

U.S. Department of Education

St. Maarten: Redetermination of Comparability

Prepared October 2011

Background

In October 1997 the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Accreditation Commission on Colleges of Medicine (ACCM) to evaluate the American University of the Caribbean (AUC), then located in Montserrat, were comparable to those used to evaluate medical schools in the United States. This was the ACCM's first agreement with a Caribbean country to serve as its designated accreditor. (The commission later became the designated accreditor for the governments of Saba, Belize and the Cayman Islands, as well.)

After a volcano erupted on Montserrat, the AUC was forced to relocate to St. Maarten. Since St. Maarten does not have a governmental body to conduct accreditation activities, it officially designated the ACCM in December 1997 to be its authorized representative in accrediting the AUC, which is the one medical school in the country. In March 1998, the NCFMEA found that the ACCM's accreditation system, now being used in St. Maarten, continued to be comparable to the system used in the United States.

During its March 2004 meeting, the NCFMEA reaffirmed its prior determination that the standards and processes used by the ACCM for its evaluation of the medical school on St. Maarten remained comparable to those used to evaluate medical schools in the United States. The NCFMEA also requested that the ACCM submit periodic reports describing its continuing accreditation activities. The commission submitted reports for 2005 and 2006. Since the NCFMEA did not meet in 2006, both of those reports were reviewed at the March 2007 meeting. At its March 2007 meeting, the NCFMEA accepted the annual report submitted by the ACCM on behalf of the government of St. Maarten and requested that the ACCM submit another report on its accrediting activities for review at the March 2008 NCFMEA meeting.

At its March 2008 meeting the NCFMEA accepted the commission's report and invited it to reapply for a comparability redetermination at the Spring 2010 NCFMEA meeting. The Spring 2010 meeting was cancelled, pending appointment of a new committee, causing St. Maarten's redetermination to be deferred to the current meeting.

Summary of Findings

Based on the information provided, there is no evidence of any major changes in the standards and processes of St. Maarten that were last determined to be comparable by the NCFMEA in March 2004. Department staff also concluded that the accreditation activities during the period reported were consistent with the NCFMEA Guidelines.

However, one issue remains that the NCFMEA may wish to pursue regarding the country's standards. More information is needed on the evaluation of complaints, and especially student complaints, during the evaluation process.

Staff Analysis

PART 1: Entity Responsible for the Accreditation/Approval of Medical Schools

Section 1: Approval of Medical Schools, Question 1

Country Narrative

The entity responsible to approve or deny approval of a medical school on the island of St. Maarten is the Government of the Netherlands Antilles (Exhibit 1 - Netherlands Antilles Government Charter 1999).

The single medical school located on St. Maarten, the American University of the Caribbean (AUC) is duly incorporated under the laws of the Netherlands Antilles (Exhibit 2 – AUC n.v. Articles of Incorporation 1999). These Articles were amended to reflect changes in the laws of the country at a General Meeting of Shareholders in June 2009 (Exhibit 2a – Resolution of Shareholders 4 June 2009) and by Resolution of the Board of Managing Directors the same day (Exhibit 2b – Resolution of the Board of Managing Directors and Bylaws of the University Board of Trustees).

The Government of St Maarten reaffirmed the authority of the AUC to confer MD degrees in 2003 (Exhibit 3 – St Maarten Government Resolution 2003).

Analyst Remarks to Narrative

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten.

Section 1: Approval of Medical Schools, Question 2

Country Narrative

The Government of St Maarten regulates the certification/licensure of the medical school.

Analyst Remarks to Narrative

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten.

Section 1: Approval of Medical Schools, Question 3

Country Narrative

The Government of St Maarten retains the authority to remove the right to operate of a medical school (Exhibit 3 – St Maarten Government Resolution 2003, paras 1 and 5)

Analyst Remarks to Narrative

Documentation was provided showing that the only entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten.

Section 2: Accreditation of Medical Schools

Country Narrative

The entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The authority of the ACCM to carry out this function was granted under the terms of the formal Heads of Agreement between the Government of St. Maarten and the ACCM (Exhibit 4 – St Maarten/ACCM Heads of Agreement 1997) and the resolution of the Executive Council of St. Maarten, No. 510 of May 20th 2003 (Exhibit 3 – St Maarten Government Resolution 2003). The Executive Council, in its letter of January 26, 2010, confirms the tasked assignment to ACCM to accredit and evaluate AUC and represent the Government at meetings with the NCFMEA (Exhibit 5 – St Maarten Government letter 2010).

ACCM reports on its accreditation activity annually to the Government of St. Maarten and to the NCFMEA. The most recent Accreditation Report was lodged in December 2009 in hardcopy to both these parties and can be made available electronically if required. The American University of the Caribbean was found to be in compliance with all accreditation standards, and had achieved the

educational goal of an 85% pass rate for first time takers of USMLE Step 1. The University has therefore been granted accreditation for the period beginning January 1st 2010 for six years provided that it remains in compliance with the required standards (Exhibit 6 – ACCM Elements of Accreditation), continues to submit annual survey reports to ACCM and continues to receive specified inspection visits to the campus and to affiliated hospital sites throughout the period of accreditation.

Analyst Remarks to Narrative

The entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The ACCM has been granted this authority by the Executive Council of the Island Territory of St. Maarten, and the ACCM reports to the Executive Council.

Part 2: Accreditation/Approval Standards

Section 1: Mission and Objectives, Question 1

Country Narrative

The accreditation /approval standards and the inspection process used by the ACCM are set out in the Elements of Accreditation and in the ACCM Protocol for Accreditation. The NCFMEA has previously confirmed that the ACCM Elements conform to LCME standards. The ACCM Elements of Accreditation and Protocol for Accreditation have been recently updated to take into account changes in LCME standards (Exhibit 6 & 7 – ACCM Elements of Accreditation 2009 and ACCM Protocol for Accreditation 2009).

ACCM requires that the standards of medical education followed by the school are those set out in its Elements of Accreditation. These standards are modeled on LCME standards. The public interest is served by the requirement to deliver a high quality medical education.

Analyst Remarks to Narrative

The ACCM's Element 1.1 addresses Educational Goals. An institution must develop goals that define its mission and teaching program. The goals must include assuring students, parents, patients, postgraduate training directors, licensing authorities, government regulators, and society that the medical programs have met the commonly accepted standards for professional education and that they serve the public interest.

Section 1: Mission and Objectives, Question 2

Country Narrative

The medical school must conform to the educational goals as set out by the ACCM (Exhibit 6 - Element 1, p.6) and verified by the ACCM inspection team.

Analyst Remarks to Narrative

The ACCM's Element 1.1 addresses Educational Goals. An institution must develop goals that define its mission and teaching program. The goals must include:

-producing graduates with the knowledge and skills necessary to complete postgraduate training

-producing graduates capable of attaining licensure and providing quality health care, as well as habits of life-long medical learning

Section 2: Governance, Question 1

Country Narrative

The single medical school on the island has been legally authorized under the Netherlands Antilles Government to operate and confer the degree of MD (Exhibit 1 - Netherlands Antilles Government Charter).

Analyst Remarks to Narrative

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten. In turn, the entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The Executive Council is the legal entity to which the medical school reports, and the ACCM is the entity which reviews the quality of the medical education program on the Executive Council's behalf.

Section 2: Governance, Question 2

Country Narrative

ACCM is the external and independent agency appointed by the Government that ensures the accountability of the management of the school.

Analyst Remarks to Narrative

Documentation was provided showing that the entity responsible for approving and denying medical schools is the Executive Council of the Island Territory of St. Maarten. In turn, the entity responsible for the accreditation of medical schools and medical education on the island of St. Maarten is the Accreditation Commission on Colleges of Medicine (ACCM). The Executive Council is the legal entity to which the medical school reports, and the ACCM is the entity which reviews the quality of the medical education program on the Executive Council's behalf.

Subsection 3.1: Administrative Personnel and Authority, Question 1

Country Narrative

The corporate organization and administration of the medical school must comply with standards set out in Elements 2 & 3 (Exhibit 6 – Elements 2 and 3, p 7-8).

ACCM requires that the school be governed by an independent and voluntary Board of Trustees as the highest authoritative body of the institution (Exhibit 6 - Element 2, subsection 2.1, p.7).

The administrative and academic organization of the school is monitored by regular inspections, site visits, faculty, administrative and student interviews to ensure compliance with the ACCM Elements.

Analyst Remarks to Narrative

The ACCM's Elements 2 and 3 address Corporate Organization and College Management. The institution is government supported and licensed. The institution shall be governed by an independent Board of Trustees. Chief academic officers, division heads, and faculty representatives will consult with the trustees in governing the institution. By-laws shall delineate the roles, duties, and responsibilities of: chief, associate, and assistant administrative officers; chief academic officers and deputies; faculty; faculty government; students; and committees, including student admission, student evaluation, curriculum, facilities and libraries, faculty research and scholarly activities.

Subsection 3.1: Administrative Personnel and Authority, Question 2

Country Narrative

ACCM requires that the principal administrative and academic heads shall maintain open lines of communications with one another (Exhibit 6, Element 3 subsection 3.1, p.8) and that the Chief Academic Officer shall be provided with adequate resources to implement a sound program (Exhibit 6, Element 4, p.9).

Instructional budgets are developed in collaboration with the Chief Academic

officer and faculty members to ensure effective delivery of the medical educational programs (Exhibit 6 - Element 7, subsection 7.4, p.19).

Compliance with these requirements is determined during on site reviews, and in interviewing the relevant personnel during inspection visits. ACCM also evaluates minutes of meetings, and reviews corporate and academic organizational flow charts for appropriate access and reporting structures.

Analyst Remarks to Narrative

ACCM's Element 3.1 College Management requires that administrative structures be designed such that each division is able to perform its responsibilities efficiently and be of sufficient magnitude for the size of the program and number of students. The board of trustees must ratify the appointment of the chief executive officer, chief academic officer, and faculty members. Administrative and academic heads must maintain open lines of communication. Chief academic officers must be supported by professional staff including deans, associate deans, and assistant deans.

Subsection 3.1: Administrative Personnel and Authority, Question 3

Country Narrative

The response above covers ACCM requirements regarding resources and authority needed for department heads and clinical faculty as well as that of the chief academic (medical) officer.

Analyst Remarks to Narrative

The ACCM's Element 3.1 College Management requires that the chief academic officer be supported by a team of professional staff in managing the medical program. The team must include deans, associate deans, and assistant deans. Staff must include members in: secretarial support; student admissions; faculty affairs; education financing, accounting, budgeting, and fundraising; clinical facilities; curriculum and academic affairs; student services; postgraduate medical education; research; alumni affairs; library; student financial assistance; recordkeeping; and public safety.

Subsection 3.2: Chief Academic Official, Question 1

Country Narrative

Element 3 requires the Chief Academic Officer (CAO) must hold an MD degree and possess the appropriate qualifications and experience in medical education, research and patient care to lead and to supervise the educational program of the institution. (Exhibit 6 - Element 3, subsection 3.1, p.8)

Analyst Remarks to Narrative

ACCM's Element 3.1 College Management requires that the chief academic officer hold an M.D. degree and possess adequate qualifications and experience in medical education, patient care, and research to lead and supervise the educational program.

Subsection 3.2: Chief Academic Official, Question 2

Country Narrative

The selection process for senior faculty including the Chief Academic Officer is through advertising, search committee and interview process. (Exhibit 8 - AUC Faculty Manual, para.30.1, p.12 and Exhibit 12 - AUC Self Study para 54.1-54.5 p.74) The appointment of the CAO must be approved by the Board, in accordance with Element 3: (Exhibit 6 – Element 3, subsection 3.1, p.8)

Analyst Remarks to Narrative

The ACCM's Element 2.1 Corporate Organization specifies that the board of trustees , in consultation with the chief academic officer, division heads, and faculty representatives, will select the chief executive officer and the chief academic officer.

Subsection 3.3: Faculty

Country Narrative

ACCM requires that a curriculum committee of faculty members be responsible for developing and evaluating the medical curriculum. (Exhibit 6 - Element 4, subsection 4.1, p. 9)

Upon consultation with the administration, a faculty committee must define the institution's requirements for admission and make final decisions on students admitted to the program. (Exhibit 6 - Element 6, subsection 6.1 p.17).

The participation of faculty members in decisions relating to admission, hiring, and promotion are set out in the Faculty Manual, which is reviewed by ACCM (Exhibit 8 – AUC Faculty Manual, p.12, p.16).

Analyst Remarks to Narrative

The ACCM's Element 2.1 Corporate Organization specifies that the chief academic officer, division heads, and faculty representatives consult with the board of trustees in establishing broad institutional policies and providing institutional direction. These board policies will address student admission, faculty, and curriculum.

Element 4.1 Curriculum specifies that a curriculum committee of faculty members will be responsible for developing and evaluating the curriculum. It also requires that the management of the curriculum will involve the faculty and administration in an integrated manner.

Element 6.1 Admission specifies that a faculty committee on admissions will define the size and characteristics of the student body and make final decisions on students admitted to the program.

Element 8.2 Policy on Selection Process and Appointment of Faculty specifies that in a faculty manual or other document the institution must define its faculty policies in areas such as selection, evaluation, promotion, and termination.

The AUC's Faculty Manual addresses: selection of faculty; faculty status, benefits, and teaching load; faculty contract obligations; faculty evaluation; reappointment; termination; and retirement policies.

Subsection 3.4: Remote Sites

Country Narrative

ACCM requires that there is comparability of educational and teaching standards at geographically separated sites. (Exhibit 6 – Element 3, subsection 3.3, p.8, and Element 4, subsections 4.5 and 4.6.1 and 4.6.2, p.11-12). The CAO must appoint site directors at remote sites to ensure the adherence to the school curriculum and must implement a system of monitoring and reporting on the quality of education and teaching at each hospital site. Site visits to remote sites must be conducted by the CAO or designee on a regular basis.

The provision of a quality medical educational experience is verified by the ACCM during hospital site visits that are carried out within the accreditation period.

Analyst Remarks to Narrative

The ACCM's Element 3.3 Satellite Health Care requires that students at such facilities receive the same curricular material, quality of education and standards of student evaluation found at the parent campus. Deans are required to appoint site directors, department faculty, and administrative personnel at all satellite locations.

It is not clear from the narrative if the AUC uses satellite locations. The country needs to provide more information on its practices in this section.

Country Response

There are no satellite locations operated by the American University of the Caribbean at which students are educated either in the country of St Maarten or elsewhere. American University of the Caribbean has a single campus on the island of St Maarten where all basic science education takes place.

It should be noted in this context however, that the University's administrative offices are run by Medical Education Administrative Services, 901 Ponce de Leon Boulevard -Suite 700, Coral Gables, FL33134 There is constant daily interaction between that office and the University Campus, with meetings taking place in either location as often as necessary.

Also, as described in response to Subsection 4.3, question 5, American University of the Caribbean has affiliation agreements with 30 ACGME approved hospitals and medical centers throughout the US, and SIFT hospitals in the UK, (Exhibit 13a – AUC Annual Survey 2009/10, pp.29-30) at which students undertake their core clerkships. On behalf of the Government of St Maarten, ACCM inspects all of these sites to ensure that the training received is in accordance with the University's curriculum, and is in line with the required standards as described in Exhibit 6: ACCM Elements of Accreditation, Element 4, 4.3 to 4.6, pp.10-14. The University's Clinical Dean and/or designees regularly inspect all clinical sites to assure parity of educational standards for their students at all locations.

Analyst Remarks to Response

In its response to the draft staff analysis, the country clarified that it does not use satellite locations.

Staff Conclusion: Comprehensive response provided

Subsection 4.1: Program Length, Question 1

Country Narrative

ACCM require that the program of education must be no less than 130 weeks spread over 4 academic years (Exhibit 6 - Element 4.1, p.9).

The actual length of the program at American University of the Caribbean is 152 weeks, comprising 9.5 sixteen week semesters (Exhibit 12 - AUC Self Study, p.23)

Analyst Remarks to Narrative

The ACCM's Element 4.1 Curriculum specifies that the length of the basic science medical education program must be no less than 130 weeks and be offered over four academic years.

Subsection 4.1: Program Length, Question 2

Country Narrative

St Maarten is not a member of the European Community.

Analyst Remarks to Narrative

Not applicable.

Subsection 4.2: Curriculum, Question 1

Country Narrative

The basic sciences curriculum shall allow students to acquire, through didactic and practical instruction, current understanding and advances in the biomedical disciplines. ACCM also requires that the curriculum includes the development of problem-solving skills, communication skills, procedural competencies, an understanding of the principles of basic and translational research as applied to medicine. The curriculum committee is required to develop an orderly program which meets current standards for quality and quantity. (Exhibit 6 - Element 4.1 and 4.2, p.9)

The length and outline of the Curriculum is described in Exhibit 12 - AUC Self Study, p.23-25.

Analyst Remarks to Narrative

The ACCM's Element 4.2 Basic Science requires that students acquire understanding of the biomedical science disciplines through both didactic and practical instruction. Instruction should include laboratory or other practical opportunities for application of the scientific method, observation of biomedical phenomena, and critical analysis of data. Opportunities should include hands-on or simulated exercises.

Subsection 4.2: Curriculum, Question 2

Country Narrative

The medical school is required to provide instruction in anatomy, histology, physiology, biochemistry, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, therapeutics and preventive medicine, basic and translational research. (Exhibit 6 - Element 4.2 p.9)

Analyst Remarks to Narrative

The ACCM's Element 4.2 Basic Science requires that the curriculum allow students to acquire understanding of the biomedical science disciplines including:

anatomy
histology
physiology
biochemistry
medical ethics
neuroscience
biostatistics
microbiology
immunology
pathology
pharmacology
therapeutics
preventative medicine
research

Subsection 4.2: Curriculum, Question 3

Country Narrative

ACCM standards require that instruction within the basic sciences should include laboratory or other practical opportunities for the direct application of the scientific method. (Exhibit 6 - Element 4.2, p.9,10)

Analyst Remarks to Narrative

Laboratory opportunities may include hands-on or simulated exercises. Students should either collect or use data to test or verify hypotheses and address questions about biomedical principles or phenomena. The curriculum should address where such exercises should occur, the intent of the exercises, and how the exercises contribute to course objectives and the student's ability to collect, analyze, and interpret data.

Subsection 4.3: Clinical Experience, Question 1

Country Narrative

The requirements for the clinical science program are outlined in Exhibit 6 - Element 4.3 p.10,11

ACCM requires core programs of 12 weeks each in internal medicine and surgery, 6 weeks each in pediatrics, obstetrics/gynecology and psychiatry. Family medicine must be offered either separately or integrated into the previous 5 core programs. There must be not less than 26 weeks in electives.

ACCM has reviewed the Clinical Syllabus for core rotations and the Clinical Syllabus for Elective Rotations which were presented with the Self Study conducted by the school (Exhibit 12 - AUC Self Study)

Analyst Remarks to Narrative

The ACCM's Element 4.3 Clinical Science specifies that the clinical program be oriented toward primary care. The clinical programs must be offered under faculty supervision in hospital and ambulatory facilities at affiliated hospitals.

The clinical curriculum must include:

- internal medicine, 12 weeks
- obstetrics and gynecology, 6 weeks
- pediatrics, 6 weeks
- surgery, 12 weeks
- psychiatry, 6 weeks
- family medicine, 4 weeks

Element 4.3 also requires varying numbers of hours of clinical instruction on 20 other topics such as geriatrics, substance abuse, smoking, obesity, nutrition, and a variety of other areas.

Subsection 4.3: Clinical Experience, Question 2

Country Narrative

American University of the Caribbean has a Clinical Science Syllabus, which is reviewed by ACCM. The syllabus is regularly updated, and all learning objectives and clinical core competencies to be acquired are defined. The school requires attainment of listed number and type of procedural skills and disease entities to be covered. A listing of the types of teaching methods to be used is also present, as well as how the acquisition of these learnings, skills and competencies will be evaluated. The school provides an opportunity for students to evaluate the teaching of each core at each clinical site and return their findings to the school. (Exhibit 12 – AUC Self Study, p.24, para 15.5, p.27-29, para.17.1-17.10, p.31-33, para 18.1-19.2.)

ACCM requires that each hospital site has a site director who is responsible for ensuring that students receive a high quality teaching and the clinical experience consistent with the school syllabus. Students are required to keep log books that are reviewed by the clinical deans to verify that they are exposed to an appropriate case mix. Teaching must be provided by lectures, case conferences, case presentation and feedback and small group teaching. Students must be exposed to both inpatient and ambulatory care settings. Students must be assigned a sufficient number of patients to practice and develop clinical skills and concepts (Exhibit 6 - Element 4.4, 4.5, p.11,12).

ACCM requires that hospital sites are monitored by the school on a regular basis and that students evaluate their experience and feedback this information to the school. ACCM verifies the provision of a quality medical education program through site visits and confidential student interviews.

Analyst Remarks to Narrative

The ACCM Element 4.4 Clinical Clerkships requires that clinical instruction be carried out in both inpatient and outpatient settings with patients representative of a broad range of commonly occurring diseases. Clinical objectives must be clearly delineated and provided to the students and supervising faculty members at the beginning of each clinical rotation. All clinical instruction must include: lectures; conferences; faculty teaching rounds; resident rounds; adequate numbers of new patients; adequate numbers of existing patients; and adequate faculty evaluation of students' workups and presentations. All clinical clerkships must maintain patient logs to show the number and variety of patients seen by students.

Element 4.5 Oversight of Clinical Clerkships requires that the school provide oversight of the clinical experience. The curriculum committee must stipulate the types of patients or clinical conditions that students must see and ensure that the faculty oversees workups of patients by the clinical students.

Subsection 4.3: Clinical Experience, Question 3

Country Narrative

Clinical instruction in relation to all organ systems is required by the school, and all aspects of acute, chronic, continuing, preventive and rehabilitative care are also addressed in the curriculum.

ACCM requires the school to ensure opportunities for students to develop clinical skills and concepts and to have a broad range of learning experiences. This is to be monitored by review of patient logs, charts and disease entities/procedures/skills checklist. (Exhibit 6 - Element 4, subsection 4.6.5 and 4.6.6, p.13)

Analyst Remarks to Narrative

ACCM's Element 4.3 Clinical Science includes an exhaustive list of curriculum areas to be covered during the clinical experience, including experiences in internal medicine of not less than 12 weeks.

Element 4.6.5 Practice Opportunities for Students requires that faculty assign students new patients to work up every week, including taking histories, performing exams, data collection, management plans, and writing orders, which are reviewed and co-signed by the faculty. Students must participate in ward teaching rounds, case conferences, medical grand rounds, mortality and morbidity conferences, small group problem solving exercises, morning report meetings, literature analysis, ethics presentations, and evening on-call experiences.

Students must see both new and continuing patients. They must maintain patient logs, charts, and disease/skills checklists. The faculty must review the logs and checklists to ensure that each student is exposed to a variety of patients, diseases, and procedures as stipulated in the curriculum.

Subsection 4.3: Clinical Experience, Question 4

Country Narrative

Within the school's Clinical Science Syllabus the acquisition of knowledge, skills, attitudes and behaviors necessary for further training in the practice of medicine is integrated into the objectives of each core. The Student Handbook states (Exhibit 10 - AUC Student Handbook, para 25.9 p.25) that 'Any student who exhibits personal characteristics or behavior that is inappropriate for one seeking to become a physician shall be subject to dismissal regardless of academic performance'.

ACCM requires that the design of the programme shall encourage students to master medical sciences, clinical skills, and to develop a professional demeanor for graduate training. It requires that the faculty develop in the students the appropriate professional attributes expected by the public of physicians and teach students to uphold the highest standards of behavior conduct, integrity and ethics. (Exhibit 6 - Element 4.3, p.11)

Analyst Remarks to Narrative

The ACCM Elements require a broad exposure to a variety of topics during the clinical experience. These experiences form the basis for further training. Element 4.7 Senior Electives provides for a more flexible curriculum that enables students to pursue more advanced studies in the core clinical disciplines and to pursue areas of personal interest as they advance through the clinical experience. A faculty advisor is assigned to each student to assist in the selection of these senior electives.

Element 4.8 Evaluation of the Curriculum requires that the curriculum committee continuously evaluate the curriculum's overall effectiveness, including student performance on standardized tests, percentages of students accepted into residency programs, percentages of students passing the USMLE, and follow-ups of graduates' employment.

Subsection 4.3: Clinical Experience, Question 5

Country Narrative

Instruction and experience in patient care is provided in both ambulatory and hospital settings. American University of the Caribbean currently has affiliation agreements with 30 hospitals or medical centers in both US and UK, all of which are ACGME or NHS registered teaching sites. (Exhibit 11 - Sample Affiliation Agreement, Exhibit 12 - AUC Self Study para 19.1, 19.2 pp.32,33) The school's clinical deans regularly visit and review the instruction and experience acquired by students, and to ensure that these are received in both settings. As above, patient logs are also reviewed.

ACCM conducts site visits to all core clerkship training hospitals during each period of accreditation and ascertains whether training is received in both ambulatory and hospital settings. (Exhibit 6 - Element 4.4 para 1, p.11)

Analyst Remarks to Narrative

ACCM's Element 4.3 Clinical Science requires that the clinical experience include both hospital and ambulatory care facilities. The AUC has affiliation agreements with 30 hospitals that are registered teaching sites in the U.S. and the U.K. The ACCM conducts site visits to all clinical sites during each accreditation period to verify that the sites provide both hospital and ambulatory care clinical opportunities.

Subsection 4.3: Clinical Experience, Question 6

Country Narrative

The objectives of each core clerkship, as outlined in the Clinical Syllabus, and reviewed by ACCM, require the study of patients having a variety of common and major disease types. Students participate in grand rounds as well as round with their teams, hear and present case reports, attend conferences and keep patient logs.

ACCM requires that students are assigned a sufficient number of new and existing patients each week and are taught by faculty members of the college. (Exhibit 6 - Element 4.4 - 4.6 p.11,12) ACCM monitors this through on site visits, interviewing faculty and students, and reviewing a selection of patient logs,

evaluations by faculty of student achievement, and students' evaluation of the teaching received.

Analyst Remarks to Narrative

As stated previously, ACCM specifies the clinical science program content areas. Students see new and existing patients in both hospital and ambulatory care settings. A faculty curriculum committee specifies the types of patients and clinical conditions that a student should see during the clinical experience. Faculty will monitor the students' patient logs and disease/skills checklists during the course of the clinical experience to ensure that the clinical objectives are being met. Faculty will provide written evaluation of students' clinical skills, including the ability to interpret clinical data, laboratory data, radiological data, solve patient problems, develop management plans, and demonstrate reasoning and communication skills related to each rotation.

Subsection 4.4: Supporting Disciplines

Country Narrative

Students must receive instruction in supporting disciplines such as clinical pathology and radiology during the clerkship by attendance at case conferences and small group tutorials on these topics.

Analyst Remarks to Narrative

The ACCM Element 4.3 Clinical Science specifies that there should be appropriate exposure to multidisciplinary areas such as emergency medicine and to the disciplines supporting general medical practice such as clinical pathology and diagnostic imaging, presented in an integrated and multidisciplinary approach.

Subsection 4.5: Ethics, Question 1

Country Narrative

ACCM requires that the curriculum provides instruction in topics of concern to society, including medical ethics and death and dying (Exhibit 6 - Element 4.3, p.10) and that the school evaluates the acquisition of these competencies during clinical training (Exhibit 9 – AUC Clinical Student Evaluation Form)

The Student Handbook (Exhibit 10 - AUC Student Handbook, p.4) describes the ethics and accountability principles that students must recognize and respect.

Analyst Remarks to Narrative

The ACCM Element 4.3 Clinical Science requires that the curriculum provide instruction in topics of special concern to society and the practice of medicine, including a minimum of ten hours in ethics.

The AUC Student Handbook includes a detailed section of ethics requirements under its section on Institutional Objectives. It requires that students be able to: describe ethical principles and processes; recognize professional accountability; consider the well-being of the patient; understand needs related to full disclosure, patient competence, and informed consent; respects patient confidentiality; supports basic human rights; maintain the status of the medical profession by exercising self-discipline and accountability; and maintain personal well-being in order to effectively serve patients, the profession, and society.

Subsection 4.5: Ethics, Question 2

Country Narrative

Medical ethical principles and human values are integrated into the teaching of all cores and are evaluated accordingly. (Exhibit 9 - AUC Clinical Student Evaluation Form) For example, in the Pediatric Clerkship, the 'Bioethics of Care' module includes the issues of informed consent, patient vs. society needs, ethical principles and professional:patient relationships.

ACCM has reviewed the Clinical Syllabus to ensure that such issues are addressed and evaluated during the educational program at American University of the Caribbean.

Analyst Remarks to Narrative

As stated previously, ACCM requires that ethics topics must be covered as part of the clinical experience. Ethics considerations are part of each clinical rotation. The AUC Clinical Student Evaluation form that is completed on each student as part of each rotation specifically requires that the student be evaluated by the faculty on professionalism, which is noted to include recognizing and addressing ethical problems and conflicts of interest during the course of each rotation.

Subsection 4.6: Communication Skills, Question 1

Country Narrative

The development of good communication skills is required by ACCM. Instruction in communication skills must be part of the behavioral sciences curriculum and must also be developed and evaluated during clerkship rotations by clinical faculty (Exhibit 6 - Element 4.1 2nd para, p.9).

The Student Handbook (Exhibit 10 - AUC Student Handbook, p.3, 4) describes the communications skills which students will be expected to utilize and

demonstrate.

Analyst Remarks to Narrative

The ACCM's Element 4.1 Curriculum requires that the curriculum promote the development of problem-solving skills and communication skills.

The AUC Clinical Student Evaluation form that is completed on each student for each rotation specifically addresses feedback on Interpersonal Skills and Communication. This requires student evaluation in areas such as: patient communication; family communication; functioning as a member of the health care team; and communicating effectively with colleagues.

Subsection 4.6: Communication Skills, Question 2

Country Narrative

All aspects of student achievement are monitored on a continuous basis by the medical school and this includes the students' ability to communicate effectively and appropriately. (Exhibit 9 - AUC Clinical Student Evaluation Form)

Analyst Remarks to Narrative

As stated previously the AUC Clinical Student Evaluation form that is completed on each student for each rotation specifically addresses feedback on Interpersonal Skills and Communication. This requires student evaluation in areas such as: patient communication; family communication; functioning as a member of the health care team; and communicating effectively with colleagues.

Subsection 4.7: Design, Implementation, and Evaluation, Question 1

Country Narrative

The school is required to have a curriculum committee consisting of faculty that develops the curriculum. (Exhibit 6 - Element 4.1, p.9)

The school must evaluate the effectiveness of its curriculum by examination of students, through student and faculty feedback and by monitoring of objective benchmarks such as success in licensing examinations and acceptance into residency training. (Exhibit 6 - Element 4.8 and 4.9, p.15)

Analyst Remarks to Narrative

The ACCM's Element 4.8 Evaluation of the Curriculum specifies that a faculty curriculum committee must continuously evaluate curriculum weaknesses, goals, content, effectiveness, method of instruction, and the degree to which the institutional goals are achieved. The ACCM requires that it be notified of plans for major changes to the curriculum, including goals, plans, methods, and evaluation plans.

Subsection 4.7: Design, Implementation, and Evaluation, Question 2

Country Narrative

The single medical school in the country, American University of the Caribbean, is required to have a system for evaluating the effectiveness of its curriculum as stated above in response to Question 1 above. ACCM requires advance notification of major modifications to the curriculum, including goals, plans, methods and intended evaluation of results. Resources required must be considered (Exhibit 6 - Element 4.8, p.15)

Analyst Remarks to Narrative

The ACCM encourages its institutions to experiment in order to encourage efficiency and effectiveness of the medical education program. Curricular effectiveness may be measured by: student attrition rates; student performance on standardized tests; percentages of graduates accepted into residency programs; percentages of graduates passing the USMLE and professional licensing exams; follow-up of employed graduates; and sampling the opinions of students and graduates.

Subsection 4.7: Design, Implementation, and Evaluation, Question 3

Country Narrative

The curriculum committee consists of faculty who are at all times involved in the development and evaluation of the curriculum. The development of the new curriculum and the evaluation, supervision and monitoring of it is described in Exhibit 12 - AUC Self Study, p.25, 26,27

Analyst Remarks to Narrative

The curriculum committee is charged with designing a program that encourages students to acquire an understanding of the knowledge that is fundamental to medicine. In order to meet this charge, the curriculum committee must evaluate the curriculum on an ongoing basis.

As stated previously, the committee looks at criteria such as: student attrition rates; student performance on standardized tests; percentages of graduates accepted into residency programs; percentages of graduates passing the

USMLE and professional licensing exams; follow-up of employed graduates; and sampling the opinions of students and graduates when evaluating the curriculum.

Subsection 4.7: Design, Implementation, and Evaluation, Question 4

Country Narrative

There is only one medical school in St Maarten whose curriculum is reviewed by ACCM on an ongoing basis as described previously.

Analyst Remarks to Narrative

The Executive Council of the Island Territory of St. Maarten has designated the ACCM to act in its behalf in evaluating the island's one medical school, the American University of the Caribbean. The ACCM's (and AUC's) curriculum evaluation requirements were addressed in the previous sections.

Subsection 5.1: Admissions, Recruiting, and Publications, Question 1

Country Narrative

The school's admission requirements for students are outlined in Exhibit 12 - AUC Self Study, p.60-63. These are approved and monitored by the ACCM whose requirements of the school are seen in Exhibit 6 - Element 6, p.17-19. The school must report annually to the ACCM on the numbers of applications, acceptances, and matriculations (Exhibit 13 - AUC Annual Survey, p.2-6)

Analyst Remarks to Narrative

St. Maarten has only one medical school, which is accredited by the ACCM. The ACCM's admissions standards are detailed in its Element 6. Prospective students must have at least three years of undergraduate education with a major in any field, and a baccalaureate degree is preferred. Applicants must be in good physical and mental health, have an excellent academic record, have good character, demonstrate high standards of behavior and conduct, have personal integrity, be motivated, and have a desire to serve their fellow man. Applicants should be screened for: grade point averages; type and difficulty of previous coursework; medical school admission test scores; writing proficiency; communication skills; maturity and professionalism; undergraduate recommendations; and performance during an entrance interview.

Additionally, the AUC catalog specifies that applicants: hold a baccalaureate degree from an accredited institution; have taken the MCAT test within the last five years; have college credits in biology, general chemistry, organic chemistry, general physics, English, and a generous exposure to mathematics, the humanities, and social sciences; , with experience in the health care field a plus; and submit to a background check.

Subsection 5.1: Admissions, Recruiting, and Publications, Question 2

Country Narrative

ACCM reviews the school's Institutional Catalog (Exhibit 16 - AUC Institutional Catalog) and Website www.aucmed.edu. The institution's publications, advertising and student recruitment policy must present a balanced and accurate representation of the mission and objectives of the educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational programme, its admission requirements for students, both new and transfer, the criteria used to determine that the student is making satisfactory academic progress in the medical programme and its requirements for the award of the MD degree. (Exhibit 6 - Element 6.1, 1st para, p.17)

Analyst Remarks to Narrative

The ACCM's Element 6.1 Admission specifies that an institution's publications, advertising, and student recruitment policy represent an accurate representation of the missions and objectives of the educational program. The catalog must provide an accurate description of the school, its educational program, its admission requirements for both new and transfer students, the criteria used to determine satisfactory academic progress, and the requirements for awarding the M.D. degree.

Subsection 5.1: Admissions, Recruiting, and Publications, Question 3

Country Narrative

Students must have access to their academic records and records must be kept confidential and available only to faculty and administration with a need to know unless released by the student or as otherwise governed by laws concerning confidentiality (Exhibit 6 - Element 5.1, p.16). Students must be provided an opportunity to challenge the accuracy of their records.

Analyst Remarks to Narrative

The ACCM Element 5.1 Student Promotion and Evaluation specifies that students must have the right to review and challenge their academic records at all times. Student records must be confidential and available only to faculty and administrators on a need-to-know basis unless released by the student or governed by laws concerning confidentiality.

Subsection 5.1: Admissions, Recruiting, and Publications, Question 3

Country Narrative

With the exception of the faculty and the administration, student records shall be kept confidential. Standard due process shall apply to the student's right to review the accuracy of his/her records. (Exhibit 6 - Element 5.1, p.16, 3rd para)

Analyst Remarks to Narrative

As discussed previously, ACCM has rules regarding student records access and confidentiality. However, no information was provided as to whether the government of St. Maarten imposes any additional requirements in this regard. Additional information is needed on this section.

Country Response

The Government of St Maarten has not to date imposed its own confidentiality requirements regarding student records. The Government is satisfied with the ACCM requirement, (Exhibit 6: ACCM Elements of Accreditation, Element 5.1, p.16) that 'With the exception of the faculty and the administration, student records shall be kept confidential.

The student shall have the right to review and challenge his/her academic record at all times. The records must be confidential and available only to faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.'

Analyst Remarks to Response

In response to the draft staff analysis, it was clarified that the government of St. Maarten has not imposed any additional rules to supplement the ACCM's rules regarding student records access and confidentiality.

Staff Conclusion: Comprehensive response provided

Subsection 5.2: Student Achievement, Question 1

Country Narrative

ACCM require that students pass internal school examinations and assessments as set out in Element 5. Students must also pass the United States Medical Licensing Examination (USMLE). ACCM requires there to be a Student Promotion and Evaluation Committee comprised of faculty members which will establish the methods for evaluating student achievement. (Exhibit 6 - Element 5.1 p.15 16 and Exhibit 19 - AUC Student Evaluation and Promotions Committee (SeptC)ByLaws and Procedures)

Analyst Remarks to Narrative

There are no national requirements. Standards are instead established by the ACCM. ACCM's Element 5.1 requires that there be a Student Promotion and Evaluation Committee comprised of faculty members to establish methods of assessing the level of student knowledge and skills. Each academic department must develop and enforce the same proficiency standards for students at the parent campus and satellite campuses. The committee is required to address: methods of student evaluation and grading; standards of achievement for promotion; standards of achievement for the honor roll; processes and criteria for student dismissal; an appeals process; rights to challenge adverse decisions; and rights to be represented by legal counsel.

Subsection 5.2: Student Achievement, Question 2

Country Narrative

Students must achieve a passing grade on all taught courses which are evaluated through regular internal examinations. ACCM has reviewed AUC's policy on promotion and dismissal procedures (Exhibit 10 - AUC Student Handbook, p.19-25 and Exhibit 19 - AUC Student Evaluation and Promotion Committee (SepC) ByLaws and Procedures)

Analyst Remarks to Narrative

As stated previously, the ACCM requires the medical school to establish a Student Promotion and Evaluation Committee to set the methods for assessing student knowledge and skills. The ACCM requires that the faculty employ a variety of evaluation methods, including not only test-taking, but observation of student performance, proficiency, and mastery of clinical skills. The methods established by the committee are subject to ACCM approval as a result of the ACCM's ongoing oversight of the medical education program.

Subsection 5.2: Student Achievement, Question 3

Country Narrative

ACCM requires that students have USMLE Step 1 before being allowed to proceed to clinical training and recommends Step 2 for graduation. (Exhibit 6 - Element 5.1 p.16)

Student achievement is reported annually to ACCM by the school in its Annual Survey report. (Exhibit 13 - AUC Annual Survey, p.16,17) A first time pass rate of 85% on USMLE Step 1 has been set by ACCM as the appropriate benchmark for accreditation and student achievement.

Analyst Remarks to Narrative

The ACCM's Element 5.1 Student Promotion and Evaluation requires that students pass the USMLE Step 1 before proceeding to clinical training, and encourages schools to consider passage of the USMLE Step 2 as a prerequisite to graduation. Schools are also encouraged to collect data on the postgraduate progress of their graduates.

The narrative states that the ACCM has set an 85% first time pass rate on the USMLE as a benchmark. The pass rate must be reported in the school's annual report to the ACCM. The AUC's most recent annual report demonstrates a first time pass rate of 91% for the academic year 2008-2009, as well as an overall pass rate of 88%.

The AUC's annual report also indicates that the school follows the ACCM's recommendation and requires passage of the USMLE Step 2 as a prerequisite for graduation. The Step 2 first time pass rate for 2008-2009 was 93%, and overall pass rate was 94%. While these figures appear satisfactory, ED staff requests that updated information on AUC pass rates be provided.

Country Response

The most recent USMLE Step 1 Pass Rate was reported in the American University of the Caribbean's 2009/2010 annual database report to ACCM, which was received in February 2011. The result for USMLE Step 1 first time takers was 95% (overall 97%). The result for Step 2 CK first time takers was 84% (overall 86%) and for Step 2 CS first time takers was 93% (overall 96%). (Exhibit 13a – AUC Annual Survey 2009/10, pp.27-28).

Note: Since the original submission to US Department of Education, ACCM has amended its standard in relation to USMLE Step 2 (decision at ACCM meeting of 27 May 2011) to read as follows: "The passing of USMLE Step 2 Clinical Skills and USMLE Step 2 Clinical Knowledge shall be a prerequisite to graduation." American University of the Caribbean itself already has this requirement in place. This was the only amendment to the Elements since the 2009 version examined by the Department of Education's staff analyst (Exhibit 6a – ACCM Elements of Accreditation 2011, p.16, col.2,para.3)

Analyst Remarks to Response

In its response to the draft staff analysis, the ACCM notes that its requirements regarding USMLE pass rates have been amended to require passage of Step 2 Clinical Skills and Step 2 Clinical Knowledge as prerequisites for graduation. Information was provided regarding the AUC's 2009-2010 pass rates. The Step 1 pass rate for first time takers was 95% and overall was 97%, both of which well exceed the ACCM's established Step 1 benchmark of 85%. The AUC's first time pass rate for Step 2 Clinical Skills was 93% (overall 96%) and for Step 2 Clinical Knowledge was 84% (overall 86%).

Staff Conclusion: Comprehensive response provided

Subsection 5.3: Student Services

Country Narrative

ACCM requires compliance with Element 10 which addresses student services, counseling, student health, financial and budgeting. ACCM verifies compliance with this standard at site visits through inspection and faculty, staff and student interviews. (Exhibit 6 - Element 10.1 - 10.3, p.23,24)

Available student services are published in the Institutional Catalog (Exhibit 16 - AUC Institutional Catalog, p.7,8)

Analyst Remarks to Narrative

The ACCM's Element 5.2 Student Counseling requires that schools provide academic counseling to students. Each student must be assigned a faculty advisor to assist the student in maintaining satisfactory academic progress, career guidance, and obtaining appropriate postgraduate training.

The ACCM's Element 10.1 Counseling and Guidance also specifies that a faculty advisor will be assigned to each student for academic and personal counseling, including counseling on course selection, student conduct, postgraduate training, licensure, and procedures for filing student appeals and grievances. It also specifies that students will have access to confidential psychological counseling on campus and that new students will receive an orientation to the institution's services.

The ACCM's Element 10.2 Student Health requires that the institution provide medical services to students and publicize the availability of health insurance and long-term disability coverage. Vaccinations against communicable diseases must also be provided, and students must be educated in the treatment and prevention of infections and environmental diseases.

ACCM Element 10.3 Student Financial Aid and Budgeting requires that the school's financial aid officer provide students with detailed summaries of the estimated costs of tuition, books, supplies, and personal living expenses required to complete the program. Information on financial aid must be provided. Upon the conclusion of the program, the institution must also counsel students on their student loan indebtedness, their responsibility for repayment, and their average monthly payments.

ACCM Element 11.1 requires that institutions must own their own buildings, equipment, and a campus of sufficient size and quality to fulfill its goals. Facilities must include offices for student services, student dormitory facilities, dining facilities, student activities facilities, and recreational facilities.

Subsection 5.4: Student Complaints, Question 1

Country Narrative

The school must have a policy on student complaints and grievances. This policy must be published and is reviewed by the ACCM (Exhibit 6 - Element 10, 1st paragraph, p23 and Exhibit 15 – AUC Administrative Review and Grievance Procedure for Students).

Analyst Remarks to Narrative

The ACCM's Element 10 Student Services requires that the institution publish information for students that includes: institutional objective;, academic, non-academic, and financial policies; rules and procedures; and student services. The published information must include student grievance procedures.

The AUC's published grievance procedure offers students the opportunity to bring matters before a mediation committee prior to filing a formal grievance, although this is not required. The grievance procedures addressed in the AUC's publication include: procedures for administrative review, including administrative review, requisites for complaints, administrative responsibility, reviewing the complaint, required documentation and report, and notification of findings; grievance procedures, including grievance policies and initiation of the grievance procedure; grievance committee procedures, including that the grievance decision is final; and general information including amendments and effective dates.

Subsection 5.4: Student Complaints, Question 2

Country Narrative

ACCM does not investigate complaints against a school by students unless it relates directly to an issue of accreditation (Exhibit 7, Protocol for Accreditation p.51 and Appendix 1 'ACCM Procedure for handling complaints about program quality' p.53).

Analyst Remarks to Narrative

The ACCM maintains published procedures for handling complaints. The ACCM's published Protocol for the Accreditation of Colleges of Medicine Section XIII indicates that the ACCM will investigate signed, written complaints that deal with an institution's failure to comply with the Elements of Accreditation. The ACCM will forward credible complaints to the institution for a response within 30 days. If the institution is able to refute the complaint, it will be dismissed. If the institution is unable to refute the complaint, an investigation will be opened. If necessary, a site visit by an ad hoc ACCM subcommittee will be carried out, and

the subcommittee will report back to the ACCM at its next regularly scheduled meeting. The complainant and the school will be notified within 30 days of the ACCM's decision.

Subsection 5.4: Student Complaints, Question 3

Country Narrative

Q.3 : The procedure for handling complaints about program quality is outlined in Exhibit 7, ACCM Protocol for Accreditation, Appendix 1, p.53)

Analyst Remarks to Narrative

As stated previously, the ACCM maintains published procedures for handling complaints. The ACCM's published Protocol for the Accreditation of Colleges of Medicine Section XIII indicates that the ACCM will investigate signed, written complaints that deal with an institution's failure to comply with the Elements of Accreditation. The ACCM will forward credible complaints to the institution for a response within 30 days. If the institution is able to refute the complaint, it will be dismissed. If the institution is unable to refute the complaint, an investigation will be opened. If necessary, a site visit by an ad hoc ACCM subcommittee will be carried out, and the subcommittee will report back to the ACCM at its next regularly scheduled meeting. The complainant and the school will be notified within 30 days of the ACCM's decision.

Subsection 5.4: Student Complaints, Question 4

Country Narrative

No complaints have been received during the past year.

Analyst Remarks to Narrative

The ACCM has not received any complaints against the AUC in the past year.

Subsection 5.4: Student Complaints, Question 5

Country Narrative

To date no complaints have been received by ACCM against American University of the Caribbean.

Analyst Remarks to Narrative

To date, there have been no complaints against the AUC. Despite this, information should be provided as to how a complaint would be considered in ACCM's school's re-evaluation procedure if one were received. More information is needed for this section.

Country Response

The procedure for handling complaints was outlined in response to Subsection 5.4, Question 3. As noted in the response to Subsection 5.4, Question 5, no complaints have to date been received against American University of the Caribbean.

However, should such an eventuality occur, the process as outlined in Exhibit 7, ACCM Protocol for Accreditation, Appendix 1, p.53, would be instituted. If the complaint represented a departure from, or non-compliance with, the Elements of Accreditation (the only type of complaint which falls within ACCM's remit) and this was upheld by ACCM's own investigations, the University would be required to take immediate steps to put the matter right. The complaint, the process and the actions taken by all parties would be recorded and reported to the next scheduled meeting of ACCM. If the matter was resolved by the University prior to the scheduled meeting, then the University would most likely be deemed to have returned to compliance with the Elements and no change in its accreditation status would occur. However, if the matter remained unresolved, the meeting would consider altering the accreditation status of the University – for example from unconditional to conditional - and giving a timescale in which to bring the matter back into line with the Elements of Accreditation. The various possible decisions which can be made at an ACCM meeting are outlined in Exhibit 7 - ACCM Protocol for Accreditation, Section X, The Commission's Accreditation Decision, pp 43-45. The conditions for return to previous accreditation status would be clearly indicated and the university would also be made aware of its right to appeal the ACCM's decision as outlined in Exhibit 7 - ACCM Protocol for Accreditation, Section XI, pp. 46-50.

It is worthy of note that AUC has always been co-operative during its development as a medical university and has never failed to act promptly upon ACCM recommendations made during those years, and that ACCM would expect a swift resolution to any issue that might arise.

Analyst Remarks to Response

In response to the draft staff analysis, ACCM responds that although there have been no complaints received against the AUC to date, should such a complaint occur it would be handled in accordance with the ACCM's "Procedures for Handling Complaints about Program Quality" as outlined in the Protocol for Accreditation (p. 53). Complaints must be substantiated in writing, and only those complaints that constitute non-compliance with the ACCM standards would be investigated. ACCM would consider the complaint, and if necessary requests additional information from the school's chief academic officer within 30

days. If the complaint could not be handled via correspondence, the ACCM would arrange a limited site visit by an ad hoc subcommittee. The subcommittee would report its findings at the next regularly scheduled ACCM meeting. The ACCM's decision would then be relayed to the complainant and the school within 30 days of the decision meeting.

In its narrative, the ACCM notes that if the complaint remained unresolved, the ACCM would reconsider the school's accreditation status. However, the agency's complaint procedures do not address how complaints that have been received against a school are considered during the course of the school's reevaluation and ongoing monitoring.

Staff Conclusion: Additional Information requested

Subsection 6.1: Finances, Question 1

Country Narrative

The medical school's principal sources of income are tuition and fees, and it has sufficient funds reserve to cover its operations. (Exhibit 12 -AUC Self Study, para 46.1, p.70) ACCM's requirements in relation to Fiscal Resources are delineated in Exhibit 6 – Element 7.1 – 7.4, p.19, 20).

The instructional budget must be developed by the chief academic officer in consultation with department heads, faculty representatives, and representatives of the chief financial officer. ACCM reviews the financial status of the medical school and ensures that sufficient reserve funds are available to complete the program for all students in training. As part of its Protocol, ACCM meets with the Chief Financial Officer of the School during site visits and copies of the school's audited accounts are included in the school's annual reports to the ACCM.

Analyst Remarks to Narrative

The ACCM's Element 7 Fiscal Resources addresses sources of income, debt, the chief financial officer, budget planning and compliance, fees and students refunds, and Title IV loan default rates and default prevention. The element specifies that the institution must possess sufficient financial resources to carry out its mission for the size of the student body. Institutions are required to have adequate reserve funds and to seek alternative sources of income such as endowments, annual giving, clinical services, grants, and other sources of income to avoid dependence on student fees. Both the institutional self-study and the latest annual report indicate that the AUC provided the required financial information, including audited financial statements, to the ACCM for evaluation.

Subsection 6.1: Finances, Question 2

Country Narrative

In 2003, the ACCM set a maximum annual class size of 450 based on the AUC's resources at the time. Within that parameter, the institution decides the size and scope of the education program, having regard to physical and educational resources, faculty:student ratios, financial resources and faculty workload.

ACCM monitors through inspection visits, interviews and the review of annual reports submitted by the school that the size and scope of the educational program is appropriate to the resources available.

Any significant increase in student numbers must be notified in advance to ACCM with justification and documentation demonstrating the ability of the school to handle any such increase. (Exhibit 6 - Element 6.6, p.18)

In Exhibit 12 - AUC Self Study, p.67-69, AUC outlines the developments and expansion which have taken place which led to an application in 2009 to ACCM for an increase in class size. After careful consideration following a visit to the campus in May/June 2009, ACCM granted permission for an increase in intake over three years contingent on the provision of a plan to further increase available space. This is being monitored by ACCM on an annual basis.

Analyst Remarks to Narrative

The ACCM sets the size of the enrollment. Maximum class size for the AUC was formerly set at 450, but increased enrollment was granted in 2009 and will be phased in over a three-year period. Progress related to the expansion is being monitored by the ACCM annually.

According to the ACCM's Element 6.6 Student Body Size, in determining the size of the student body, careful consideration must be given to the availability of a quality applicant pool of sufficient quality, as well as the size, scope, quality and accessibility of the: library; faculty offices; faculty; inpatient and ambulatory care facilities; clinical patient census; administrative and managerial resources; financial resources; and demands places on the institution by its other educational programs.

Subsection 6.2: Facilities, Question 1

Country Narrative

The ACCM standards for facilities are set out in Element 11 (Exhibit 6 – Element 11, p.24). Facilities are inspected by the ACCM during site visits to ensure that the physical environment and space are adequate for the student body. ACCM sets a ceiling on class size and monitors this on an annual basis.

The physical facilities and equipment available at American University of the

Caribbean are described in Exhibit 12 - AUC Self Study, p.91 - 94.

Analyst Remarks to Narrative

The ACCM's Element 11.1 Facilities and Equipment specifies that the institution must own buildings, equipment, and a campus that fulfill its goals. University owned facilities must include: auditoriums; classrooms; student laboratories; a library; faculty offices; administrative offices; an admissions office; a student services office; research laboratories; animal care facilities; student dormitory facilities; dining facilities; student activities facilities; and recreational facilities. The element also requires effective management of physical facilities, maintenance, janitorial services, upkeep of the campus grounds, and adequate security to promote a safe environment.

Subsection 6.2: Facilities, Question 2

Country Narrative

ACCM determines adherence to the requirements regarding facilities and equipment by inspection visits to the basic science campus and to all affiliated clinical sites, both in US and UK. ACCM requires notice of any changes and if these are significant will schedule extra visits if necessary. Faculty, staff and students are interviewed and their opinions sought on the physical resources and equipment available to them.

Analyst Remarks to Narrative

In its ACCM self-study document, the AUC was required to provide information on its medical school and hospital libraries, as well as its facilities and equipment related to its medical school campus and campus buildings, its classrooms, and its laboratories.

In its annual report document, the AUC was required to address each of the ACCM's individual elements, including: libraries; hospital libraries; facilities and equipment; and hospital and ambulatory facilities.

Subsection 6.3: Faculty, Question 1

Country Narrative

ACCM has established a requirement of Full Time Equivalent (FTE) faculty : student ratio of 1:8. (Exhibit 6 - Element 8.1, p.20)

Analyst Remarks to Narrative

The ACCM's Element 8 Faculty and Instructional Personnel requires that the overall FTE faculty:student ratio will not be less than 1:8. Faculty appointments must include the fields of: anatomy; histology; physiology; biochemistry; psychology; neuroscience; biostatistics; microbiology; immunology; pathology; pharmacology; preventive medicine; family medicine; pediatrics; surgery; obstetrics/gynecology; psychiatry; and subspecialties including anesthesiology, urology, radiology, dermatatology, neurology, ophthalmology, otolaryngology, and cardiology.

In determining faculty work loads, the institution must consider the number of courses, the type of courses, the number of classroom contact hours, the number of laboratory exercises scheduled, and amount of classroom preparation time, the amount of laboratory preparation time, the amount of research time, the amount of time for student counseling, committee work, administrative duties, public relations, alumni relations, and the level of support staff.

Subsection 6.3: Faculty, Question 2

Country Narrative

Faculty must have an MD degree (or equivalent) or PhD. Faculty members should have previous teaching and research experience. The CVs of all faculty members are reviewed by ACCM to establish that they have the necessary experience to teach a particular subject. (Exhibit 6 - Element 8.4 p.21 and Exhibit 12 - AUC Self Study p.73)

Analyst Remarks to Narrative

Faculty members must have an M.D. or a Ph.D., as well as previous teaching experience. All teaching faculty must have completed formal academic training with a degree in the major concentration of the instructional area, must have completed postgraduate training in their area of specialization, and must possess specialty board certification or its equivalent.

Subsection 6.3: Faculty, Question 3

Country Narrative

Conflict of interest by faculty is dealt with in the school Faculty Manual which is reviewed by the ACCM (Exhibit 8 - AUC Faculty Manual). ACCM's requirement in this regard is seen in Exhibit 6, Element 8.2, 2nd para, p.20.

Analyst Remarks to Narrative

The ACCM's Element 8.2 Policy on Selection Process and Appointment of Faculty specifies that the school must have policies that deal with circumstances in which the private interests of faculty or staff may be in conflict with their official responsibilities.

The AUC's Faculty Manual, under Faculty-Student Relationships states that faculty members are expected to conduct themselves in a manner consistent with the schools' honor code and ethical rules of the medical profession.

Subsection 6.4: Library

Country Narrative

The library at the basic science campus and at each affiliated clinical site must be under the direction of a qualified librarian. There must be an adequate number of textbooks related to topics and courses and current subscriptions to relevant medical journals. Students should have access to the library out of hours and the library should also have internet and electronic search and journal access (Exhibit 6 - Element 9, p.22,23).

Analyst Remarks to Narrative

The ACCM's Element 9 addresses the library, library staff, library resources, interlibrary relationships, and hospital libraries. The institution must maintain a library of sufficient size, an adequate collection, up-to-date equipment for using non-print materials, and a competent staff. The library must be overseen by a chief library administrator with a master's degree in library science who will be responsible for the selection, development, supervision, and retention of the library staff.

The library must include current editions of widely used medical books and periodicals, current standard reference materials, and materials of sufficient size and depth to support the medical education program. Other learning materials, including computer hardware, self-instructional software, audiovisual materials, slide, and models must also be given priority. Interlibrary relationships must also be explored, but may not be used as a substitute for providing adequate library resources and services on campus.

Hospital libraries must also possess books and periodicals to support the clinical education program and include standard reference materials and textbooks in internal medicine, surgery, pediatrics, obstetrics/gynecology, and psychiatry. Hospital libraries must also be staffed by a professional librarian and must offer study areas.

Subsection 6.5: Clinical Teaching Facilities, Question 1

Country Narrative

ACCM requires that the school has affiliation agreements with all associated clinical sites which must be in writing and outline the roles and responsibilities of both parties in the contractual relationship. It must include educational objectives, faculty responsibilities, evaluation procedures and student access to appropriate hospital resources and facilities. (Exhibit 6 - Element 11, p.25 and Exhibit 11, Sample Affiliation Agreement). All affiliation agreements are submitted to ACCM.

Analyst Remarks to Narrative

The ACCM's Element 11.2 Hospital and Ambulatory Facilities specifies that the school must have in force at all times affiliation agreements with each health care facility where students are present. The agreements must be in writing and outline the roles and responsibilities of both parties to the contract. The agreements must include educational objectives, faculty responsibilities, evaluation procedures, and student access to resources and facilities.

AUC's sample affiliation agreement addresses: parties to the agreement; backgrounds of the university and the hospital; terms of agreement; clinical curriculum; the clinical clerkship program; hospital responsibilities; university responsibilities; signatures of hospital and university administrators; clerkship schedules; and lists and lengths of available clerkships.

Subsection 6.5: Clinical Teaching Facilities, Question 2

Country Narrative

The school is required to provide oversight of the learning experience and ensure a structured environment at all clinical sites (Exhibit 6 - Element 4.5, p.11 and 4.6 p.12) The Clinical Deans in US and UK are required visit all clinical sites regularly and to file their site visit reports with ACCM as part of the school's annual survey report (Exhibit 13 - AUC Annual Survey, Appendix 5)

ACCM also inspects and reports on all clinical sites during each period of accreditation, (Exhibit 7 - ACCM Protocol, p.23)

In the USA, approved sites must sponsor an ACGME accredited residency in the specific core specialty area or be a participating institution in an ACGME accredited residency program or have an affiliation with an LCME accredited school and the residents from that school rotate to the hospital. For the UK, the hospital must have a teaching agreement with a medical school and have been assessed as being suitable for teaching by the University Dean's office. (Exhibit 6, Element 11.2, p.24-25)

Analyst Remarks to Narrative

The ACCM's Element 11.2 Hospital and Ambulatory Facilities specifies that the medical school develop and maintain a structured, supervised clinical organization. The clinical program must be under the direct control and supervision of the medical school dean, department chairmen, and faculty. Clinical deans must visit all clinical sites regularly and report on them in the school's annual report. The ACCM also inspects all clinical sites during the school's period of accreditation.

Part 3: Accreditation/Approval Processes and Procedures

Section 1: Site Visit, Question 1

Country Narrative

ACCM follows the Protocol for the Accreditation of Colleges of Medicine in evaluating a medical school for accreditation purposes (Exhibit 7 - ACCM Protocol for Accreditation, p.19-27). The Protocol provides the ACCM guidelines on the conduct of site visits to the basic science campus and to the affiliated clinical sites and embodies a comprehensive evaluation of all components of a medical school including curriculum, faculty, administration, student body and facilities.

Documentation which is filed with ACCM by the school prior to granting accreditation includes annual survey reports (Exhibit 13 - AUC Annual Survey) with relevant appendices, and an up-to-date Self Study Report (Exhibit 12 - AUC Self Study) with substantial supporting documentation appended. All documentation is reviewed prior to the on-site visit by an ACCM inspection team.

A campus site visit report for 2009 is included as Exhibit 18. This was submitted to NCFMEA in December 2009 within the Accreditation Report on American University of the Caribbean which reviews compliance with all the Elements of Accreditation. The Accreditation Report, having previously been filed with NCFMEA is not included in the present submission but may be made available electronically on request.

A further campus site visit was undertaken in the week prior to the deadline for this submission and the report on that visit will be available shortly if required.

Analyst Remarks to Narrative

The ACCM's Protocol for the Accreditation of Colleges of Medicine requires that the institution submit a self-study. The self-study is submitted to the ACCM and the convenor of the inspection (on-site review) team for review, and the team then makes an on-site inspection. The AUC's self-study included information regarding: educational goals; corporate organization; college management; curriculum (including clinicals); student evaluation; admissions; fiscal resources; faculty and instructional personnel; library; student services; and facilities and equipment.

Clinical sites are reviewed in conjunction with the review of the curriculum. Clinical sites that are geographically near the campus are visited during the course of the on-site review. Geographically distant sites must be visited within 12 months of the accreditation review if the site has never been visited. If such a site has been reviewed previously, an on-site review must take place at least once during the accreditation period. If a new site is opened during the accreditation period that has not been previously visited, an on-site review must take place within 12 months of students being placed at the site.

Section 1: Site Visit, Question 2

Country Narrative

The on-site reviews encompass the main campus and all locations operated by the medical school including the Administrative Offices in Florida and all affiliated core clerkship sites both in the US and in the UK.

Documentation relating to campus visits is referenced in question 1 above. For affiliated hospital visits, a hospital site visit questionnaire is completed and supporting documentation required prior to or during the visit. (Exhibit 14 - ACCM hospital Site Visit Questionnaire and Exhibit 14a - Sample ACCM hospital site visit report)

Analyst Remarks to Narrative

The ACCM's Protocol for the Accreditation of Colleges of Medicine Section VII, The On-Site Inspection, specifies that the medical college campus, each satellite facility or site where the college maintains an educational presence, and the administrative offices, including those not on-campus, will be inspected during the course of the on-site review. The inspections are conducted according to a predetermined format that is outlined in the protocol document. As stated in the previous section, local clinical sites are inspected during the course of the on-site review. Distant clinical sites are inspected as described previously.

Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

Site visits are conducted by members of the ACCM who are experienced medical educators, as set out in the Protocol (Exhibit 7 – ACCM Protocol, p.7 and Exhibit 17 – ACCM List of Commissioners).

Decisions are made at full meetings of ACCM which are held twice-yearly.

Accreditation policy is dictated by the ACCM Protocol which was formulated, and is regularly updated, to ensure adherence to the Guidelines of the LCME and the

NCFMEA. Any proposed changes in the Protocol are pre-circulated to members of ACCM for comment and then brought before a full meeting of ACCM at which decisions to accept, reject or amend changes will be made. A policy has also been formulated to address Complaints (Exhibit 7 - Appendix to Protocol, p.53)

New commissioners undergo induction by the Chairman or Secretary of ACCM and receive training on the standards contained in the Elements and the procedures outlined in the Protocol. There is a mentoring process in place for new commissioners who are 'partnered' with experienced commissioners during the first two campus or hospital site visits.

Analyst Remarks to Narrative

The ACCM's Protocol for the Accreditation of Colleges of Medicine sets forth the qualifications of those involved in the accreditation review process.

Policy-Making and Decision-Making:

The ACCM is the policy and decision making body that evaluates the one medical school in St. Maarten. Commissioners' qualifications include: an earned M.D. degree from a recognized medical college; postgraduate training; specialty certification from a recognized medical society; experience as a chief medical officer of a medical college; experience as a chief or senior faculty of a basic science department; experience as an administrator at a postgraduate teaching hospital; experience in undergraduate and graduate medical education, teaching, research, and patient care; and experience in the medical school evaluation process. The commission also includes at least one public representative who is not a member of a related profession or association. The number of commissioners is adjusted to the number of accredited medical schools, with a commissioner:school ratio of 3:1.

On-site Review:

On-site review teams are comprised of ACCM commissioners. There are typically three reviewers on a team. All of the members are qualified by training and experience as medical educators. The convenor (team leader) must have served as a chief academic officer or as the chief of a clinical department at a medical school. The second team member must be a chief of a major clinical department of a medical college or teaching hospital. The third team member must be a physician with teaching experience in the basic sciences. Additional team members are optional, but must be physicians who possess similar qualifications.

Section 3: Re-evaluation and Monitoring, Question 1

Country Narrative

Accreditation is granted for a fixed time period (Exhibit 7 - ACCM Protocol p.43). The ACCM requires an annual compliance report or survey from the school in accordance with the Protocol. The annual survey must contain all the information for the confirmation of continued compliance with the Elements (Exhibit 13 - AUC Annual Survey).

ACCM visits the medical school basic science campus at least every second year after accreditation is granted and will schedule further visits if required in the light of substantial change. (Exhibit 7 - ACCM Protocol for Accreditation, p.26) All clinical sites must be visited at least once during the accreditation period by the ACCM. Any new clinical sites must be visited by ACCM within 12 months of students being assigned to that site. (Exhibit 7 - ACCM Protocol for Accreditation, p.23)

Analyst Remarks to Narrative

The ACCM's Protocol for the Accreditation of Colleges of Medicine Section X indicates that the maximum period of a grant of accreditation is six years for a college that is in full compliance (unconditional accreditation). For a college that is in substantial compliance (conditional accreditation), accreditation may be granted for up to three years. Schools that are in substantial compliance may be subject to interim reviews and inspections, as well as accompanying progress reports and updates. A college may also receive probationary accreditation for up to two years, during which time it must complete designated sections of the self-study and may be subject to additional on-site reviews. All accredited schools are required to submit annual reports. All accredited colleges must submit a self-study and submit to an on-site review prior to receiving renewed accreditation.

As described previously, the ACCM maintains a record of complaints and has a published complaint review process. However, information was not provided that specifically indicates that complaints are considered during the course of the accreditation review. More information is needed on the requirements of this section.

Country Response

ACCM's policy is to consider promptly any complaint representing a departure from the Elements of Accreditation as outlined in the response to the analyst's query in relation to Section 2, Subsection 5.4, question 5. A complaint would be immediately forwarded to the ACCM Convenor with primary responsibility for the school concerned and s/he would consult fellow commissioners in relation to the matter. ACCM would raise the issue with the school, and if necessary, an interim visit to the campus might be scheduled. ACCM's concern is that a medical school under accreditation reach and maintain the highest standards, and thus a complaint indicating a departure from the ACCM Elements is taken seriously and acted upon without delay and would be evaluated within the accreditation review process at the next scheduled meeting of ACCM as indicated previously.

Analyst Remarks to Response

As noted under Subsection 5:4, Question 5, the agency's complaint procedures do not address how complaints that have been received against a school are considered during the course of the school's reevaluation and ongoing monitoring. Information has still not been provided that specifically indicates that student complaints are considered during the course of the accreditation review.

Staff Conclusion: Additional Information requested

Section 3: Re-evaluation and Monitoring, Question 2

Country Narrative

The process for monitoring accredited medical schools is stated above - annual survey reports to be received from the school, inspection visits to the campus at least every second year, and visits to all new and existing clinical sites as prescribed in the Protocol. The most recent annual survey report from the school is provided as Exhibit 13.

Analyst Remarks to Narrative

The ACCM's Protocol for the Accreditation of Colleges of Medicine Section XIII specifies that all colleges must maintain continued compliance with the Elements of Accreditation during the course of their accreditation period. The principal tool for monitoring continued compliance is the Annual Compliance Survey (annual report).

The annual report form requires accredited schools to submit information regarding:

- institutional information
 - admissions
 - enrollment
 - curriculum
 - USMLE
 - clinicals
 - graduation
 - general information
 - faculty
 - administration
-

Section 4: Substantive Change

Country Narrative

ACCM requires the school to notify it of any substantial changes in facilities, ownership, student body size in advance and in the case of increase in admissions, to provide documentation demonstrating the capacity of the college to manage the increase in terms of physical and educational resources. Certain notifications e.g. change of ownership, will trigger a site visit to evaluate and ensure continued compliance with the Elements. (Exhibit 6 - Element 6.6 p.18 and Element 11.2, final paragraph, p.25)

Analyst Remarks to Narrative

The annual report requires information related to changes in the
number of admitted students
student qualifications
curriculum
changes in clinical sites
graduation and placement rates
changes in faculty
changes in administration
decisions of other accrediting or regulatory bodies

Additionally, the Protocol for the Accreditation of Colleges of Medicine Section XIII specifies that the ACCM must be notified when there is any change in ownership or governance, when a branch campus is being established, or when another accrediting agency or regulatory body takes action against a college.

Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

Members of the ACCM must sign a declaration excluding conflict of interest (Exhibit 20 - ACCM Declaration on Conflict of Interest)

Analyst Remarks to Narrative

The ACCM's Protocol for the Accreditation of Colleges of Medicine addresses the independence of its commissioners in its introduction. Commissioners may not be officers of an accredited college, officers of colleges seeking accreditation, or officers of related professional organizations.

Further, commissioners may not participate in accreditation decisions or site visits if they:

- have been employed by the college seeking accreditation
- have been employed by another institution that has a substantial business relationship with the college seeking accreditation
- have been employed by another institution with the same ownership as the college seeking accreditation

- have been enrolled at the college seeking accreditation
 - have been connected to the chief academic officer of the college seeking accreditation
 - have been employed at a medical college that has maintained a substantive working relationship with the college seeking accreditation
 - have any prejudicial views toward the college seeking accreditation
 - is related by blood or marriage to an employee of the college seeking accreditation
-

Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

Consistency of standards is maintained by the members of the ACCM who participate in the accreditation process of multiple schools.

Analyst Remarks to Narrative

The ACCM maintains published standards of accreditation which all of its accredited institutions must meet. It has an established review process which includes the submission of an institutional self-study that is directly tied to its published standards. Institutions requesting accreditation or renewed accreditation are subject to on-site reviews by teams of commissioners and are given the opportunity to review the on-site review team's report prior to its review by the commission as a whole. In rendering an accreditation decision, the commission evaluates the institution's profile, its self-study, and the on-site review report before deliberating as a whole body and rendering an accreditation decision.

Section 6: Accrediting/Approval Decisions, Question 1

Country Narrative

Decisions on accreditation of a school are taken by the ACCM and are based on demonstrated compliance with the Elements. Compliance is determined on the basis of site visits and review of submitted written information in the form of Self Study Profile and Annual Surveys. ACCM reports annually to the Government of St Maarten and to the NCFMEA regarding the school's compliance with the Elements.

Analyst Remarks to Narrative

As stated previously, the ACCM has an established Protocol for the Accreditation of Colleges of Medicine that sets out very detailed procedures to be followed in making grants of accreditation. The documents used in forming an accreditation decision are tied directly to the ACCM's Elements of Accreditation. Further, data are collected in the course of both the institutional self-study and in accredited institutions' annual reports regarding the performance of the school's graduates.

Section 6: Accrediting/Approval Decisions, Question 2

Country Narrative

The school is required to report annually the achievements of its graduates in NRMP and provide a listing of Residency Appointments. (Exhibit 13 - Annual Survey, p.29-31.) The school is encouraged to collect data on the postgraduate progression of its students and has set up an Alumni Affairs Department to collect data regarding postgraduate placement and offer advice and support to graduates. (Exhibit 12 - AUC Self Study, p.8,9)

Analyst Remarks to Narrative

The AUC submits information on the USMLE Step 2 pass rate (which is required for graduation) as part of its annual report. For the most recent year, the AUC had a first time USMLE Step 2 pass rate of 93% and an overall Step 2 pass rate of 94%. The AUC annual report also included information on the number of students who graduated, the number of students who reported first-early residency appointments in various fields, the acceptance rate of graduates into residency training, the percentage of graduates who were accepted into their first choice of residency, and the percentage of graduates who did not secure a residency. The information from annual reports is monitored on an ongoing basis during the grant of accreditation. Problems that surface in annual reports trigger requests for additional information and monitoring by the ACCM.

Section 6: Accrediting/Approval Decisions, Question 3

Country Narrative

ACCM has set a target of 85% first time pass rate on USMLE Step 1 as a benchmark for accreditation approval. These data are provided annually to ACCM by the school as part of the school's Annual Survey (Exhibit 13 - AUC Annual Survey, p.16-17).

Analyst Remarks to Narrative

As stated previously, the ACCM has established a a first time pass rate of 85% on Step 1 of the USMLE as a benchmark. The AUC has exceeded this benchmark with a sirst time pass rate of 91%. The overall pass rate was 88%. These pass rates are submitted as a part of the ACCM's required annual report.
