



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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Page 2 - Adeline Tuitt

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

educator¹ 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,

¹ 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,

