives? YES NO
If your answer was positive, provide the documents.

Describe them: _____

1.2 Are the general objectives pointed towards the accomplishment of the three points?

1.2.1. a) YES NO

1.2.2. b) YES NO

1.2.3. c) YES NO

Attachments:

2. The mission must be based and structured on a commitment with the highest quality in the scientific, social, ecological, and humanistic development

2.1. Does your school have a based mission?

YES NO

If your answer was positive, indicate in what document it is stated and describe the mechanism.

2.2 Is your mission structured on a commitment with the scientific development?

YES NO

2.3 Is your mission structured on a commitment with the social development?

YES NO

2.4 Is your mission structured on a commitment with the ecological development?

YES NO

2.5 Is your mission structured on a commitment with the humanistic development?

YES NO

Attachments:

3. The general educational objectives and the mission must be published. At the same time, they must be known by the students, the faculty, the administrators, the staff, and the directors of the medical school .

3.1. Have you published the mission and the general objectives? YES NO

3.1.1. When and where were they published? _____

3.2. Have the mission and the general objectives been published? YES NO

3.2.1. Describe the media and the mechanism used. _____

3.2.2. Amongst which groups, levels or people have the general objectives and the mission been published? _____

3.3 Are the general educational objectives known by the students?

YES NO



- 3.4 Are the general education objectives known by the faculty?
YES NO
- 3.5 Are the general education objectives known by the administrators?
YES NO
- 3.6 Are the general education objectives known by the directors?
YES NO

Attachments:

4. To develop the educational process, the school or faculty must have on hand and on time the physical, material, human, technological, and financial resources according to the objectives and to the number of students.

- 4.1. Does your school have on hand the physical resources?
YES NO
- 4.1.1. material resources? YES NO
- 4.1.2. human resources? YES NO
- 4.1.3. technological resources? YES NO
- 4.1.4. financial resources? YES NO
- 4.1.5. If your answer was positive, the disposal of each one of these resources is according to the objectives?
YES NO
- 4.1.6. If your answer was positive, the disposal of each one of these resources is according to the number of students?
YES NO
- 4.1.7. If your answer was positive, describe the procedures used to have on hand the resources mentioned above.

4.2. Describe the mechanisms to plan, implement, follow-up, and control the resources of your medical school.

Attachments:

II. GOVERNMENT AND INSTITUTIONAL ORIENTATION

5. The medical school or faculty must be integrated to an University or superior education institution legally acknowledged, that might be conducive to an academic environment for scientific research, and intellectual and cultural development of the future graduate.

5.1. Does your school belong to a superior education institution?

YES NO

If your answer was positive, write the name of the institution. _____

If your answer was negative, write the name of the organism that endorses your school. _____

5.2. Does your school is conducive to an academic environment for scientific research?

YES NO

5.3. Does your school is conducive to an academic environment for the intellectual development of the future MD graduate?

YES NO

5.4. Does your school is conducive to an academic environment for the cultural development of the future MD graduate?

YES NO

Attachments:

6. The medical school or faculty must have a stable, representalve and ruled government structure; that works and supports the educational labor and research.

6.1. How is designated your government structure? Describe it. _____

6.2. Is your government structure representative? YES NO

6.3. Is it stable? YES NO

6.4. Does it work regularly? YES NO

6.5. Is it directed towards supporting the educational labor and research?

YES NO

6.6. Provide the functioning regulations.

6.7. Describe how your government structure is built up. _____

6.8. Describe the legal and nomalve frame of its operation. _____

Attachments

7. The school or faculty must have a government, an organization, rights and duties for functionaries, professors, researchers, students and technical-administrative personnel properly ruled.

7.1. Does your school have:

7.1.1. Internal regulations? YES NO

7.1.2. Organization manual? YES NO

7.1.3. Manual of Procedures and Regulations? YES NO

7.1.4. Describe in what regulation is supported each one of the above mentioned. _____

Provide the documents.

7.1.5. Are there any other instruments besides the above mentioned? If positive, list them.

_____ Provide and attach them.

7.2. How many Deans have your school had during the last ten years? List their names and the periods of their administration.

Attachments:



8. The school or faculty must have academic authorities formed in elected and collegiate bodies. And they must be representative and honorific for this activity.

8.1. List and describe the collegiate bodies and / or boards that your institution has.

8.1.1. How are they built up? _____

8.1.2. Show the functioning regulation of the existing collegiate bodies. _____

8.2. Show the notification to build up these collegiate bodies.

8.3. Who integrate these bodies? _____

8.4. Are they honorific? YES NO

Attachments:

9. The members of the government structure of the school or faculty must be nominated according to the legislation of each institution. The nomination of the Dean or its equivalent must be for a period of at least three years to allow the comprehension of the institution and the establishment of policies and projects for the improvement of the medical education.

9.1. Does your regulations include the mechanisms for the selection, designation, functioning and length of the charge of the members of the collegiate bodies? YES NO

If your answer was positive describe each one of them. _____

9.1.1. Indicate in what regulation, article, and fraction where they are included. _____

9.2. How long does the Dean last in his appointment? _____

Attachments:

10. The Dean (or its equivalent) of the school or faculty must be a MD, with an outstanding academic activity, with studies acknowledged by the university, with leadership and experience in medical education, research, and management.

10.1 Show the school's Dean or its equivalent's résumé.

10.2 Show the notification and the designation or election bases.

Attachments:

11. The medical education institutions must demonstrate that their priority objectives are academic.

11.1 Does your school's academic objectives have priority over any other?

YES NO

If your answer was positive, provide the documents that demonstrate it.

11.2. Show the document that legally proves the non-profitable character of the school.

11.3. Describe your financing source and provide the cost per student per year.

Describe. _____

Attachments:



III. CURRICULUM AND ACADEMIC STRUCTURE

12. The studies must last five years , with 5000 hours, including clerkship studies of pre-grade and excluding the guards and the complementary clinical practice.

12.1. The MD career, including the clerkship of pre-grade is _____ years long and _____ hours, excluding the guards and the complementary clinical practice.

Observations, _____

12.2 Describe your school's criteria to grant credits to the subjects, modules, or educational units according to the time*. _____

12.3. Indicate the total amount of credits of your career, including the clerkship studies of pre-grade.

12.4. Provide the curriculum map of your career.

It should contain the following information:

- Name of each subject, module or educational unit.
- Structuring of the programmed time for each educational unit (two-monthly, semiannual or annual)
- number of hours: indicate the total number of hours marked on each program and the total number of hours accomplished according to the last scholar calendars.
- type of hours: theoretical (T), practical (P), theoretical-practical (TP) or other (O). Indicate with the corresponding letter the type of hours per educational unit.
- indicate if there is a program for the subject, module or educational unit.

Name	Time	Number of hours		Type of hours				Program	
		Programmed	Real	T	P	TP	O	YES	NO

* To determine the equivalence in credits, you must multiply the total number of hours of the program times 0.0625.

Attachments:

13. The curriculum model of the school or faculty must include, the basic sciences, social-medic sciences and bio-medic and clinical sciences, clerkship studies of pre-grade and social service.

13.1. Describe your school's curriculum model.

13.2. Describe the curriculum model composition and how it integrates the different areas of knowledge (bio-medic basic sciences, social-medic sciences, clinical sciences, clerkship studies of pre-grade, and social service).

Provide the studies plan and the curriculum map.

14. The design, conduction and evaluation of the educational process must be the responsibility of the faculty of professors (collegiate organs or its equivalent).

14.1. Who is responsible of designing the curriculum?

14.2. How does the faculty participate in the design of the curriculum?

14.3. How do you make the evaluation of the curriculum?

14.4. How are modifications done to the curriculum?

Attachments: Include the corresponding minutes of the collegiate organisms' meetings.



15. The curriculum must be designed, approved, supervised and evaluated by collegiate organisms of strictly academic character, whose nomination and functions are properly ruled according to the legislation of each institution.

15.1. Are the following mechanisms included in the legislation or ruling?

- | | | |
|-----------------------------------|-----|----|
| 15.1.1. Approval of curriculum | YES | NO |
| 15.1.2. Supervision of curriculum | YES | NO |
| 15.1.3. Evaluation of curriculum | YES | NO |

If your answer was positive, describe the mechanisms and provide the proving documents. _____

Observations: _____

15.2. Are the collegiate organisms responsible of:

- | | | |
|-------------------------------------|-----|----|
| 15.2.1. approving the curriculum? | YES | NO |
| 15.2.2. supervising the curriculum? | YES | NO |
| 15.2.3. evaluating the curriculum? | YES | NO |

15.3. Are the collegiate organisms of strict academic character?

- | | |
|-----|----|
| YES | NO |
|-----|----|

15.4. Are the collegiate organisms properly ruled according to the legislation?

- | | |
|-----|----|
| YES | NO |
|-----|----|

15.5. Describe the mechanisms and responsibilities of the collegiate organisms concerning the curriculum.

15.6. Complete the following information:

- Name of each subject, module, or educational unit of the curriculum.
- Indicate if there is a program for each subject, module or educational unit.
- Updating during the last ten years of the program.
- If your answer was positive, describe the mechanism used for the updating.
- Approval of the program subsequent to the updating.
- If your answer was positive, describe the mechanisms used for the approval.

Name of each subject, module or educational unit	Is there a program?		Is it updated?		Is it approved?	
	YES	NO	YES	NO	YES	NO

15.7. If your answer is positive in any of the previous cases concerning the headings updating and approval of the program during the last ten years, describe the mechanism used for each procedure. In case you used more than one updating and/or approval mechanism, indicate the mechanism used per educational unit.

Updating: _____

Approval: _____

Attachments: _____

16. The academic programs and the schedules must promote the development of the self-study

16.1 The self-study activities for the student must be defined in the academic programs.

16.2 What methodology do you use for the development of the self-study?

Describe it: _____

Observations: _____

Attachments:

17. The theoretical and practical formation must be strict and it is the main responsibility of the professor. The educational model must be based and to promote the pro-active participation of the student as co-responsible of the process, as well as the development of the critical judgment.

- 17.1. Is the theoretical formation strict? YES NO
Describe it _____
- 17.2. Is the theoretical formation a main responsibility of the professor? YES NO
Describe it _____
- 17.3. Is the practical formation strict? YES NO
Describe it _____
- 17.4. Is the practical formation a main responsibility of the profesor? YES NO
Describe it _____
- 17.5. Is the educational model based? YES NO
Describe it _____
- 17.6. Does the educational model promote the pro-active participation of the student as co-responsible of the teaching-learning process? YES NO
Describe it _____
- 17.7. Does the educational model develops the critical judgment of the student? YES NO
Describe it _____
- 17.8. According to the educational model of your school, which are the didactic techniques of your Institution?
17.8.1. What is the percentage of contribution of the following techniques for the accomplishment of your programs?
- | | |
|------------------------------|--------|
| a. Magisterial conference | _____% |
| b. Tutorial teaching | _____% |
| c. Role playing | _____% |
| d. Bibliographical research | _____% |
| e. Round table | _____% |
| f. Seminar | _____% |
| g. Socio-drama | _____% |
| h. Problem solving | _____% |
| i. Other group techniques | _____% |
| j. Other didactic techniques | _____% |
- Describe them. _____
Observations: _____
- 17.9. Does your school develop experimentation and applies educational innovations? YES NO
IF your answer was positive indicate the obtained results corresponding to the last year. _____

Curriculum content and social responsibility

18. The professional profile must include knowledge, abilities, attitudes and skills to form the student congruently with the Institution's Mission.

18. 1. Is there a professional profile for the graduate? YES NO
18. 1.1. -- Is it clearly set out? YES NO
If your answer was positive, transcribe the text. _____
Show it.
18. 1.2. -- Is it published? YES NO
If your answer was positive describe by what means and mechanisms. _____
Show the means, mechanisms and attach them.

18.2. Does the professional profile include

18.2.1.	...knowledge?	YES	NO
18.2.1.1.	Is it congruent with the mission of the institution?	YES	NO
18.2.2.	...abilities?	YES	NO
18.2.2.1.	Is it congruent with the mission of the institution?	YES	NO
18.2.3.	...attitudes?	YES	NO
18.2.3.1.	Is it congruent with the mission of the institution?	YES	NO
18.2.4.	...skills?	YES	NO
18.2.4.1.	Is it congruent with the mission of the institution?	YES	NO

Observations: _____

18.3. Does the profile of the graduate considers the mastery of professional competences?

18.3.1. If it is the case, describe the professional profile based on professional competences.

18.4. What are the profile's objectives related to the communication ability of the graduates?

Describe, _____

Attachments:

Basic science education

19. The curricular structure must include and articulate the basic science education to the clinical one, promoting a reasoning that allow the student to explain himself the interaction between the different levels of the organization, from the molecular to the psycho-social one, that conditions the health process from health to illness.

19.1. Does the curriculum have updated content of the following disciplines?

Morphology	YES	NO
Biochemistry	YES	NO
Physiology	YES	NO
Physio-pathology	YES	NO
Genetics	YES	NO
Molecular Biology	YES	NO
Immunology	YES	NO
Neuroscience	YES	NO
Microbiology	YES	NO
Pathology	YES	NO
Pharmacology	YES	NO
Therapeutics	YES	NO
Statistics	YES	NO
Epidemiology	YES	NO
Public Health	YES	NO
Clinics	YES	NO
Communitarian Health	YES	NO
Medical Ethics	YES	NO
Medical Anthropology	YES	NO
Bioethics	YES	NO
History and Philosophy of Medicine	YES	NO

19.1.1. Are there basic-clinical mechanisms of integration? YES NO

If your answer was positive describe them. _____



- 19.1.2. Are there psycho-social mechanisms of integration? YES NO
If your answer was positive describe them. _____
- 19.1.3. Are here theoretical-practical mechanisms of integration? YES NO
If your answer was positive describe them. _____
Observations: _____
- 19.2. Does your school promote in the student the ability to find and regain information from national and international medical literature? YES NO
Describe the mechanism used: _____
Observations: _____
- 19.3. Does the student develop the ability to apply the hypothetic-deductive method? YES NO
If your answer was positive, specify if it is included as:
Theoretical content: YES NO
Methodology: YES NO
Student activity: YES NO
Describe the procedure: _____
Observations: _____
- 19.4. Does the student develop the ability to apply the empiric-deductive method? YES NO
If your answer was positive, specify if it is included as:
Theoretical content: YES NO
Methodology: YES NO
Student activity: YES NO
Describe the procedure: _____
Observations: _____
- 19.5. Does the student develop the ability to apply the computer technology for his formation and professional performance? YES NO
If your answer was positive, specify if it is included as:
Theoretical content: YES NO
Methodology: YES NO
Student activity: YES NO
Describe the procedure: _____
Observations: _____

20. The school or faculty must be conducive to the development of communication skills of the students.

- 20.1. How is your school conducive to the communication in Spanish language?
- 20.1.1. Does it strengthen the oral communication of the students? YES NO
Describe how it strengthens it. _____
- 20.1.2. Does it strengthen the written communication of the students? YES NO
Describe how it strengthens it. _____
- 20.1.3. Does it promotes the oral presentations and the participation of students in discussions? YES NO
Describe how it is done. _____
- 20.1.4. Does your school encourage the students to read the classics? YES NO
Describe how it is done. _____

21. The medical school must encourage the use of English language to access international information by any means, written, audio-visual or electronic.

21.1. Does your school encourage the learning of English language? YES NO
Describe how it is done. _____

21.2. Does your curriculum have a subject, module or educational unit for the learning of a foreign language? YES NO
Describe how it is done. _____

21.3. What requirements of foreign language domain are needed for the qualifications? Describe them. _____

Attachments: _____

Clinical formation

22. The clinical formation must:

- a. Base the empiric evidence on scientific reasoning;
- b. Be done in fundamental or essential areas for the practice of the general medicine;
- c. Consider the systematized and methodological making of the clinical stories.
- d. Develop the capability of establishing diagnostic hypothesis and confirm or discard them.
- e. Develop the capability of taking decisions concerning the integral handling of the patient.
- f. Include the acquisition of skills for the initial handling of medical-surgical urgencies.

22.1. Is the clinical formation based on empiric evidence and scientific reasoning? YES NO
If your answer was positive, describe it. _____

22.2. Does the clinical formation include the disciplines of the following areas?

Internal medicine	YES	NO
Paediatrics	YES	NO
Gyneco-obstetrics	YES	NO
Surgery	YES	NO
Urgencies	YES	NO
Familiar and communitarian medicine	YES	NO

Observations: _____

22.3. Does your school use the medical record as a clinical formation method? YES NO
In which subject? _____

Observations: _____

22.4. Is the systematic application of the scientific method exactly specified for the preparation, integration and analysis of the data obtained from the medical record? YES NO

Describe the method _____

22.5. Is the preparation of the medical record supervised, reviewed, analyzed and discussed by the responsible of the course? YES NO

Describe it: _____

Observations: _____

22.6. Does the student develop the ability to propose diagnostic hypothesis scientifically based? YES NO
Describe it: _____

22.6.1. Is the student qualified in the adequate basis for the application of diagnosis auxiliaries, as well as for its interpretation? YES NO

Observations: _____

22.7. Is the student qualified in taking decisions concerning the handling of the patient? YES NO

Describe it: _____

Observations: _____