



UNITED STATES DEPARTMENT OF EDUCATION

THE SECRETARY

NOV 21 1997

SENT BY FACSIMILE TRANSMISSION

Ms. Adeline Tuitt  
Minister of Education, Health  
and Community Services  
P.O. Box 103  
Plymouth, Montserrat  
West Indies

Dear Ms. Tuitt:

Some time ago, Dr. David A. Longanecker, Assistant Secretary for Postsecondary Education, wrote to inform your country about a law passed in the United States in 1992 that changed the eligibility criteria for U.S. students who wish to finance their medical education in a country other than the U.S. with a loan through the U.S. Federal Family Education Loan (FFEL) Program. Eligible students must enroll in a medical school that is eligible to participate in the FFEL Program and that meets the accreditation or approval standards of the country in which the school is located.

Further, the accreditation or approval standards used by that country must have been reviewed by a panel of medical experts appointed by the U.S. Secretary of Education, which must have determined them to be comparable to the accreditation standards applied to medical schools in the United States. This panel of medical experts is known as the National Committee on Foreign Medical Education and Accreditation (NCFMEA).

I am pleased to inform you that the NCFMEA, at its October 1997 meeting, determined that the accreditation or approval standards used by the Accreditation Commission on Colleges of Medicine to evaluate the one medical school under Montserrat's jurisdiction are comparable to those used to evaluate programs leading to the M.D. degree in the United States. As part of its decision, the NCFMEA has requested that the Accreditation Commission on Colleges of Medicine submit, for each of the next three years, annual reports of its activities with respect to the one medical school under Montserrat's jurisdiction, the American University of the Caribbean, with the first report due by January 9, 1998.

In addition, the Department of Education needs written confirmation that the American University of the Caribbean is currently accredited or approved by the Accreditation Commission on Colleges of Medicine. In the event that there are any substantial changes to the Accreditation Commission on Colleges of Medicine's standards or procedures for approving, evaluating or accrediting medical schools, please immediately notify the

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Department of Education of these changes. In addition, please immediately notify the Department of Education if there are any changes with respect to the accreditation or approval status of the American University of the Caribbean.

Please send the requested report and information to the Director of the Accreditation and Eligibility Determination Division at the following address:

Dr. Karen W. Kershenstein, Director  
Accreditation and Eligibility  
Determination Division  
U.S. Department of Education  
Room 3915, ROB-3  
7th & D Streets, S.W.  
Washington, D.C. 20202-5244  
U.S.A.

If you have any questions concerning the above requests, Dr. Kershenstein can be reached at (202) 708-7417 (telephone), (202) 708-9469 (fax), and Karen\_Kershenstein@ed.gov (e-mail).

As a result of the determination by the NCFMEA, the medical school in your country that is accredited or approved by the Accreditation Commission on Colleges of Medicine may apply, if it has not already done so, to the U.S. Department of Education to participate in the FPFL Program. If the medical school's application is approved, otherwise eligible students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive loans to finance their medical education through the FPFL Program.

I want to thank you for taking the time to respond to our requests for information about your accreditation or approval standards for medical schools. I very much appreciate the interest you have taken in this matter.

Yours sincerely,

  
Richard W. Riley

**U.S. Department of Education**



**Staff Analysis  
of the  
Standards Used by**

**Montserrat**

**for the Evaluation of Medical Schools**

**October 9-10, 1997**

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

Prepared August 18, 1997

Background

There is no medical school on Montserrat at the present time. Therefore, an explanation is in order as to why the National Committee on Foreign Medical Education and Accreditation (NCFMEA) is being requested to review the standards used by Montserrat to evaluate medical schools at this time.

The one medical school that was located in Montserrat, the American University of the Caribbean, was located in an area that was officially evacuated and declared off limits by the government of Montserrat when the volcano on the island became active in 1995. School officials moved quickly to secure temporary facilities on the nearby island of St. Maarten in order to allow its students to continue their medical education. However, they continued to consider the school to be a Montserrat rather than a St. Maarten school and hoped to be able to return to Montserrat when the volcanic activity subsided. Rather than subsiding, the volcanic activity has increased substantially in recent months to the point that it threatens the entire island. Thus, it is not known if the school will ever be able to return to Montserrat.

Meanwhile, the school has begun building a permanent facility on St. Maarten. It has also held discussions with government officials on St. Maarten about the possibility of that government using the same system Montserrat established for the evaluation of the school. A decision on the matter is pending. In the meantime, the Department considers the school to be a Montserrat school that has been temporarily relocated to St. Maarten due to the natural disaster on Montserrat. That determination will be revisited by the Department as circumstances warrant. However, for the present, from the Department's perspective, the issue is whether or not the system used by Montserrat to evaluate the school is comparable to that used to evaluate medical schools in the United States.

In September 1996, the NCFMEA reviewed the Department staff analysis of Montserrat's system, which was based on a meeting of staff with the Minister of Education, Health, and Community Services in March 1996 and an August 1996 letter from the Minister, and determined that Montserrat's standards were not comparable to those used to evaluate medical schools in the United States. Shortly after the NCFMEA made that determination

but before the Secretary's letter was sent to the country informing it of the decision, Department staff received another letter from the Minister indicating that an organization called the Accreditation Commission on Colleges of Medicine, which had conducted an inspection of the medical school in Montserrat in 1994, would assist the government in preparing a detailed response to the Department's questionnaire. Those materials were received in the Department in January 1997, too late for Department staff to prepare a thorough analysis of them for presentation at the March 1997 meeting of the NCFMEA. The Committee did discuss the matter at the March meeting but decided that its previous determination of noncomparability should stand. However, the Committee expressed a willingness to reconsider the matter at its next meeting pending the outcome of a meeting of Department staff and NCFMEA members with Montserrat officials and the Executive Director of the Accreditation Commission.

That meeting was scheduled to take place in Montserrat in July 1997. However, before it could take place, numerous - almost continuous - volcanic eruptions completely disrupted life on the island. The capital city of Plymouth was evacuated, and the government had to be relocated to other parts of the island. Thousands of people fled to nearby islands to escape the destruction, and temporary shelters had to be found for the thousands who remained who were either left homeless or not permitted to return to their homes because of their proximity to the region affected by the volcanic activity.

Under the circumstances, Department staff decided not to attempt to meet with government officials, who had far more urgent matters to attend to as a result of the devastation caused by the volcano, but rather to meet with just the Executive Director of the Accreditation Commission. That meeting took place in London, England August 4-5, 1997. A member of the NCFMEA participated in part of the meeting via a conference call.

What follows is a brief history of the establishment of the Accreditation Commission as the entity designated by the government of Montserrat to be responsible for the evaluation of medical schools and its work to date in evaluating the one medical school that was formerly located on the island.

In 1994, prior to the onset of the present volcanic activity, officials of the medical school met with government officials to discuss the establishment of some type of accreditation/approval system for the school. Subsequent to that meeting, an individual with considerable experience as both a physician and a medical

educator<sup>1</sup> was asked to set up an accrediting agency, which was given the name of the Accreditation Commission on Colleges of Medicine (hereafter referred to as the "Commission").

Thus, rather than set up a government system for reviewing and approving the medical school, Montserrat formally "recognized" the Commission as "the principal authority to accredit medical schools in Montserrat." According to the Commission, Montserrat granted this legal authority to the Commission "after the Commission petitioned the government and demonstrated that it possesses the expertise and has developed adequate standards and procedures to evaluate medical schools." In the letter granting recognition to the Commission, Montserrat officials stated that the "appointment of the Commission is for an indefinite period, but in any case not exceeding five years, subject to renewal on review."

The Commission began its accrediting activity in 1994 by formally adopting standards, policies, and procedures and then developing a plan for the review of the medical school and its various operations. The original plan was first to conduct a site visit to the school's pre-clinical program in Montserrat and then to inspect its affiliated clinical sites in the United Kingdom, the United States, and Ireland. The Montserrat visit took place in the fall of 1994, after which the Commission formally granted the pre-clinical program full approval for a period of three years. Next, the Commission visited selected hospitals in the United Kingdom in the spring of 1995. Before the visit to hospitals in the United States could take place, however, the volcano on Montserrat began erupting, forcing the school to relocate rather quickly to St. Maarten. Under the circumstances, the Commission decided that it was more important to visit the St. Maarten site to ensure that the same type and quality of pre-clinical program that had been offered in Montserrat was in fact being offered in St. Maarten. Consequently, it postponed the visit to the United States and visited St. Maarten in the fall of 1996. The visit to the United States took place early in 1997 and was followed by an inspection of additional facilities in the United Kingdom in the spring of 1997. After each of the visits, the Commission issued an "interim report" of its findings, noting the strengths and weaknesses it found with respect to the school's compliance with each of the Commission's standards.

A decision on the accreditation status of the school is expected in November 1997, based on the Commission's review of the reports of its various visits to the school and its affiliated hospitals,

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<sup>1</sup> The individual was known to the officials of the medical school because of his affiliation with a university in Ireland whose teaching hospitals provided clinical clerkships to students from the school for several years.

as well as its review of the school's self-study/profile. According to the Commission, the decision before it in November is "whether to extend the present three-year period of accreditation and whether renewed accreditation should be conditional."

The formal evaluation process used by the Commission in accrediting a medical school is described in three Commission documents: the Elements of Accreditation for Colleges of Medicine, which contains the Commission's standards and is hereafter referred to as the "Elements"; the Protocol for the Accreditation of Colleges of Medicine, which describes the accrediting process as well as the Commission's operating policies and procedures and is hereafter referred to as the "Protocol", and the Profile, the survey a medical school that seeks accreditation or reaccreditation must complete and submit to the Commission as part of the accreditation process.

#### Summary of Findings

The Accreditation Commission on Colleges of Medicine, which has been formally recognized by the government of Montserrat as "the principal authority to accredit medical schools in Montserrat," possesses accreditation standards that exhibit a high degree of comparability to those used to evaluate medical schools in the United States. They are also comparable in many respects to the standards of the United Kingdom and Ireland, both of which have been determined to be comparable to those of the United States.

One area of concern to Department staff initially was that the "interim reports" issued by the Commission after each of its visits to the school and/or its affiliated sites did not always address all of the issues that the Protocol required a report to address. While this would appear to be a weakness in the Commission's operations, Department staff was assured by the Executive Director of the Commission that this was simply due to the interim nature of the reports and that the full report, to be issued in conjunction with the Commission's accreditation decision in November 1997, will in fact address all of the issues in the Protocol. Department staff had no concern whatsoever about the thoroughness of the site visits.

It is worth noting that the Commission, which has only been in the accreditation business for three years now, is clearly "learning on the job," continually strengthening its accrediting operations as it does so. For example, it became clear to the Commission during the first visit to the school that it had neglected to ask the school for certain key documents. The school was requested to provide them in an interim report, and the Commission's accreditation documents were modified to include the requirement for the future.

## Staff Analysis

### PART I: Accreditation/Approval Standards

#### 1. Objectives

The accreditation/approval process used by the foreign country should determine whether the educational mission of the medical school serves the general public interest and whether its educational program is appropriate in light of the mission and objectives of the school. Approval should not be granted if it is determined that the educational program is inconsistent with the mission and objectives of the school.

The accreditation/approval process should determine whether the program is legally authorized to provide medical education in the country in which it is located. Approval should not be granted to a program that is not legally authorized to provide such education.

Element 1 of the Commission's Elements establishes the Commission's requirements for the educational goals of a medical school:

"The institution shall develop educational goals which define its mission. The goals shall be adopted by the Board of Trustees of the institution and shall be reevaluated periodically to reflect external and demographic changes in its constituencies...[A]t a minimum, the institutional goals shall include:

- (1) Sponsoring a Doctor of Medicine (M.D.) degree program which fulfills or exceeds the provisions summarized in the Elements of Accreditation.
- (2) Its graduates have acquired a critical amount of knowledge and have developed adequate skills to advance to and complete postgraduate training.
- (3) Its graduates be able to secure licensure, to provide quality health care and to continue a life-long habit of learning as a way of keeping abreast of current medical advances.
- (4) To assure students, parents, patients, postgraduate training directors, licensing authorities, government regulators, and society that accredited programs have met commonly accepted standards for quality education."



Element 2 establishes the Commission's requirement regarding the legal authorization of the medical school:

"The institution shall be organized as a government-supported or a private independent entity which offers degree programs beyond the baccalaureate level. The institution shall also be licensed by the appropriate governmental or regulatory authority to offer courses of instruction leading to award of the M.D. degree."

The Commission's Profile requires medical schools to address the issue of educational goals as follows:

- "1. State the educational objectives of the program of medical education leading to the M.D. degree. When were these adopted? When were they last reviewed?
2. How are the objectives of the medical education program made known to the faculty and students? Is there general agreement with the objectives?
3. Are the institution's programs and activities consistent with the objectives? Please indicate the cause of any discordance, e.g., factors thwarting more successful organization of programs and resources, changing objectives, needed redirection/reallocation of resources, etc.
4. Is there reason to believe that the objectives are being achieved? What is the evidence?"

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to meet with the chief executive officer of the medical school to review the educational goals of the institution for compliance with Element 1. Specifically, the team is charged with determining "if the educational goals statement:

- (1) Is properly stated.
- (2) Is publicized and distributed among its students, faculty, and the public.
- (3) Seeks to sponsor a program that fulfills or exceeds requirements to achieve accreditation.
- (4) Graduates only individuals who have acquired a critical amount of knowledge and skills to advance and complete postgraduate training.

(5) Seeks to graduate only individuals who are able to secure licensure, provide quality patient care, and who have the capacity to keep his medical knowledge current through self-learning after he completes his training."

The Protocol requires the team to summarize in its report the educational goals of the medical school and to comment on whether they are appropriate for the school, whether they have been achieved, whether the faculty and students are familiar with the goals, and whether the college is contemplating any major effort to enhance its ability to reach its goals.

With respect to the legal authorization of the medical school, the Profile requires a medical school to give the date of its charter by state/provincial government, together with the type of charter (not for-profit or commercial/for-profit). The Protocol requires the team to report whether the medical school is licensed by the appropriate governmental or regulatory authority to offer courses of instruction in medicine and to award the M.D. degree.

The interim reports provided as documentation by the Commission did not specifically address the issues related to educational objectives or legal authorization that the Protocol requires them to address. According to the Executive Director of the Commission, this is due to the interim nature of the reports. The full report to be issued in conjunction with the Commission's accreditation decision regarding the school that will be issued in November 1997 will address these and all other required issues.

Documentation:

Elements, pp. 2-3

Profile, Element 1, Educational Goals: I. Objectives, Items 1-4.

Element 2, Corporate Organization: II/III. Governance and

Administration, D. Background Information on Medical School/  
University, Item 9

Protocol, pp. 17-18 and 31.

Sample Self-study/Profile

Interim Reports

2. Governance

The accreditation/approval process should determine whether there is an appropriate accountability of the management of the institution to an ultimate responsible authority external to and independent of the institution's administration. Approval should not be granted if the school lacks such a system of external accountability.

Element 2, Corporate Organization, establishes the Commission's requirements for governance as follows:

"The institution shall be governed by an independent and voluntary board of trustees. The board shall be recognized as the highest authoritative body of the institution...In consultation with the chief academic officer, divisional heads, and representatives of the faculty, the board shall govern the institution by:

- (1) Establishing broad institutional policies.
- (2) Providing institutional direction.
- (3) Securing financial resources.
- (4) Selecting the chief executive officer, the chief academic officer, and their deputies.
- (5) Overseeing the management's performance of its duties and responsibilities."

Element 2 also provides direction on the selection and term of Board members, as well as on conditions that disqualify an individual to serve on the Board.

The Commission's Profile requires medical schools to provide basic information on the composition of the school's Board of Trustees or equivalent governing body, including the names and business or profession of each member. If there is a separate Board for the medical school, then the school must provide the information for both the principal governing body of the institution and that of the medical school.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to review minutes of the Board of Trustees "for evidence that it governs the [medical school] by:

- (1) Establishing broad institutional policies.
- (2) Providing institutional direction.
- (3) Securing financial resources.
- (4) Selecting the chief executive officer.
- (5) Assisting in the selection of other officers of the college.

(6) Overseeing the management's performance of its duties and responsibilities."

The team also must examine whether the Board members are free of conflicting interest with the medical school and independent of the administration. Finally, the team must examine the institution's by-laws and codes of regulations for evidence that the duties and responsibilities of the key administrative and academic officers, the faculty, and faculty committees are outlined in these documents.

The Protocol requires the team to report specifically on each of these areas of governance, in particular whether Board members serve without conflicts of interest with the medical school and independent of the administration and whether the Board properly exercises its authority in overseeing the administration's performance of its duties and responsibilities.

While the interim reports provided as documentation by the Commission did not specifically address all of the governance issues the Protocol requires them to address, they did show evidence of a close examination of the governance of the medical school and a request for follow-up information and/or action on the part of the medical school when (1) insufficient information was available to the team to make a decision concerning the school's compliance with the requirements, (2) the team required further clarification by the school, or (3) the team required the school to take action to address some concerns it had about the school's compliance with the requirements.

Documentation:

Elements, pp. 3-4

Profile, Element 2, Corporate Organization: II/III. Governance and Administration, D. Governing Body, Items 5 and 6.

Protocol, pp. 18 and 31

Sample Self-study/Profile

Interim Reports

### 3. Administration

The accreditation/approval process should determine whether the administration of the school is effective and appropriate in light of its mission and objectives. Approval should not be granted if it is determined that the administration is ineffective or inappropriate in light of the stated mission and objectives.

The accreditation/approval process should determine whether the chief academic official of the medical school is qualified by education and experience to provide leadership in medical education. Approval should not be granted if the

chief academic official's credentials and training background are not appropriate for fulfilling his or her responsibilities.

The accreditation/approval process should determine whether the faculty are appropriately qualified to teach and are involved in decisions involving admissions and curriculum. Approval should not be granted to schools that fail to demonstrate appropriate faculty qualifications and faculty involvement in admissions and curriculum development and delivery.

Effective administration

Element 3 establishes the Commission's requirements regarding administration:

"The institution shall design an administrative structure so that each division is able to perform its unique responsibilities efficiently. The design and size of the administration shall also be of sufficient magnitude for the size of the student body and the scope of the program."

The Commission's Profile requires the medical school to provide various types of information concerning the administration of the school, including the organizational structure, the relationship of the principal administrative positions in the medical school to each other and to the university administration, the management of the various departments that support the medical school, the school's strategic plan, etc. If the medical school has geographically separated programs, the Commission requires the school to provide information on the administration of those programs as well.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to meet with key members of the medical school's administration to ascertain the effectiveness of the school's management. For example, the team must meet with the deputy academic officer for curriculum, the chairperson of the curriculum committee, and selected course directors to discuss the management of the curriculum. The team must also meet with admissions personnel to review the medical school's admissions policies and practices. Finally, the team must meet with selected student affairs personnel to determine the extent and quality of the student services provided. If the school has satellite health facilities, the team must meet with officials at those facilities to determine the effectiveness of the administration of those facilities and the comparability of the services provided to those at the main facility.

In its report, the team must describe the administrative structure of the school and comment on whether the design of the administration fosters effective and efficient implementation of the educational objectives of the school and whether the administration is accessible to students.

While the interim reports provided as documentation by the Commission did not specifically address the administrative structure of the medical school in the manner prescribed by the Protocol, they did show evidence of a close examination of administrative issues and appropriate follow-up action when the information provided by the school was insufficient or raised questions about the school's ability to comply with the requirements.

Chief academic official

Element 3 states the following with respect to the chief academic official of the medical school:

"The chief academic officer - who must hold a M.D. degree - shall possess adequate qualifications and experience in medical education, research, and patient care to lead and to supervise the educational program of the institution."

Element 3 also require the dean to be supported by a competent team of professional staff in the management of the educational program.

The Commission's Profile requires the medical school to describe the selection process for the dean, to provide a job description for the position showing the reporting relationship between the dean and other administrative positions, and to describe the administrative style of the dean.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to report on the qualifications of the chief academic officer and comment on how well that individual has led the college and carried out his/her responsibilities. It must also report on the most recent performance review of the chief academic officer.

The interim reports provided as documentation by the Commission did not specifically address the qualifications of the chief academic officer. This is a concern because a review of the sample self-study/profile provided by the Commission would appear to indicate that the chief academic officer of the one medical school under the Commission's jurisdiction does not meet the requirements set forth by the Commission, specifically the individual does not hold the M.D. degree. Department staff

discussed this matter with the Executive Director of the Commission, who said that the Commission had assumed the chief academic officer possessed the appropriate credential. The Executive Director indicated that the Commission would look into the matter immediately.

#### Faculty

Element 8 establishes the Commission's requirements for faculty, including the type and size of the faculty as well as their professional competence. The specific requirements concerning type and size are discussed below under Resources. The Commission's statement on professional competence is as follows:

"All teaching faculty shall have completed formal academic preparation and shall possess a doctorate degree. The degree shall be in the major concentration of the instructional area. Clinical faculty members must have completed postgraduate training in their areas of specialization and should preferably possess specialty board certification."

Element 4 addresses the role of the faculty in determining the curriculum as follows:

"A curriculum committee of faculty members shall be responsible for developing and evaluating a curriculum that provides a general medical education so that its graduates are prepared to pursue further training at the graduate level. The management of the curriculum shall involve the participation of the faculty and the administration in an integrated manner."

With regard to the role of faculty in admissions, Element 6 states that "Upon consultation with the administration, a faculty committee on admissions shall define the size and characteristics of the student body. The committee shall also "define the institution's requirements for admission and make final decisions on the students admitted to the program."

The Commission's Profile requires medical schools to list all faculty by department, providing the year appointed, the highest degree(s) held, and where the degree was obtained. It also requests information on faculty by-laws (if any). Finally, it requests information on the major permanent medical school faculty committees (names, number of members, who appoints the committee, to whom the committee reports, whether the committee is advisory and/or decision-making, etc).

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to meet with faculty representatives of the basic and clinical science departments to review the medical school's compliance with its standard for faculty. Specifically, the team is required to review professional growth, continuing medical education conferences, faculty collaboration, faculty research activities, professional security and academic freedom, work load, criteria and procedures for evaluation and promotion, development of teaching skills, faculty views of the curriculum and of the student body, etc.

The interim reports provided by the Commission as documentation verified that the team met with a significant number of faculty, both those in the basic sciences and those in the clinical sciences. It is not clear from the reports, however, whether the team examined all of the faculty issues required by the Protocol.

In its report the team is required to address all of the areas listed above. In addition, it is required to report on whether the size of faculty is adequate and proportional to match (a) the size of the student body, (b) the scope of patient care, and (c) the level of research activities. It is also required to specifically address the faculty in each of the principal departments with respect to size, budget, percentage of time devoted to teaching, research, patient care, and faculty committee work, etc.

While the interim reports provided by the Commission as documentation did not provide much detail on some of the issues the Protocol requires the team to address, they did provide evidence of a fairly thorough examination of the size, composition, and qualifications of the faculty by the team and appropriate follow-up action when the information provided by the school was insufficient or raised questions about the school's ability to comply with the requirements regarding faculty.

Documentation:

Elements, pp. 5-6, 7, and 11

Profile, Element 3, College Management: E. Medical School Governance/Administration, Items 12-24; F. Geographically Separated Programs, Items 25-27

Protocol, pp. 18-20, 32, and 41

Sample Self-study/Profile

Interim Reports

#### 4. Educational Program

The accreditation/approval process should examine whether the educational program of a medical school is of sufficient length to meet the mission and objectives of the school and to provide students with the knowledge and skills necessary



to become a qualified physician. Approval should not be granted to a school that does not provide an educational program of at least 32 months in duration.

The accreditation/approval process should determine whether the curriculum provides an education in the sciences basic to medicine, a variety of clinical subjects, and various ethical, behavioral, and socioeconomic subjects pertinent to medicine. Approval should not be granted to a school whose educational program does not provide such a broad-based curriculum.

The accreditation/approval process should determine whether the requirements for successful completion of the program of medical education conform to commonly accepted standards, with a particular focus on clerkships (or their equivalent) and other forms of clinical training. Approval should not be granted if such training is of insufficient breadth, is not conducted in suitable medical facilities, or is not adequately supervised.

#### Length of Educational Program

The Commission requires the length of the medical program to be no less than 150 weeks and offered over four academic years.

The Commission's Profile requires the medical school to report the total number of weeks (excluding vacations and holidays) required to complete studies for the M.D. degree. These must be broken out into the number of weeks in each year (period, term, unit, etc.).

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to report this information.

The Commission's Protocol requires the on-site inspection team to report on the length of the curriculum and to outline the curriculum with respect to the type of courses offered in freshman, sophomore, junior, and senior year, including the number of hours of instruction for each subject taught.

The interim reports provided by the Commission as documentation did not specifically address the issue of the length of the medical program.

#### Curriculum

Element 4 states in general that "the program shall provide a general and broad learning in the principal medical disciplines." With regard to basic science, Element 4 states that the curriculum "shall allow students to acquire - through didactic and practical instruction - current understanding and advances in the biomedical science disciplines representing anatomy,

histology, physiology, biochemistry, psychology, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, and preventive medicine."

The clinical program "shall be oriented towards primary care...The curriculum shall also provide instruction in current understanding and advances in the fundamental diagnosis, treatment, management, prevention, and rehabilitation of major and commonly occurring, acute, and chronic diseases. They shall be presented in an integrated and multi-disciplinary approach in areas of:

- (1) Internal medicine of not less than 12 weeks.
- (2) Surgery of not less than 12 weeks.
- (3) Pediatrics of not less than 6 weeks.
- (4) Obstetrics and gynecology of not less than 6 weeks.
- (5) Psychiatry of not less than 6 weeks.
- (6) Family medicine of not less than 4 weeks - whether offered as a separate course or integrated into the five major clinical disciplines identified in paragraphs (1) through (5) above.
- (7) Clinical electives of not less than 26 weeks."

Furthermore, the Commission requires that, whether they are covered in separate courses or in the required courses, the curriculum shall also provide instruction in topics of special concern to society and the practice of medicine. These are to include such topics as medical ethics, AIDS, domestic violence, alcohol and substance abuse, smoking, nutrition, epidemiology, long-term care, etc.

The Commission's Profile requires the medical school to describe in depth the content of its educational program, including a listing of each content area together with the number of hours for each teaching/learning method (lecture, conference, lab, other). It requires the school to identify the percentage of time in the basic and clinical sciences that consists of department/division courses, interdisciplinary courses, and other courses. It asks the school to indicate when the last major revision of its curriculum took place and what that revision entailed. It also asks the school to identify where in the curriculum students acquire specific clinical skills, attitudes, and behaviors. Finally, for each required course in the curriculum, the school must complete a form providing detailed information on the faculty teaching the course, the number of

hours spent in lecture, lab, conference, etc; course evaluation methods, textbooks, etc.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to review overall curricular objectives, course objectives, course content, laboratory exercises, the types and number of patients available for teaching purposes, the clinical skills students are required to master, etc. The team is also required to observe lectures and labs in a variety of basic and clinical sciences.

The team's report must address the content and structure of the curriculum, the effectiveness of the curriculum in meeting the medical school's educational goals, the role of the curriculum committee in overseeing the curriculum, etc.

While the interim reports provided as documentation by the Commission did not address all of the issues required by the Protocol, they did examine the number of hours allocated to teaching the major subjects, comparing them with the time allocation for an Irish medical school and noting that any variations were consistent with the "variation in emphasis which is common to all medical schools." They also examined the clinical program provided in Great Britain, Ireland, and the United States. Finally, they examined the balance of the "teaching programme and the coverage of the individual pre-clinical subjects."

The Executive Director was asked during the teleconference if the Commission simply looked at the number of hours allocated to teaching the various subjects or if it all examined the content. The Executive Director responded by indicating that the Commission examined the content by observing a number of actual classes.

#### Clerkships

Element 4 states that "in designing clerkships, the curriculum committee shall require all clinical instruction be carried out in both inpatient and outpatient settings. There shall be adequate daily patient census representing a broad range of commonly occurring diseases available for students to study." All instruction must provide an adequate number of hours of lectures, conferences, faculty teaching rounds, and resident rounds each week. It must also provide an adequate number of new and existing patients each week. There must also be adequate faculty review and critique of students' workups and presentations of patients, and patient logs must be maintained to monitor the number and variety of patients seen by the students.

The Commission requires each medical school to provide proper oversight of the learning experience of clinical students, which is defined in the Elements, and requires the involvement of the college's curriculum committee in ensuring that the faculty oversees the workups of patients by students.

Additional requirements concerning students' clinical experience (e.g., supervising students by the faculty, defining clerkship objectives, scheduling adequate time for study and also for practice opportunities for students, monitoring students' clinical experiences, fostering problem-solving and critical appraisal skills, and evaluating students) may be found in the Elements.

Regarding the medical facilities for the clinical training of students, Element 4 requires medical schools to secure access to teaching hospitals and ambulatory facilities. These facilities "shall sponsor postgraduate training programs recognized by the British National Health Services, the Accreditation Council for Graduate Medical Education, or other recognized organizations - in all the clinical disciplines where undergraduate medical education is offered. Teaching hospitals refer to tertiary health care facilities that are engaged in postgraduate medical education and research." Element 4 further requires the institution's affiliated clinical teaching facilities to be "of sufficient size, quality, and accessibility to serve the needs of the institution," to have a "professionally managed and well stocked library," and to offer "classroom facilities and clean and quiet sleeping quarters for on-call students during their clerkships."

Medical schools are required to "maintain - in force at all times - an affiliation agreement with each health care facility where students are present." While the Commission has not examined all of the affiliation agreements for the one medical school it evaluates, the Executive Director indicated that it has examined "a representative sample" of them.

The Commission's Profile requires the medical school to provide detailed information on the clerkships it provides, including the number of weeks, the number of hours (lecture, conference, faculty teaching rounds, resident rounds) per week, the number of patients studied by clerks, the objectives of the clerkship, course evaluation methodologies, etc.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Protocol requires the inspection team to examine the medical school's oversight of clinical students in hospital wards and clinics, determining whether the school provides a structured

learning environment, whether the clinical departments are staffed by physicians who are faculty members of the medical school, whether the school defines and distributes to students and supervising faculty a list of learning objectives at the beginning of each clerkship, etc. The team is also required to examine the number of new patients assigned to students each week, the methods used by the faculty to critique students' performance in their clerkships, etc. Finally, the team is required to review the specific clinical departments providing clerkships; this includes meetings with faculty and tours of the facilities.

In its report, the team must address all of these items. For example, it must describe the number of hours of clerkships as well as the percentage of time devoted to inpatient and outpatient learning, the methods and frequency of student evaluation, etc., the comparability of learning experiences at satellite facilities with those at the main facility, etc.

While the interim reports provided as documentation by the Commission did not address all of the issues related to clerkships that are required by the Protocol, they did appear to reflect a fairly thorough examination of the clinical component at the various hospitals used by the medical school. They also examined the readiness of students for the clinical portion of their program after completion of the basic sciences and pre-clinical portion offered in Montserrat.

Documentation:

Elements, pp. 7-11

Profile, Element 4, Curriculum: A. Duration, Items 1-2; C. Content of the Educational Program, Items 6-15; D. Required Courses of the Program Leading to the M.D. Degree, Item 16-Curriculum Third-Year and Fourth-Year Program.

Protocol, pp. 20-21, 22-24, 32-33, and 36-38

Sample Self-study/Profile

Interim Reports

## 5. Medical Students

The accreditation/approval process should determine whether the medical school admits only those students who possess the intelligence, integrity, and personal characteristics that are generally perceived as necessary to become effective physicians. Approval should not be granted to a school that fails to admit qualified students.

The accreditation/approval process should determine whether the medical school carefully monitors the progress of students through the educational program and graduates only those students who successfully complete the program.

Approval should not be granted if the school fails to monitor students for satisfactory academic progress.

#### Admissions

Element 6 contains the Commission's requirements regarding the admission of students:

"At a minimum, admitted students shall possess three years of undergraduate education, including the completion of one year each of biology (with lab), physics (with lab), English, and two years of chemistry (with lab). Students may concentrate their undergraduate studies in any field of interest. However, a baccalaureate degree is preferred. Individuals admitted shall:

- (1) Be in good physical and mental health.
- (2) Possess a record of academic excellence.
- (3) Possess good personal character.
- (4) Possess standards of behavior and conduct that will reflect favorably on themselves and on the medical profession.
- (5) Possess personal integrity.
- (6) Possess appropriate motivation.
- (7) Possess the sincere desire to serve their fellow man."

The Commission requires the admissions process to include personal interviews and screening applicants for:

- (1) Grade point average.
- (2) The type and degree of difficulty of courses the applicant enrolled in.
- (3) Scores on the medical school admission test.
- (4) Proficiency of the applicant's writing skills.
- (5) Proficiency of the applicant's verbal communications skills.
- (6) Personal hygiene and grooming standards of the applicant.
- (7) Evaluations from college pre-professional committees or undergraduate faculty members.

(8) Ability of the applicant to communicate effectively and to articulate his motivation, experience, and other matters during a personal interview.

The Commission's Profile requires the medical school to list the requirements for admission, to describe the structure and mode of operation of the admissions committee, and to provide data on the number of applicants, acceptances, and matriculants for the most recent year. The school must also provide data on the GPAs and MCAT scores of the entering class, both by range and mean; the premedical preparation of students by major and degree obtained (if any); and the top ten schools (by number of students attended) represented by the entering class.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to meet with key admissions officials to review the admissions requirements and processes, to examine the school's policies with respect to transfer and visiting students, and to determine whether the school's processes and policies are followed in actuality.

The team must report its findings with respect to each of these, verify the enrollment data provided by the institution, and report whether an applicant pool of academically qualified students is available to fill the freshman class.

While the interim reports submitted as documentation by the Commission did not specifically address all of the admissions elements required by the Protocol, they did provide evidence that the team had examined at least some admissions, retention, and transfer information.

#### Monitoring of Students' Academic Progress

Element 5 establishes the Commission's requirements for student promotion and evaluation. Basically, the Commission requires the existence of a student promotion and evaluation committee comprised of faculty members and charged with establishing "several methods for assessing the level of student knowledge and skills as compared to performance levels of students at other institutions." This committee shall "define, publish, and equally enforce" rules that consist of methods of student evaluation, grading system, standards of achievement for promotion, standards of achievement for graduation, standards of achievement for honor roll, processes and criteria for student dismissals, process for appeals...." The committee shall also define and recommend to the chief academic officer "the degree of proficiency a student must attain before he is promoted to the next academic level and ultimately to graduation...."

Course directors are required to administer periodic and interim examinations to evaluate the degree of mastery of course material and the degree of problem solving skills attained. A student's faculty advisory is responsible for "helping his student advisee to maintain satisfactory academic progress, to guide the student in determining a career path, and to direct the student to an appropriate postgraduate position for further training."

The Commission's Profile requires the medical school to provide information on the composition and responsibilities of the Medical Student Promotions Committee, the use and results of the use of the USMLE in evaluating students, and any other means of evaluating students that are employed by the medical school. The school is also required to provide information on the extent and type of academic counseling available to students, as well as data on student attrition due to academic difficulty.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to meet with the chair of the student promotion and evaluation committee and to review the methods the medical school uses to evaluate students, including interim student evaluation and progress reports as well as the requirements for promotion, graduation, and academic disciplinary action.

The team must report on, among other things, whether college policies concerning student promotion and evaluation are published, the methods of student evaluation employed by the medical school, whether the grading system has been applied uniformly, and the average score and passing percentage on standardized examinations, and the general view of students concerning the effectiveness of the methods used by the school in evaluating and promoting students.

While the interim reports submitted as documentation by the Commission did not specifically address all of the items required in the Protocol, they did provide evidence of a thoughtful review of the medical school's policies and procedures with respect to the evaluation of students and the imposition of certain requirements before students are allowed to enter the clinical phase of their training.

Documentation:

Elements, pp. 13-16

Profile, Element 6, Admission Medical Students: A. Admissions, Items 1-7; B. Background and Credentials of Students, Items 8-17; C. Transfer Students, Items 18-22; D. Special Programs, Items 23-24. Element 5, Student Promotion and Evaluation: G. Evaluation



of Student Achievement, Items 26-42; H. Academic Counseling,  
Items 43-45  
Protocol, pp. 19-20 and 38-40  
Sample Self-study/Profile  
Interim Reports

6. Resources for the Educational Program

The accreditation/approval process should determine whether the medical school has physical 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. Approval should not be granted if the facilities are inadequate.

The accreditation/approval process should determine whether the faculty provides effective teaching and is of sufficient size to provide the scope of the educational program offered. Approval should not be granted if there is an insufficient number of qualified faculty.

The accreditation/approval process should determine whether the medical school has a library sufficient in size, breadth, and depth to support the educational program. Approval should not be granted if the library is inadequate.

Physical facilities

Element 11 addresses the Commission's requirements for facilities and equipment:

"The institution shall own buildings, equipment, and a campus of sufficient size, quality, and design to fulfill its goals. University-owned facilities shall include auditoriums, classrooms, student laboratories, a library, faculty offices, office for student services, research laboratories, sufficient animal care facilities, student dormitory facilities, dining facilities, student activities facilities, and recreational facilities."

Element 11 also addresses the Commission's requirements for hospital and ambulatory facilities:

"...the institution's affiliated clinical teaching facilities shall also be of sufficient size, quality, and accessibility to serve the needs of the institution...The medical school shall maintain - in force at all times - an affiliation agreement with each health care facility where students are present...Such agreement shall include...classrooms, library resources, student study areas, and quiet sleeping quarters for students scheduled to take calls."

Finally, Element 11 addresses the Commission's requirements for library as follows:

"The clinical teaching facilities shall possess a professionally managed and a well stocked library. The library shall be of sufficient size and provide students with ample study areas."

The Commission's Profile requires the medical school to provide information on all of its buildings, including total square footage and that assigned to undergraduate medical education. It also requires the school to provide information on its clinical teaching facilities.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to address these issues.

The Commission's Protocol requires the on-site inspection team to inspect facilities and equipment for compliance with Element 11, including auditoriums, classrooms, student laboratories and lounges, faculty offices, administrative facilities, research laboratories, and libraries.

The team report should address whether the size, quality, and design of the general facilities are sufficient for the size of the faculty and student body, the level of research activities, and the nature of the curriculum. For each hospital and ambulatory facility, the team should report on the quality of the facility and whether affiliation agreements exist for each one.

The interim reports provided as documentation by the Commission did not address all of the elements required by the Protocol. However, it should be noted that when a natural disaster forced the one medical school under the Commission's jurisdiction to relocate to another island, the Commission promptly sent in a team to evaluate, among other things, the facilities available to students at the new location.

#### Faculty

Element 8 establishes the Commission's requirements for faculty and instructional personnel. With respect to type and size of faculty, the Elements states the following:

"The institution shall admit to its faculty only those individuals who possess professional expertise, academic qualification, and competency in their areas of instruction. They shall also have prior teaching experience, have interest in teaching, have research experience, and shall continue their scientific investigation activities and scholarly work.

The institution shall appoint a sufficient number of faculty members to fulfill its educational mission. The number of faculty members shall be dependent on the total number of students enrolled in the program. However, the overall faculty to student ratio shall not be less than 1 to 4."

Element 8 also describes such areas as the fields in which faculty are expected to possess general and specialized knowledge, the selection and appointment of faculty, faculty collaboration and research, professional competence, professional growth and continuing medical education, compensation, professional security and academic freedom, work load, evaluation and promotion, and other instructional personnel including adjunct instructors, senior house officers, fellows, registrars, residents, and graduate teaching assistants.

The Commission's Profile requires the medical school to provide detailed information on the size and composition of the faculty, both as a whole and broken out by department.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to provide this information.

The Commission's Protocol requires the on-site inspection team to meet with faculty representatives in the basic and clinical sciences to review professional growth, continuing medical education conferences, faculty collaboration, faculty research activities, professional security and academic freedom, workload, etc. The team is also required to determine the faculty views of the curriculum and the student body, faculty familiarity with the educational goals of the college, and faculty knowledge of student performance and the success of the medical school's graduates in post-graduate training and professional practice.

The team is required to report whether the size of the faculty is adequate and proportional to match (a) the size of the student body, (b) the scope of patient care, and (3) the level of research activities. In addition, for each department, the team should report faculty size; the amount of space allocated to the department; its budget; the percentage of time faculty devotes to teaching, research, patient care, and faculty committee work; and any major strengths or weaknesses in the department. Finally, the team is supposed to report on a number of other faculty issues, such as workload, professional growth, policies for selection and promotion, etc.

While the interim reports provided as documentation by the Commission did not address all of the elements required by the Protocol, they did examine the qualifications, size, selection, and retention of faculty as well as organization of the various departments.

## Library

Element 9 establishes the Commission's requirements for a library:

"To achieve the educational goals of its students and faculty, the institution shall maintain a library with adequate physical facilities of sufficient size and design, adequate collection, up-to-date equipment for using non-print materials, and a competent professional staff to manage the library and to assist its users."

Element 9 further specifies the requirements for library staff, library resources, inter-library relationships, and hospital libraries.

The Commission's Profile requires the medical school to provide information on the staffing of the library, its fiscal and information resources, various network arrangements, library and information services, etc.

The sample self-study/profile provided by the Commission documents that the Commission requires medical schools to provide this information.

The Commission's Protocol requires the on-site inspection team to meet with the chief librarian and to review the library for adequacy of the physical facilities, collection, computer hardware and software, audio-visual materials, and models.

The team report should address the adequacy of the library with respect to physical facilities, user services, staffing, collections, interlibrary relationships, and hospital libraries.

While the interim reports provided as documentation by the Commission did not address all of the elements required by the Protocol, it was apparent that the team examined staffing, hours of operation, the currency of the collections, and other issues.

### Documentation:

Elements, pp. 19-25

Profile, Element 8: Faculty and Instructional Personnel: VI.

Resources, C. Faculty, Items 1-18; X. Research, Items 1-5.

Element 9: Library: General Information, Items 1-10. Element 11, Facilities and Equipment: General Facilities, Hospital and Ambulatory Facilities, and Graduate Medical Education.

Protocol, pp. 20-22, 41-45

Sample Self-study/Profile

Interim Reports

## PART II: Accreditation/Approval Evaluation Procedures

1. There should be a clearly recognized body responsible for evaluating the quality of medical education in the country and that body should be legally authorized to accredit/approve medical schools offering educational programs leading to the M.D. (or equivalent) degree.

As previously mentioned in the Background section of this analysis, Montserrat has formally recognized the Accreditation Commission on Colleges of Medicine as "the principal authority to accredit medical schools in Montserrat." In the letter granting this recognition, Montserrat officials state that the "appointment of the Commission is for an indefinite period, but in any case not exceeding five years, subject to renewal on review."

### Documentation:

Letter from Chief Minister, Government of Montserrat, to Professor O. Conor Ward, Chairman, Accreditation Commission on the Colleges of Medicine, dated November 5, 1996

2. The accreditation/approval process should include effective controls against conflicts of interest and inconsistent application of the accreditation/approval standards.

### Controls against Conflicts of Interest

According to the Commission, in order to "maintain the independence of the Commission and to avoid conflicts of interest, new Commissioners shall not be selected or elected by individuals and organizations such as: (1) an officer of the accredited college or the college itself, (2) an officer of the college seeking accreditation or the college itself, (3) an officer of a related professional association or the association itself." These same individuals and organizations may not participate in developing or reviewing the Commission's budget.

The Commission's policy on conflict of interest further states that an individual is disqualified from serving on the Commission or the inspection team if that individual--

(1) Was employed by the medical college seeking accreditation. Employment is meant as a full-time faculty member, administrator, or consultant to the college.

(2) Was employed by another institution that has a substantial contractual business relationship with the medical college seeking accreditation.

(3) Was employed by another institution that has the same ownership or governance as the medical college seeking accreditation.

(4) Was enrolled at the medical college seeking accreditation. Enrolled is meant as a full-time student or resident.

(5) Was connected to the chief academic officer of the medical college seeking accreditation. Connected is meant as colleagues employed by the same organization and who carried on regular professional interaction (at least once per week) at their previous place of employment. This provision excludes situations where there were no professional contacts, in spite of common institutional affiliation.

(6) Was employed at a medical college which maintained a substantive working relationship with the medical college seeking accreditation.

(7) Has prejudicial views toward the college seeking accreditation.

(8) Is related to an employee of the college by blood or marriage.

Controls against the Inconsistent Application of Standards

One of the Commission's controls against the inconsistent application of standards is the utilization of the Commissioners themselves to conduct every aspect of its accrediting operations, from on-site inspection to policy-making and decision-making.

It is the Commission's policy that the inspection teams that conduct the on-site reviews of medical schools are composed of the Commissioners themselves. The policy states further that, in general, each team is comprised of at least three Commissioners. As the Commission consists at present of only three members and those three members have constituted the on-site inspection teams that have evaluated the one medical school currently approved by the Commission, there is no possibility of different application of the Commission's standards by either the site-visit team or the Commission.

According to Commission documents, should the Commission take on accreditation responsibilities for more than just the one medical school it currently accredits, the size of the Commission will increase. Specifically, the size will be "adjusted in proportion to the number of medical schools it has jurisdiction over...the ratio of Commissioners to accredited medical schools shall be 3 to 1."

As another control against the inconsistent application of standards, the Commission requires the on-site inspection to be conducted in a predetermined and structured format. According to the Commission, "this format will serve as a blueprint for...ensuring that different teams evaluate different colleges with equal uniformity and consistency."

Documentation:

Protocol, pp. 2, 3, 5, and 17

3. The accreditation/approval process should provide for the regular reevaluation of approved medical schools in order to verify that they continue to comply with the approval standards.

It is Commission policy that full accreditation is granted for a period of six years. Conditional accreditation is granted for a maximum of three years.

Once accredited, a college is required to undergo a comprehensive review at least every six years. It also is required to submit an Annual Compliance Survey each year, an instrument the Commission uses to monitor a school's compliance with the Elements. If the annual survey indicates a school has fallen out of compliance, the Commission will "open a program review on the college to determine whether to change its accreditation status."

Documentation:

Elements, Preface, p. 1 and p. 57

Protocol, Section XIV, p. 59

4. The accreditation/approval process should normally 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 that 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, curriculum, qualifications of the faculty, and facilities available to medical students. If there is not an on-site visit, there should be some appropriate alternative that ensures a thorough review of the school for compliance with the accreditation/approval standards.

The Commission requires a comprehensive on-site inspection of each medical school seeking accreditation or reaccreditation. The term "on-site inspection," as used by the Commission, means on-site inspection of the parent campus, all satellite health care facilities, and all sites where the college maintains an educational presence. According to the Commission, the

inspection lasts four and one-half days. However, if the medical school has a satellite health care facility, the inspection of that facility will take an additional two and one-half days.

It is Commission policy that the on-site inspection is conducted in a predetermined and structured format. This format provides for interviews with the chief executive officer and the chief academic officer of the medical school concerning the school's organizational structure, mission and goals, and management. In addition, the team is required to meet with the head admissions officer and chairman of the admissions committee concerning the school's admission requirements and processes. The team must also interview the financial officer, selected department chairpersons and faculty representatives, the chairperson of the curriculum committee, selected course directors, chief librarian, student services personnel, and students to ascertain the medical school's compliance with each of the required accreditation standards or Elements. Section VII of the Protocol specifies the structure for all of the interviews, including the subjects to be discussed with each group or individual interviewed.

Documentation:

Protocol, Introduction, p. 1

Protocol, Section VII, pp. 17-25

5. The accreditation/approval process should 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.

As indicated previously, it is the Commission's policy that the inspection teams that conduct the on-site reviews of medical schools are composed of the Commissioners themselves. The experience and qualifications of the Commissioners/on-site evaluators are specified in the Protocol. They "represent individuals who possess the academic qualifications and experience necessary to effectively evaluate medical colleges for accreditation." Additionally, "[r]epresentation, qualifications, and experience of Commissioners include:

- (1) An earned M.D. from a medical college.
- (2) Completion of postgraduate training.
- (3) Specialty certification from a recognized medical society.
- (4) Experience as a chief medical officer of a medical college.



(5) Experience as a chief or senior faculty of a clinical department at a medical college.

(6) Experience as a chief or senior faculty of a basic science department at a medical college. For example, a surgeon may have teaching responsibilities in the department of anatomy and a cardiologist may teach cardiovascular physiology in the department of physiology.

(7) Experience as an administrator at a postgraduate teaching hospital.

(8) Experience in undergraduate and graduate education, teaching, research, and patient care.

(9) Experience in the medical school evaluation process."

The Protocol further describes the specific qualifications of the three Commissioners who serve as team members and conduct the on-site evaluation of the medical school.

Documentation:

Protocol, p. 2

Curriculum vitae of Commissioners

6. The accreditation/approval process should ensure that all accreditation/approval decisions are based on the accreditation/approval standards.

All of the principal steps in the Commission's accreditation process are keyed to the accreditation standards or Elements. The Profile requires medical schools to provide extensive (and very specific) information that documents compliance with each of the Elements. The structured on-site inspection, with its series of predetermined questions to be asked each of the relevant constituencies is likewise keyed to each of the Elements. The Commissioners double as on-site inspectors, thus ensuring that accrediting decisions are based solely on the evidence of a medical school's compliance with the Elements, as verified by the Commissioner/inspectors while on site.



**COUNTRY'S  
RESPONSE**

*Country  
response  
to draft  
AEO  
analyses*

# The Commission

## Accreditation Commission on Colleges of Medicine

P.O. Box 509, Plymouth, Montserrat, West Indies

29 August 1997  
Ref: OCWKK4

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Dear Ms Kershenstein,

Thank you for the prompt transmission of the staff analysis of accreditation standards used by Montserrat for medical school evaluation. As you have noted the Commission's Interim Reports have not dealt with each of the Elements comprehensively. The Commission viewed its Interim Reports mainly as a mechanism for identifying weaknesses in the AUC programme. The Commission has assembled all the necessary information to deal with each of the Elements in detail in its final determination. The interim reports have been furnished to the government of Montserrat and to the American University of the Caribbean so that both may be aware of the manner in which the Commission is approaching the evaluation and so that the university may have forewarning of those matters which require its attention.

The Commission has been informed that the American University of the Caribbean has now appointed an interim Clinical Dean. Up to this point in time the administrative duties have been divided between a pre-clinical Dean and a Clinical Dean, and as a matter of convenience, the pre-clinical Dean has acted as Chief Academic Officer. The Commission has notified the university that the Chief Academic Officer must be an MD. The university has indicated that the newly appointed Clinical Dean will rank as the Chief Academic Officer.

There are minor changes required on page three of your report. In paragraph two, the date of the inspection of St Maarten was the fall of 1996. The visit to the United States took place early in 1997.

In the footnote at the bottom of page three in the third line "hospitals" should be in the plural. AUC students took all their core modules in Dublin teaching hospitals, covering medicine, surgery, obstetrics, psychiatry and paediatrics. My previous reference to obtaining the consent of the Medical Council related to the fact that it was necessary to

