

## U.S. Department of Education

### Mexico: Redetermination of Comparability

Prepared October 2011

#### **Background**

At its September 1997 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the standards used by the Asociación Mexicana de Facultades y Escuelas de Medicina (AMFEM), a non-governmental accrediting entity and association that represents and provides services to Mexico's medical schools and colleges, were comparable to those used to evaluate medical schools in the United States.

At its March 2002 meeting, the NCFMEA formally accepted the report submitted by AMFEM in which it provided information on the role of the Council for the Accreditation in Superior Education (COPAES) and the effect that any relationship between AMFEM and COPAES would have on the ongoing accreditation of medical schools in Mexico. COPAES is a "civil association" established by the Public Education Secretary (SEP) in October 2000. SEP authorized COPAES to "confer formal recognition" on foreign and domestic organizations which promote quality and improvement through an accreditation process in academic programs offered by public and private schools of higher education in Mexico. COPAES regulates accreditation for higher education in Mexico by recognizing organizations that will conduct evaluations and make accreditation decisions

In July 2002, AMFEM reported on the progress of the transition of accreditation activities from AMFEM to the Mexican Board for the Accreditation of Medical Education (Board or COMAEM). COMAEM, a civil association, totally independent from AMFEM, was established (by AMFEM) to develop accreditation standards, policies and procedures to meet COPAES's requirements. COMAEM is charged with developing and implementing all the standards, policies and procedures for the accreditation of medical schools in Mexico, replacing AMFEM in these activities.

At its Spring 2004 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA or the Committee) determined that Mexico's medical accreditation entity the Consejo Mexicano para la Acreditación de la Educación Médica, A.C. (the Mexican Board for the Accreditation of Medical Education), hereafter referred to as COMAEM or "the Board", used accreditation standards and evaluation procedures for medical schools comparable to those used in the United States.

In March 2007, the NCFMEA accepted COMAEM's report regarding the current status of medical schools, an overview and summary of key accreditation activities, including site reviews and accreditation decisions, changes in its laws and regulations, standards and procedures, and information about various meetings and training sessions and site visits to medical schools and clinical clerkship sites planned for 2006.

In September 2009, Drs Valasquez-Castillo and Durante-Montiel (COMAEM) attended the NCFMEA meeting and provided additional information in a lengthy discussion with the Committee. The NCFMEA accepted COMAEM's update on its accrediting activities and invited the country to submit an application for a redetermination of comparability for review at the spring 2010 meeting. The meeting was postponed and it is COMAEM's application for a redetermination of comparability that is the subject of this report.

### **Summary of Findings**

Based on a review of the responses to the questionnaire and information that the country provided to the Department, it is not clear to staff whether Mexico has a system for the evaluation and accreditation of its medical schools that is comparable to the system used in the United States.

While the accreditation system described in the narrative and documents that were provided by the country, appears to have substantially the same components as the U.S. accreditation system, there was insufficient description and documentation of the agency's application of its policies, processes, and practices on which to support comparability between the countries.

The Committee may want to request that the COMAEM submit more comprehensive descriptions and supporting documentation of its accreditation/approval standards necessary for the NCFMEA to make an informed determination of comparability in the areas of administrative personnel and authority; remote sites; curriculum; clinical experience; supporting disciplines; ethics; communication skills; design, implementation and evaluation; admissions, recruiting and publications; student achievement; student services; student complaints; finances; facilities; faculty; library; and clinical teaching facilities as well as COMAEM's review processes and procedures.

### **Staff Analysis**

The Country is required to provide a narrative response and supporting documentation for each individual subsection of the application. The narrative and documentation is used to verify each response and demonstrate application of the process or procedures as appropriate. The narrative and all documentation submitted with the application are required to be in English translation and submitted through the electronic application system.

The Country did not respond to the draft staff analysis, instead, COMAEM mailed two disks to the Department. Disk One was in English and contained a completed self study, documentation describing the evaluation process, a number of charts, draft documents, and templates of instruments used by the agency in its evaluation process. However, the country did not provide completed evaluation instruments, and the charts and draft documents were not clearly identified. Therefore, the Department was unable to verify that the agency had applied their required processes in the evaluation of medical schools within the country. Disk Two, which may have contained the agency's laws and relevant documentation was provided in Spanish, not in English as required.

The country did not submit a response through the electronic application system as required.

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

### **Section 1: Approval of Medical Schools, Question 1**

#### **Country Narrative**

ALL UNIVERSITIES PUBLIC AND PRIVATE REVISED AND APPROVED BY THE MINISTRY OF EDUCATION BOTH FEDERAL AND STATE  
THE FEDERAL MINISTRY OF HEALTH AUTORIZED AND CONTROL ALL THE CLINICAL FIELDS

#### **Analyst Remarks to Narrative**

The country's narrative and its accreditation handbook indicate that the Ministry of Education's Secretary of Public Education (SEP) issues a document of approval for the medical education programs offered in all universities whether public or private. The Country's Secretary of Health (SSA) is responsible for the approval of the schools curriculum.

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### **Section 1: Approval of Medical Schools, Question 2**

#### **Country Narrative**

1. HIGH EDUCATION INSTITUTIONS: UNIVERSITIES PUBLIC AND PRIVATE
2. PUBLIC EDUCATION SECRETARY

#### **Analyst Remarks to Narrative**

The country's Accreditation Handbook, describes the process in which the Public Education Secretary, (SEP) through the Council for the Accreditation in Superior Education (COPAES) is the regulatory authority for the approval and licensure of medical schools in Mexico.

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### **Section 1: Approval of Medical Schools, Question 3**

#### **Country Narrative**

1. HIGH EDUCATION INSTITUTIONS: UNIVERSITIES PUBLIC AND PRIVATE

#### **Analyst Remarks to Narrative**

The country's Policies, Standards and Guidelines for Medical Education identify the Secretary of Public Education (SEP) as well as with input from the Secretary of Health (SSA) as the sole authorities for closing medical schools in Mexico

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### **Section 2: Accreditation of Medical Schools**

#### **Country Narrative**

1. CONSEJO MEXICANO PARA LA ACREDITACION DE LA EDUCACION MEDICA (COMAEM) = MEXICAN COUNCIL FOR THE ACCREDITATION OF MEDICAL EDUCATION
2. COMITES INTERINSTITUCIONALES PARA LA EVALUACION DE LA EDUCACION SUPERIOR EN MEXICO (CIEES)= AGENCY COMMITTEES FOR THE EVALUATION OF HIGHER EDUCATION IN MEXICO
3. COPAES
4. CIIES
5. CENEVAL

#### **Analyst Remarks to Narrative**

The agency' Accreditation Handbook describes how The Mexican government formally installed the Consejo Mexicano para la Acreditacion de la Educacion Medica, A.C. (the Mexican Board for the Accreditation of Medical Education or COMAEM), to be the entity responsible for the accreditation of all medical schools in Mexico in a ceremony in Mexico City in January 2002.

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### **Part 2: Accreditation/Approval Standards**

#### **Section 1: Mission and Objectives, Question 1**

#### **Country Narrative**

## 2. MISSION, VISION AND EDUCATIONAL AIMS

THE MISSION, VISION, AND GENERAL EDUCATIONAL AIMS OF THE SCHOOL OR FACULTY ARE CLEARLY ESTABLISHED, ARE CONSISTENT, AND ARE KNOWN BY THE AUTHORITIES, TEACHERS, PUPILS AND ADMINISTRATIVE STAFF.

2.1. THE MISSION IS KNOWN BY THE COMMUNITY.

2.2. THE VISION IS KNOWN FOR COMMUNITY.

2.3. THE MISSION AND VISION ARE CONSISTENT WITH THE EDUCATIONAL AIMS.

NOTE: EACH MEDICAL COLLEGE SETS HIS OWN MISSION, VISION AND OBJECTIVES. COMAEM DOES NOT DETERMINE THE CONTENTS OF THESE ITEMS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 10-11.

### **Analyst Remarks to Narrative**

The agency provided narrative and its Accreditation Handbook that contain the agency's standards. Several COMAEM standards involve the mission and objectives of medical schools and medical education in Mexico. COMAEM's first standard requires that medical schools must clearly state their educational objectives and how these will be attained during the educational process. The process should then result in a quality education graduating general medical practitioners who will contribute to the country's health system through "competent and scientifically based practices," keeping themselves continuously up to date on current medical practices and partaking in postgraduate training or education and research.

The country also provided a completed self study report that addresses how the medical school's stated purposes and objectives and its educational program are appropriate to the mission of producing physicians needed in the country.

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### **Section 1: Mission and Objectives, Question 2**

#### **Country Narrative**

POLITICAL CONSTITUTION OF THE UNITED MEXICAN STATES, THIRD EDITION

VII. UNIVIRSITIES AND ALL OTHER HIGHER EDUCATION INSTITUTIONS UPON WHICH THE LAW HAS CONFERRED AUTONOMY, SHALL HAVE THE POWERS AND RESPONSABILITY TO GOVERN THEMSELVES; THEU SHALL CARRY OUT THEIR PURPOSES OF EDUCATING, DOINGRESEARCH AND PROMOTING CULTURE IN ACCORDANCE WITH THE PRINCIPLES

ESTABLISHED IN THIS ARTICLE, RESPECTING FREEDOM TO TEACH AND TO DO RESEARCH AND FREEDOM TO ANALYZE AND DISCUSS IDEAS; THEY SHALL DETERMINE THEIR ACADEMIC CURRICULUM; THEY SHALL ESTABLISH THE TERMS FOR THE ENGAGEMENT PROMOTION AND TENURE OF THEIR ACADEMIC PERSONNEL; AND THEY SHALL MANAGE THEIR ESTATE. LABOR RELATIONSHIPS BOTH WITH ACADEMIC PERSONNEL AND WITH MANAGEMENT PERSONNEL, SHALL BE GOVERNED BY SECTION A OF A OF ARTICLE 123 OF THIS CONSTITUTION, UNDER THE TERMS AND IN ACCORDANCE TO THE PRESCRIPTIONS ESTABLISHED BY THE FEDERAL LABOR LAW, SUBJECT TO THE NATURE PERTAINING TO A SPECIALLY REGULATED WORK, IN A MANNER CONSISTENT WITH THE AUTONOMY, FREEDOM OF TEACHING AND RESEARCH AND THE GOALS OF THE INSTITUTIONS REFERRED HEREIN, AND ...

### **Analyst Remarks to Narrative**

The agency's narrative refers to the Mexican Constitution, article 7. The English translation does not effectively address how accredited medical schools prepare graduates to enter and complete graduate medical education, and qualify for licensure. The country's accreditation handbook and its quality standards seem to indicate that in Mexico there is no licensing requirement for students to practice medicine; however, a student must have an M.D. degree earned by graduating from a program with approved courses and the "approval of the Professional Exam" (after the required period of social service). Medical schools must have a "Professional Exam" or its equivalent that confirms a graduate's knowledge in the different aspects of the basic sciences, clinical expertise, and in the general abilities and attitudes needed by a general practitioner.

New physicians must register their degrees with the Secretary of Public Education (SEP), and with the Secretary of Health.

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## **Section 2: Governance, Question 1**

### **Country Narrative**

1. BELONGS TO UNIVERSITY OR IES  
THE SCHOOL OR MEDICAL FACULTY THAT DEVELOPS AN EDUCATIONAL PROGRAM, OUGHT TO SPECIFY IN THEIR LEGISLATION AND / OR CONSTITUTIVE ACT THAT IT BELONGS EITHER TO A UNIVERSITY OR AN INSTITUTION OF HIGHER EDUCATION (IES) THAT IS LEGALLY RECOGNIZED FOR ACADEMIC PURPOSES THAT GUARANTEE THE PRIORITY OF AN ACADEMIC ENVIRONMENT APPROPRIATE FOR EDUCATION, RESEARCH AND COMPREHENSIVE DEVELOPMENT OF THE FUTURE PHYSICIAN.

1.1. BELONGS TO A UNIVERSITY OR LEGALLY RECOGNIZED IES.

1.2. PRIORITY OF ACADEMIC PURPOSES.

### 1.3. THE ACADEMIC ENVIRONMENT ENSURES EDUCATION, RESEARCH AND FUTURE DEVELOPMENT OF THE PHYSICIAN

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 12-13.

#### **Analyst Remarks to Narrative**

The agency's response briefly summarizes the requirements for legal authorization or licensure to provide a program of medical education within the country.

The agency's accreditation handbook and its quality standards require that a medical school must be part of a university or institution of higher learning legally authorized to operate within the country. This seems to infer that in Mexico, medical schools are accountable to their parent universities or an institution of studies of higher education, which must be approved by the SEP.

COMAEM provided a self study that verifies that it requires that medical schools and teaching hospitals be governed by a board of trustees/governors and have prior operating approval from SEP and the SAA of the school's medical education programs and its curriculum.

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#### **Section 2: Governance, Question 2**

##### **Country Narrative**

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ALL UNIVERSITIES PUBLIC AND PRIVATE REVISED AND APPROVED BY THE MINISTRY OF EDUCATION BOTH FEDERAL AND STATE THE FEDERAL MINISTRY OF HEALTH AUTORIZHED AND CONTROL ALL THE CLINICAL FIELDS

##### **Analyst Remarks to Narrative**

The narrative identifies the Ministry of Education and the Ministry of Health as the external authorities to which schools are held accountable. In addition, COMAEM policies and its standards outlined in its accreditation handbook require that the medical schools board of trustees/governors oversee the schools administration, finances and operation and be accountable to the Ministry of Education, SEP for setting policies for the medical school and the teaching hospital; to approve the budget for the school and teaching hospital upon recommendation from the dean of the school; to confirm appointments or separations of administrators, faculty; and to ensure the viability of the medical school. The agency's policies require that the members of the board of trustees/governors have the appropriate academic credentials and experience and that they meet on a regular basis to involve itself in the policy making and

governance of the medical school. The agency provided a self study verifying its evaluation of this requirement

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### **Subsection 3.1: Administrative Personnel and Authority, Question 1**

#### **Country Narrative**

##### **3. GOVERNMENT STRUCTURE**

THE SCHOOL OR FACULTY HAS A REPRESENTATIVE GOVERNMENT STRUCTURE, WHICH IS REGULATED AND STABLE AND WHICH REGULARLY MEETS AND AIMS TO SUPPORT THE EDUCATIONAL, RESEARCH AND EXTENSION FUNCTIONS.

3.1. IT HAS A STRUCTURED GOVERNMENT.

3.2. THE GOVERNMENTAL STRUCTURE IS REPRESENTATIVE.

3.3. THE REGULAR FUNCTIONING OF THE GOVERNMENTAL STRUCTURE GOVERNMENT

##### **4. LEGISLATION AND REGULATIONS**

THE CURRENT LEGISLATION AND REGULATIONS SPECIFY THE RIGHTS AND OBLIGATIONS OF AUTHORITIES, ELECTED BODIES, STUDENTS, TEACHERS, RESEARCHERS AND TECHNICAL-ADMINISTRATIVE PERSONNEL.

4.1. CURRENT LEGISLATION AND REGULATIONS SPECIFY THE RIGHTS AND OBLIGATIONS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 12-13.

#### **Analyst Remarks to Narrative**

The narrative states that current legislation and regulation specify the administrative structure and authorities of the medical school structure. In addition, the agency's standards requires that the country's medical schools be under the immediate supervision of a Dean, who is the chief academic officer of the medical programs and is appointed by the board of trustees/governors and by training and experience demonstrates an understanding of prevailing medical standards and the authority to implement them.

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

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## **Subsection 3.1: Administrative Personnel and Authority, Question 2**

### **Country Narrative**

#### **5. ELECTED BODIES**

THE SCHOOL OR FACULTY HAS ACADEMIC AUTHORITIES IN THE FORM OF REPRESENTATIVE ELECTED COLLECTIVE BODIES.

5.1. THE ACADEMIC AUTHORITIES ARE FORMED OF ELECTED BODIES.

5.2. THE ELECTED BODIES ARE REPRESENTATIVE.

5.3. THE OPERATION OF ELECTED BODIES IS REGULAR.

#### **6. DIRECTOR (DEAN)**

THE DIRECTOR OF THE MEDICAL SCHOOL OR FACULTY IS A PHYSICIAN WITH RECOGNIZED STUDIES AND PROFESSIONAL AND ADMINISTRATIVE EXPERIENCE IN MEDICAL EDUCATION. THE APPOINTMENT OF THE DIRECTOR OUGHT TO BE FOR A MINIMUM OF THREE YEARS SO THAT IT ALLOWS THE UNDERSTANDING OF THE INSTITUTION AND THE ESTABLISHMENT OF POLICIES AND PROJECTS FOR THE IMPROVEMENT OF THE MEDICAL EDUCATION.

6.1. THE DIRECTOR IS A PHYSICIAN WITH RECOGNIZED STUDIES.

6.2. HE HAS PROFESSIONAL AND ADMINISTRATIVE EXPERIENCE IN MEDICAL EDUCATION.

6.3. APPOINTMENT OF THE DIRECTOR IS FOR A MINIMUM OF THREE YEARS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 14-15.

### **Analyst Remarks to Narrative**

The Country narrative and the guidelines in its Accreditation Handbook identify the requirements to have elected bodies in the medical schools that are representative of the institution, board, administrators, faculty and staff , and students that are involved in the policy/decision-making and operation of the school for its effective administration. Per the narrative, the Dean has the authority and responsibility to establish policy but the narrative and documentation did not elaborate on this, nor on the extent to which the accreditor reviews the relationship between the Dean and other university officials

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis

Staff Conclusion: Additional Information requested

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**Subsection 3.1: Administrative Personnel and Authority, Question 3**

**Country Narrative**

INSTITUTIONAL STRUCTURE OF EACH UNIVERSITY AND HIGHER EDUCATION INSTITUTIONS (IES) AND ITS DIRECTIVE BOARD AUTHORIZE THE MEDICAL SCHOOL DEPARTMENT HEADS

**Analyst Remarks to Narrative**

COMAEM's standards and the guidelines state that elected committees and the various communities that makeup the medical school are operating in accordance with their responsibilities and functions as outlined in legislation and regulation. The elected committees are expected to be active in carrying out their responsibilities and to meet regularly and to communicate their findings and reports with the institutional leadership.

The agency provided a completed self study but provided no evidence that the COMAEM evaluates this requirement.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 3.2: Chief Academic Official, Question 1**

**Country Narrative**

6. DIRECTOR (DEAN)

THE DIRECTOR OF THE MEDICAL SCHOOL OR FACULTY IS A PHYSICIAN WITH RECOGNIZED STUDIES AND PROFESSIONAL AND ADMINISTRATIVE EXPERIENCE IN MEDICAL EDUCATION. THE APPOINTMENT OF THE DIRECTOR OUGHT TO BE FOR A MINIMUM OF THREE YEARS SO THAT IT ALLOWS THE UNDERSTANDING OF THE INSTITUTION AND THE ESTABLISHMENT OF POLICIES AND PROJECTS FOR THE IMPROVEMENT OF THE MEDICAL EDUCATION.

- 6.1. THE DIRECTOR IS A PHYSICIAN WITH RECOGNIZED STUDIES.  
6.2. HE HAS PROFESSIONAL AND ADMINISTRATIVE EXPERIENCE IN MEDICAL EDUCATION.  
6.3. APPOINTMENT OF THE DIRECTOR IS FOR A MINIMUM OF THREE YEARS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, P 15.

### **Analyst Remarks to Narrative**

Standard 6 in the Accreditation Handbook and the country's narrative describes the qualifications a medical school chief academic official/director must have. The Country also provided a completed self study documenting that it is a part of the accreditation review process.

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### **Subsection 3.2: Chief Academic Official, Question 2**

#### **Country Narrative**

BY ELECTION AND/OR APPOINTMENT BY THE RECTOR OF THE INSTITUTION AND THE BOARD OF DIRECTORS

#### **Analyst Remarks to Narrative**

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

COMAEM requires that its medical schools governing bodies select the chief academic official of a medical school. Therefore each school's governing body is responsible for its own selection process.

The agency provided a completed self study demonstrating its evaluation of this requirement.

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### **Subsection 3.3: Faculty**

#### **Country Narrative**

#### 34. STAFF HIRING

THE HIRING OF THE SCHOOL FACULTY COVERS THE ACADEMIC NEEDS FOR COMPLIANCE WITH THE OPERATIONAL PLAN AND THE APPLICABLE LEGAL FRAMEWORK.

34.1. THE SCHOOL HAS THE TEACHING STAFF APPROPRIATE FOR ITS ACADEMIC NEEDS.

#### 35. STAFF ENTRY, PERMANENCE AND PROMOTION

THE SCHOOL OR COLLEGE HAS A SYSTEM FOR HIRING, MAINTAINING AND PROMOTION OF ALL TEACHERS WHICH IS FORMALIZED ACCORDING TO THE INSTITUTIONAL REGULATIONS AND GOVERNED SOLELY BY ACADEMIC CRITERIA.

35.1. THERE IS AN INSTITUTIONAL SYSTEM FOR HIRING, MAINTANENCE AND PROMOTION OF TEACHERS ACCORDING TO THE INSTITUTIONAL REGULATIONS.

35.2. THE SYSTEM IS IN CHARGE OF THE ELECTED BODIES.

35.3. HIRING, MAINTANENCE AND PROMOTION ARE PERFORMED BASED SOLELY ON ACADEMIC CRITERIA.

#### 36. TRAINING AND TEACHING EXPERIENCE

ALL SCHOOL TEACHERS OR FACULTY REQUIRE TRAINING AND PROFESSIONAL EXPERIENCE, DISCIPLINARY AND EDUCATIONAL ORIENTED TO THE SUBJECT THEY TEACH, CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

36.1. TEACHERS ARE TRAINED AND HAVE DISCIPLINARY AND TEACHING EXPERIENCE.

36.2. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS IS DISCIPLINE-ORIENTED TAUGHT.

36.3. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

#### 37. TRAINING AND TEACHING UPDATE

THE SCHOOL OR FACULTY IS DEVELOPING A TRAINING PROGRAM AND UPDATING IT FAVORS THE TEACHING PRACTICE

37.1. IT HAS DEVELOPED A TRAINING PROGRAM FOR UPDATING OF TEACHERS.

37.2. THE TRAINING PROGRAM AND UPDATING FAVORS TEACHING PRACTICE.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 48-51.

#### **Analyst Remarks to Narrative**

The agency's accreditation handbook and its narrative outline COMAEM's standards and expectations for its medical school faculties in accordance with standards 34 through 38. All medical schools must have an elected committee of academics and procedures it follows for the hiring based on academic credentials, promotion and discipline of full-time faculty. However, this criterion deals with faculty involvement in admissions and all phases of curriculum, which seem not to be addressed in this response

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### **Subsection 3.4: Remote Sites**

#### **Country Narrative**

THE NATIONAL MEDICAL EDUCATION ACCREDITATION SYSTEM 2008 (COMAEM) DOES NOT EXPLICITLY INCLUDE REMOTE SITES THAT ARE ACADEMIC AND ADMINISTRATIVES AUTONOMOUS. HE SITES REFERRED AS "INCORPORATED" AL ALSO REMOTE SITES BUT BASICALLY ARE REGULATE BY THE INSTITUTION BASE.

#### **Analyst Remarks to Narrative**

The agency seems to suggest that any remote sites that are part of the educational program are regulated by the main campus authority, however, it is unclear that these are evaluated by the COMAEM as part of the accreditation review. , The agency did not provide sufficient information to demonstrate how it assesses remote sites against its criteria to ensure the educational experiences at all sites are of comparable quality; that faculty in each discipline and at all sites are functionally integrated; and that there is consistency across student evaluations.

#### **Country Response**

No Response Submitted

#### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.1: Program Length, Question 1**

#### **Country Narrative**

## 10. DURATION OF THE CURRICULUM

THE CURRICULUM HAS A MINIMUM DURATION OF FIVE YEARS AND 5,000 HOURS, INCLUDING UNDERGRADUATE INTERNSHIP. NOT INCLUDED ON DUTY PERIODS OR ADDITIONAL CLINICAL PRACTICE.

10.1. THE CURRICULUM HAS THE DURATION AND THE MINIMUM NUMBER OF HOURS INDICATED.

IN GENERAL SCHOOLS OF MEDICINE HAVE 5 TO 6 ACADEMIC YEARS INCLUDING INTERNSHIP. SOME MEDICAL SCHOOLS HAVE ADDED THE YEAR OF SOCIAL SERVICE AS PART OF ACADEMIC PROGRAM.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 20.

### **Analyst Remarks to Narrative**

COMAEM accreditation handbook and its narrative specify the duration of the MD program. The minimum length of a medical education program in Mexico is five to six years/5000 plus hrs. The agency provided a completed self study verifying that it evaluates its accredited medical schools for compliance with this requirement.

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### **Subsection 4.1: Program Length, Question 2**

#### **Country Narrative**

N/A

#### **Analyst Remarks to Narrative**

The agency does not need to respond to this section.

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### **Subsection 4.2: Curriculum, Question 1**

#### **Country Narrative**

ALL THE MEDICAL SCHOOLS HAVE BASIC SCIENCES COMPONENT AS YOU MENTION ABOVE (A); ALSO, THEY HAVE THE LABORATORY PORTION OF THE BASIC SCIENCES.

## 20. BASIC FORMATION

BASIC FORMATION INCLUDES SUBJECTS IN ESSENTIAL AREAS FOR THE PRACTICE OF GENERAL MEDICINE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING WHICH WILL ALLOW THE STUDENT TO EXPLAIN THE INTERACTION BETWEEN THE DIFFERENT LEVELS OF

ORGANIZATION THAT DETERMINE THE HEALTH-DISEASE PROCESS, FROM THE MOLECULAR TO THE BIO-PSYCHOLOGICA-SOCIAL. THIS TRAINING IS DIRECTED, SUPERVISED, EVALUATED, AND FEEDBACK IS PROVIDED BY THE TEACHER.

20.1. BASIC FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

20.2. BASIC FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

20.3. THE BASIC FORMATION OF THE STUDENT IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARS 7, P 32.

### **Analyst Remarks to Narrative**

Curriculum requirements are established by the Ministry of Health. The self-study document reflects that basic sciences, socio- and bio-medical and clinical sciences courses are offered in the medical education program and include morphology (anatomy, histology, and embryology), biochemistry, physiology, physio-pathology, genetics, molecular biology, immunology, neurosciences, microbiology, pathology, pharmacology, therapeutics, statistics, epidemiology, public health, medical ethics and medical anthropology.

The COMAEM provided a completed self study demonstrating that curriculum is included in the accreditation process. However, it did not provide any documents of COMAEM's assessment of the self study as a part of the accreditation process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.2: Curriculum, Question 2**

### **Country Narrative**

## 21. CLINICAL FORMATION

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

TABLE 2. CONDITIONS FOR THE DEVELOPMENT OF EACH ACADEMIC PROGRAM IN THE CLINICAL FIELDS (EXCLUDING THE UNDERGRADUATE INTERNSHIP).

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

THE SCIENCES BASIC, INCLUDING: DISCIPLINES THAT HAVE TRADITIONALLY BEEN TITLED ANATOMY, BIOCHEMISTRY, PHYSIOLOGY, MICROBIOLOGY AND IMMUNOLOGY, PATHOLOGY, PHARMACOLOGY AND THERAPEUTICS, AND MEDICINE PREVENTIVE. LABORATORY AND PRACTICAL EXERCISES THAT FACILITATE THE ABILITY TO MAKE ACCURATE QUANTITATIVE OBSERVATIONS OF BIOMEDICAL PHENOMENA AND CRITICAL ANALYSES OF DATA.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

The agency's narrative and its standards have identified specific curricular content it expects to be included in all medical education programs that include the courses of the NCFMEA guidelines. The COMAEM provided a completed self study demonstrating that the basic sciences curriculum is included in the accreditation process. However, COMAEM did not provide any documents that verify its assessment of whether the medical education program includes all of the required subject areas.

### **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.2: Curriculum, Question 3**

### **Country Narrative**

#### **20. BASIC FORMATION**

BASIC FORMATION INCLUDES SUBJECTS IN ESSENTIAL AREAS FOR THE PRACTICE OF GENERAL MEDICINE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING WHICH WILL ALLOW THE STUDENT TO EXPLAIN THE INTERACTION BETWEEN THE DIFFERENT LEVELS OF ORGANIZATION THAT DETERMINE THE HEALTH-DISEASE PROCESS, FROM THE MOLECULAR TO THE BIO-PSYCHOLOGICA-SOCIAL. THIS TRAINING IS DIRECTED, SUPERVISED, EVALUATED, AND FEEDBACK IS PROVIDED BY THE TEACHER.

20.1. BASIC FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

20.2. BASIC FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

20.3. THE BASIC FORMATION OF THE STUDENT IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARS 7, P 32.

### **Analyst Remarks to Narrative**

It is not clear to the Department that COMAEM's standards provide any guidance to its institutions about the agency expectations for establishing curriculum requirements regarding the laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data. While the country provided a completed self study in which the institution documented its self evaluation of its laboratory portion of the medical schools basic science curriculum, the agency it did not provide any documentation that verifies that the courses listed are required by COMAEM. The country needs to provide documentation verifying that these courses are a required component of a medical schools basic science curriculum and evidence of the nature of the agency's assessment of the laboratory component as part of the accreditation process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 1**

#### **Country Narrative**

##### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

##### **22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS**

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

### 23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

### 24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

#### **Analyst Remarks to Narrative**

In the completed self-study provided with the application, the medical school lists its core clinical subjects such as; internal medicine, obstetrics and gynecology, pediatrics, medical psychology, surgery and family medicine which are required by this section of the criteria. This seems to indicate that the agency assesses the extent to which a medical school program of clinical instruction includes these competencies as requirements.

However COMAEM does not lists these subjects in its standards as required core clinical subjects at it medical schools,or provided any documentation demonstrating its assessment of this requirement.

#### **Country Response**

No Response Submitted

#### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 2**

#### **Country Narrative**

## 21. CLINICAL FORMATION

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

## 22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

## 23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

## 24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND

INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.  
24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.  
24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

As noted in COMAEM's narrative, the accreditation handbook and in the completed self study, the 3rd, 4th and 5th years of the medical education program are full clinical clerkships. The self study reveals that the agency's standards require that clinical instruction be primarily case-based utilizing the problem solving approach and emphasizing direct patient care under the guidance of a preceptor. The self study seems to indicate that clinical training program be housed in, at least, a secondary care hospital and have at least, four major clinical departments functioning- internal medicine, pediatrics, obstetrics and gynecology and surgery.

However, no documentation was provided to verify and illustrate, COMAEM's requirements regarding clinical experiences or review of the clinical portion of the curriculum.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.3: Clinical Experience, Question 3**

### **Country Narrative**

#### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY

THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

**Analyst Remarks to Narrative**

While the country identified the approach to clinical instruction , it did not provide any documentation demonstrating its review of the quality of the medical education clinical instruction with respect to organ systems and aspects of acute, chronic, continuing, preventive, and rehabilitative care.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 4**

#### **Country Narrative**

##### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

##### **22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS**

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

### 23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

### 24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

The COMAEM has standards and criteria for evaluating the quality of the clinical experience. The completed self study includes an assessment of the clinical portion of the educational program, however it is a self study conducted by the institution. Therefore, there was not sufficient evidence of COMAEM's application of its clinical standards and criteria in its assessment in the clinical education component of the medical education.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 5**

## **Country Narrative**

### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

### **22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS**

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

### **23. ROTATIONS IN CLINICAL FIELDS**

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

### **24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS**

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

The COMAEM has standards and criteria for evaluating the quality of the clinical experience. The completed self study provides an assessment of the clinical experience, but it is a self study conducted by the institution, not a agency assessment. Therefore, there was insufficient evidence provided of COMAEM's application of its clinical standards and criteria in its assessment in the clinical education component of the medical education program.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.3: Clinical Experience, Question 6**

### **Country Narrative**

#### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

21.4. CLINICAL FORMATION IS BASED ON SYSTEMATIC APPLICATION OF THE CLINICAL METHOD.

21.5. THE STUDENT'S CLINICAL FORMATION IS DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY HIS TEACHER.

22. DEVELOPMENT OF PROGRAMS IN CLINICAL FIELDS

THE CLINICAL FIELD ENSURES CONSISTENT DEVELOPMENT OF ACADEMIC PROGRAMS AND SERVICES OPERATING IN EACH ROTATION, BASED ON THE RATIOS PUPIL / BEDS, STUDENT / TEACHER AND STUDENT / PATIENTS ESTABLISHED IN THE REGULATIONS.

22.1. THIS ENSURES CONSISTENCY IN THE DEVELOPMENT OF ACADEMIC AND OPERATIONAL PROGRAM ACTIVITIES.

22.2. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER COMPLY WITH THE REGULATIONS.

22.3. THE RATIOS STUDENT / BED, STUDENT / PATIENT AND STUDENT / TEACHER ENSURE THE DEVELOPMENT OF FORMATIVE ACTIVITIES.

23. ROTATIONS IN CLINICAL FIELDS

CLINICAL FORMATION TAKES PLACE IN HEALTH CARE SERVICES BY THE CLINICAL TRAINING THAT MEETS THE REGULATIONS. EACH ACADEMIC PROGRAM IS ACHIEVED THROUGH ROTATION IN THE CORE AREAS FOR THE PRACTICE OF GENERAL MEDICINE.

23.1. THE SERVICES OF MEDICAL ATTENTION MEET THE REGULATIONS.

23.2. ACADEMIC PROGRAMS FULFILL THROUGH ROTATION THE KEY AREAS.

24. ACADEMIC ACTIVITIES, RESOURCES, AND INFRASTRUCTURE IN CLINICAL AREAS

THE SCHOOL OR FACULTY HAS CLINICAL AREAS THAT PERFORM ROUTINE ACADEMIC ACTIVITIES AND HAVE THE RESOURCES AND INFRASTRUCTURE ESTABLISHED IN THE REGULATIONS.

24.1. THE ACADEMIC ACTIVITIES MEET THE STANDARDS.

24.2. THE RESOURCES AND INFRASTRUCTURE MEET THE STANDARDS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. STANDARDS 21-24, PP. 33-37.

### **Analyst Remarks to Narrative**

While the agency has criteria for assessing that medical programs provide students with opportunities to conduct a thorough study of a broad scope of medical conditions and services and different patients; it did not provide documentation of its assessment.

### **Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 4.4: Supporting Disciplines**

**Country Narrative**

ARE INCLUDED IN THE CURRICULUM CLINICAL PATHOLOGY AND DIAGNOSTIC IMAGING

**Analyst Remarks to Narrative**

The response was not sufficient to ascertain the extent and nature of education provided to students in disciplines that support the clinical subjects. The Department could not assess or verify the information provided.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 4.5: Ethics, Question 1**

**Country Narrative**

52. COMMITTEES AND RESEARCH BIOETHICS  
BIOETHICS AND RESEARCH COMMITTEES HAVE A PROGRAM AND ARE MADE UP OF STUDENTS, TEACHERS AND ACADEMICS WHICH ARE EXTERNALLY RECOGNIZED, ADHERE TO THE SET PRINCIPLES AND METHODOLOGY, AND THEIR ACTIONS PROMOTE QUALITY MEDICAL EDUCATION.

52.1. THE BIOETHICS COMMITTEE HAS A PROGRAM AND MEETS REGULARLY.

52.2. THE BIOETHICS COMMITTEE ADHERES TO THE SET PRINCIPLES AND PROMOTE QUALITY.

52.3. THE RESEARCH COMMITTEE HAS A PROGRAM AND MEETS ON A REGULAR BASIS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 67-68.

**Analyst Remarks to Narrative**

The agency includes medical ethics in the curriculum requirements; it is unclear how the country or COMAEM assess that the educational offering in this area (medical ethics) is of sufficient quality. More information is needed.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 4.5: Ethics, Question 2**

**Country Narrative**

EACH SCHOOL IS RESPONSIBLE FOR MONITORING AND EVALUATING THE SUCCESS OF THE TRAINING OF MEDICAL ETHICS.

**Analyst Remarks to Narrative**

While COMAEM does have a standard on medical ethics , it is unclear to the Department that the agency evaluates that its accredited medical schools monitor and evaluate the success of instruction in medical ethics and human values. More information is needed.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.6: Communication Skills, Question 1**

### **Country Narrative**

PRE-CLINICAL TRAINING WILL TEACH THE STUDENT THE PHYSICAL REVIEW AND WRITING OF MEDICAL HISTORY, WHICH ALLOWED THE STUDENT LEARNING SKILLS OF COMMUNICATION WITH THE PATIENT AND HIS FAMILY.

THE TEACHERS HAVE RESPONSIBILITY TO EVALUATE THE DOCUMENT PREPARED BY THE STUDENT AND REVIEW THE PATIENT TO VERIFY THE ACCURACY OF THE MEDICAL HISTORY AND REAL HEALTH CONDITIONS OF THE PATIENT.

### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

TABLE 2. CONDITIONS FOR THE DEVELOPMENT OF EACH ACADEMIC PROGRAM IN THE CLINICAL FIELDS (EXCLUDING THE UNDERGRADUATE INTERNSHIP).

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 33-34.

### **Analyst Remarks to Narrative**

Apart from the competency that students will be able to write medical histories, the Department could not verify that the agency requires and evaluates whether its accredited medical schools teach communication skills related to a physicians relationship with his or her patients.

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 4.6: Communication Skills, Question 2**

### **Country Narrative**

PRE-CLINICAL TRAINING WILL TEACH THE STUDENT THE PHYSICAL REVIEW AND WRITING OF MEDICAL HISTORY, WHICH ALLOWED THE STUDENT LEARNING SKILLS OF COMMUNICATION WITH THE PATIENT AND HIS FAMILY.

THE TEACHERS HAVE RESPONSIBILITY TO EVALUATE THE DOCUMENT PREPARED BY THE STUDENT AND REVIEW THE PATIENT TO VERIFY THE ACCURACY OF THE MEDICAL HISTORY AND REAL HEALTH CONDITIONS OF THE PATIENT.

#### **15. ABILITY TO COMMUNICATE, PROFESSIONAL DEVELOPMENT AND PRACTICE**

THE SCHOOL OR FACULTY STUDENT PROVIDES THE OPPORTUNITY TO DEVELOP COMMUNICATION SKILLS, CONTINUING PROFESSIONAL DEVELOPMENT, AND FUTURE PROFESSIONAL PRACTICE.

15.1. THE ABILITY TO DEVELOP COMMUNICATION SKILLS IS PROVIDED.

15.2. THE OPORTUNITIES FOR CONTINUING PROFESSIONAL DEVELOPMENT ARE PROVIDED.

15.3. THE SKILLS FOR FUTURE PROFESSIONAL PRACTICE ARE PROVIDED.

#### **21. CLINICAL FORMATION**

THE CLINICAL FORMATION INCLUDES DISCIPLINES IN THE ESSENTIAL AREAS FOR GENERAL PRACTICE AND IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING AND THE CLINICAL METHOD IN ORDER TO DEVELOP IN STUDENTS THE CAPACITIES OF FORMULATING DIAGNOSTIC HYPOTHESIS AND DECISION MAKING IN PATIENT MANAGEMENT. IN ADDITION TO DEVELOPING CLINICAL HISTORIES IN A SYSTEMATIC AND METHODOLOGICAL MANNER OUGHT TO INCLUDE THE ACQUISITION OF CLINICAL SKILLS, ABILITIES AND ATTITUDES AND TO BE DIRECTED, SUPERVISED, EVALUATED AND FEEDBACK PROVIDED BY THE TEACHER.

TABLE 2. CONDITIONS FOR THE DEVELOPMENT OF EACH ACADEMIC PROGRAM IN THE CLINICAL FIELDS (EXCLUDING THE UNDERGRADUATE INTERNSHIP).

21.1. CLINICAL FORMATION INCLUDES DISCIPLINES IN THE AREAS ESSENTIAL FOR GENERAL MEDICINE.

21.2. CLINICAL FORMATION IS BASED ON KNOWLEDGE AND SCIENTIFIC REASONING.

21.3. CLINICAL FORMATION INCLUDES KNOWLEDGE ACQUISITION, CLINICAL SKILLS AND ATTITUDES FOR THE INTEGRATED MANAGEMENT OF THE PATIENT.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 15, 33-34.

### **Analyst Remarks to Narrative**

The completed self study addresses instructing medical students in communication skills. However the Department could not verify that COMAEM evaluates whether the schools have processes for evaluating the success of its instruction in communication skills. No evidentiary documents of the COMEAM's assessment of a medical school was provided.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

### **Country Narrative**

8. EDUCATIONAL OBJECTIVES AND / OR SKILLS  
THE EDUCATIONAL PROGRAM OBJECTIVES AND / OR TERMINAL SKILLS ARE CLEARLY DEFINED AND ALLOW THE FORMATION OF GENERAL PHYSICIANS WHO ARE ABLE TO: A) CONTRIBUTE TO THE PRESERVATION OF AND / OR RESTORATION OF AS IS THE CASE THE INDIVIDUAL AND COLLECTIVE HEALTH WITH A COMPETENT, HUMANISTIC, AND SCIENTIFICALLY SOUND PROFESSIONAL PRACTICE, B) CONTINUOUSLY ACTUALIZING ITSELF WITH ADVANCES IN MEDICAL KNOWLEDGE AND C) CONTINUING EDUCATION AS APPROPRIATE AT A

POSTGRADUATE LEVEL AND RESEARCH. WHICH SHOULD BE WIDELY KNOWN BY THE COMMUNITY.

8.1. THE OBJECTIVES AND / OR SKILLS GUARANTEE THE PRESERVATION AND / OR RESTORATION OF HEALTH.

8.2. THE OBJECTIVES AND / OR SKILLS ENSURE CONTINUOUS ACTUALIZATION OF THE PHYSICIAN.

8.3. THE OBJECTIVES AND / OR SKILLS CONSIDER FURTHER GRADUATE AND RESEARCH FORMATION.

8.4. ALLOW THE FORMATION OF GENERAL MEDICAL PRACTITIONERS.

8.5. THE OBJECTIVES AND / OR SKILLS ARE KNOWN BY THE COMMUNITY.

12. RESPONSIBILITIES OF THE ELECTED BODIES

THE DESIGN, ACTUALIZATION, AND APPROVAL OF THE CURRICULUM AND ACADEMIC PROGRAMS ARE THE RESPONSIBILITY OF THE ELECTED BODIES OR THEIR EQUIVALENT.

TABLE 1. CURRICULUM

12.1. THE ELECTED BODIES ARE RESPONSIBLE FOR THE DESIGN, APPROVAL, AND ACTUALIZATION OF THE CURRICULUM.

12.2. ELECTED BODIES ARE RESPONSIBLE FOR THE DESIGN, APPROVAL, AND ACTUALIZATION OF THE CURRICULUM.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 17-18, 23.

### **Analyst Remarks to Narrative**

The agency standards and accreditation handbook indicate that the institution faculty assist in the development of the curriculum and its elected governing body approves and periodically review the curriculum and make the necessary recommendations for its improvement. However, there was insufficient documentation provided to assess COMAEM's application of its requirement in this area.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

## **Country Narrative**

THERE ARE TWO PROGRAMS IN MEXICO INDEPENDENT EVALUATION OF THE GRADUATE SCHOOL OF MEDICINE:

1. NATIONAL CENTER FOR HIGHER EDUCATION ASSESSMENT AC (CENEVAL). EGEL.

COVER IS A TEST TO EVALUATE THE NATIONAL LEVEL ACADEMIC SKILLS AND ABILITIES OF THE NEWLY GRADUATE DEGREE IN GENERAL MEDICINE.

THE EGEL CAN DETECT IF DEGREE GRADUATES HAVE THE KNOWLEDGE AND SKILLS REQUIRED FOR EFFECTIVE BEGIN IN PRACTICE.

2. NATIONAL EXAMINATION FOR MEDICAL RESIDENCE (ENARM). AGENCY COMMISSION IS THE TRAINING OF HUMAN RESOURCES FOR HEALTH IS AN ORGAN OF CONSULTATION, CONSULTING AND TECHNICAL SUPPORT FOR THE DEPARTMENTS OF HEALTH AND EDUCATION AND OTHER PUBLIC AGENCIES AND INSTITUTIONS OF THE PUBLIC SECTOR, AS WELL AS AN AREA OF CONSENSUS AMONG VARIOUS INSTANCES OF THE PUBLIC, SOCIAL AND PRIVATE INTEREST IN COMMON ISSUES FOR TRAINING OF HUMAN RESOURCES FOR HEALTH.

## **Analyst Remarks to Narrative**

The agency's narrative identifies two tests . However, it is not clear that it is required that these would be used by the institution faculty to evaluate the effectiveness of the schools curriculum. While COMAEM requires that Department Heads have a responsibility to review periodically or upgrade the curriculum, it is not clear that either the agency or the institution have requirements for the conduct of a systematic evaluation of the effectiveness of the curriculum based on student performance outcome data or other internal/external measurements. There was no documentation provided that illustrated or verified any assessment by medical schools or curriculum committees for program effectiveness.

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

### **Country Narrative**

39. EVALUATION IS A TEACHING STAFF RESPONSIBILITY  
STUDENT EVALUATION IS THE RESPONSIBILITY OF THE TEACHER AND  
IS DONE IN STRICT COMPLIANCE WITH THE REGULATIONS INCLUDING  
SERIATION OF ACADEMIC UNITS AND STUDENTS' PROMOTION  
REQUIREMENTS.

39.1. THE RULES OF EVALUATION.

39.2. THE REQUIREMENTS OF PROMOTION ARE APPLIED.

39.3. SERIATION IS RESPECTED.

40. OBJECTIVES AND EVALUATION CRITERIA

THE OBJECTIVES AND EVALUATION CRITERIA FOR EACH ACADEMIC  
PROGRAM ARE CONSISTENT WITH THE CURRICULUM AND ARE KNOWN  
BY THE ACADEMIC COMMUNITY.

40.1. EACH ACADEMIC PROGRAM HAS OBJECTIVES AND CRITERIA  
CONSISTENT WITH THE EDUCATIONAL PLAN.

40.2. THE ACADEMIC COMMUNITY KNOWS THE OBJECTIVES AND  
EVALUATION CRITERIA.

41. EVALUATION OF LEARNING

THE ASSESSMENT OF STUDENT LEARNING REQUIRES TOOLS TO  
MEASURE KNOWLEDGE, THINKING SKILLS, PSYCHOMOTOR SKILLS,  
ATTITUDES, AND SKILLS IN LINE CONSISTENT WITH THE ACADEMIC  
PROGRAMS.

TABLE 8. EVALUATION OF LEARNING

41.1. ASSESSMENT OF KNOWLEDGE CONSISTENT WITH THE ACADEMIC  
PROGRAMS.

41.2. ASSESSMENT OF THINKING SKILLS CONSISTENT WITH THE  
ACADEMIC PROGRAMS.

41.3. EVALUATION OF PSYCHOMOTOR SKILLS CONSISTENT WITH THE  
ACADEMIC PROGRAMS.

41.4. ASSESSMENT OF ATTITUDES

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION  
SYSTEM 2008. PP. 53-55.

### **Analyst Remarks to Narrative**

The agency's standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. However, there was insufficient documentation provided to assess COMAEM's application of its requirement of faculty involvement in the accreditation review of the curriculum evaluation process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 4.7: Design, Implementation, and Evaluation, Question 4****Country Narrative**

N/A

**Analyst Remarks to Narrative**

In addition to COMAEM establishing that the Dean and Department Head conduct a review of the curriculum periodically, it suggests that two government agencies and the Secretary of Health evaluate and approve medical school curriculum. However, the agency provided conflicting information and insufficient documentation to assess the agency's application of its standards and criteria regarding the regular evaluation of curriculum in the review of the school, and its consideration of external reviews, as appropriate.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.1: Admissions, Recruiting, and Publications, Question 1****Country Narrative**

29. STUDENT SELECTION AND ADMISSION  
THE SCHOOL OR FACULTY HAS A STUDENT SELECTION AND ADMISSION SYSTEM WHICH IS CARRIED OUT BY A SELECTION COMMITTEE OR ITS COUNTERPART AND FORMALIZED ACCORDING TO ITS REGULATIONS. THE COMMITTEE DETERMINES THE CRITERIA AND SELECTION

PROCEDURES AND GIVES THE RESULTS IN A TIMELY FASHION.  
29.1. THE SCHOOL OR FACULTY HAS A STUDENT SELECTION AND ADMISSION SYSTEM.  
29.2. AN ADMISSION SELECTION COMMITTEE OR ITS COUNTERPART IS IN CHARGE OF THE OPERATION OF THE SYSTEM WHICH IS FORMALIZED ACCORDING TO THE REGULATIONS.  
29.3. THE SCHOOL OR FACULTY APPLIES THE CRITERIA AND PROCEDURES FOR THE SELECTION AND ADMISSION OF STUDENTS.  
29.4. THE SCHOOL OR FACULTY TIMELY DISSEMINATES THE RESULTS OF THE SELECTION AND ADMISSION OF STUDENTS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 52-43.

### **Analyst Remarks to Narrative**

According to the agency's narrative and its standards outlined in its accreditation manual, the authority for selecting entrants, within the parameters established by COMAEM is delegated to each medical school's selection committee. The documentation does not provide sufficient evidence of its application of its standards/criteria in this area as part of the accreditation process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

### **Country Narrative**

29. STUDENT SELECTION AND ADMISSION  
THE SCHOOL OR FACULTY HAS A STUDENT SELECTION AND ADMISSION SYSTEM WHICH IS CARRIED OUT BY A SELECTION COMMITTEE OR ITS COUNTERPART AND FORMALIZED ACCORDING TO ITS REGULATIONS. THE COMMITTEE DETERMINES THE CRITERIA AND SELECTION PROCEDURES AND GIVES THE RESULTS IN A TIMELY FASHION.  
29.1. THE SCHOOL OR FACULTY HAS A STUDENT SELECTION AND ADMISSION SYSTEM.  
29.2. AN ADMISSION SELECTION COMMITTEE OR ITS COUNTERPART IS IN CHARGE OF THE OPERATION OF THE SYSTEM WHICH IS FORMALIZED ACCORDING TO THE REGULATIONS.

29.3. THE SCHOOL OR FACULTY APPLIES THE CRITERIA AND PROCEDURES FOR THE SELECTION AND ADMISSION OF STUDENTS.  
29.4. THE SCHOOL OR FACULTY TIMELY DISSEMINATES THE RESULTS OF THE SELECTION AND ADMISSION OF STUDENTS.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 52-43.

### **Analyst Remarks to Narrative**

The Department was not able to verify that COMAEM has any guidelines for assessing medical school catalogs, publications, or advertising material

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

### **Country Narrative**

#### **42. GRADES**

THE DELIVERY AND DISSEMINATION OF STUDENT GRADES AS WELL AS THE REVIEW AND APPEAL MECHANISMS ARE REGULATED AND ARE APPLIED CONSISTENTLY AND TIMELY.

42.1. THE DELIVERY, DISSEMINATION, REVIEW, AND APPEAL OF GRADES ARE REGULATED.

42.2. THE DELIVERY, DISSEMINATION, REVIEW, AND APPEAL OF GRADES ARE SYSTEMATIC AND TIMELY.

#### **43. SCHOOL REGISTER**

THE SCHOOL OR FACULTY HAS A SCHOOL REGISTER PROPERLY SYSTEMATIZED THAT PERMITS VERIFICATION AND ACTUALIZATION OF THE STUDENT'S ACADEMIC PERFORMANCE.

43.1. THE SCHOOL REGISTER IS SYSTEMATIZED.

43.2. THE SCHOOL REGISTER VERIFIES THE STUDENT'S ACADEMIC PERFORMANCE.

43.3. THE SCHOOL REGISTER PERFORMANCE MIRRORS THE STUDENT'S ACADEMIC PERFORMANCE.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 57-58.

**Analyst Remarks to Narrative**

The agency's policies and its standards allow for students to access their grades and appeal those grades. However, there was no documentation provided that illustrated or verified any assessment by COMAEM of institutions adherence to this requirement.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

**Country Narrative**

N/A

**Analyst Remarks to Narrative**

The country did not provide an answer to this section.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.2: Student Achievement, Question 1**

**Country Narrative**

39. EVALUATION IS A TEACHING STAFF RESPONSIBILITY  
STUDENT EVALUATION IS THE RESPONSIBILITY OF THE TEACHER AND  
IS DONE IN STRICT COMPLIANCE WITH THE REGULATIONS INCLUDING  
SERIATION OF ACADEMIC UNITS AND STUDENTS' PROMOTION  
REQUIREMENTS.

39.1. THE RULES OF EVALUATION.

39.2. THE REQUIREMENTS OF PROMOTION ARE APPLIED.

39.3. SERIATION IS RESPECTED.

40. OBJECTIVES AND EVALUATION CRITERIA

THE OBJECTIVES AND EVALUATION CRITERIA FOR EACH ACADEMIC  
PROGRAM ARE CONSISTENT WITH THE CURRICULUM AND ARE KNOWN  
BY THE ACADEMIC COMMUNITY.

40.1. EACH ACADEMIC PROGRAM HAS OBJECTIVES AND CRITERIA  
CONSISTENT WITH THE EDUCATIONAL PLAN.

40.2. THE ACADEMIC COMMUNITY KNOWS THE OBJECTIVES AND  
EVALUATION CRITERIA.

41. EVALUATION OF LEARNING

THE ASSESSMENT OF STUDENT LEARNING REQUIRES TOOLS TO  
MEASURE KNOWLEDGE, THINKING SKILLS, PSYCHOMOTOR SKILLS,  
ATTITUDES, AND SKILLS IN LINE CONSISTENT WITH THE ACADEMIC  
PROGRAMS.

TABLE 8. EVALUATION OF LEARNING

41.1. ASSESSMENT OF KNOWLEDGE CONSISTENT WITH THE ACADEMIC  
PROGRAMS.

41.2. ASSESSMENT OF THINKING SKILLS CONSISTENT WITH THE  
ACADEMIC PROGRAMS.

41.3. EVALUATION OF PSYCHOMOTOR SKILLS CONSISTENT WITH THE  
ACADEMIC PROGRAMS.

41.4. ASSESSMENT OF ATTITUDES

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION  
SYSTEM 2008. PP. 53-55.

### **Analyst Remarks to Narrative**

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

solve problems. They must also demonstrate their abilities in clinical criteria and situations.

Almost all medical schools require students to pass a "Professional Exam" to get their degrees at the end of their undergraduate studies and after they have completed at least six months of their year of a required social service program. These exams have an oral "theory" part that tests students in both the basic and clinical sciences and in the socio-medical aspects and community medicine areas, and a "practical" part, where a student must perform an examination of a hospital patient, usually completing a diagnosis, treatment plan, and applicable rehabilitation and preventative recommendations. However the agency did not provide any documentation demonstrating the evaluation of this requirement in the accreditation process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.2: Student Achievement, Question 2**

### **Country Narrative**

39. EVALUATION IS A TEACHING STAFF RESPONSIBILITY  
STUDENT EVALUATION IS THE RESPONSIBILITY OF THE TEACHER AND IS DONE IN STRICT COMPLIANCE WITH THE REGULATIONS INCLUDING SERIATION OF ACADEMIC UNITS AND STUDENTS' PROMOTION REQUIREMENTS.

39.1. THE RULES OF EVALUATION.

39.2. THE REQUIREMENTS OF PROMOTION ARE APPLIED.

39.3. SERIATION IS RESPECTED.

40. OBJECTIVES AND EVALUATION CRITERIA

THE OBJECTIVES AND EVALUATION CRITERIA FOR EACH ACADEMIC PROGRAM ARE CONSISTENT WITH THE CURRICULUM AND ARE KNOWN BY THE ACADEMIC COMMUNITY.

40.1. EACH ACADEMIC PROGRAM HAS OBJECTIVES AND CRITERIA CONSISTENT WITH THE EDUCATIONAL PLAN.

40.2. THE ACADEMIC COMMUNITY KNOWS THE OBJECTIVES AND EVALUATION CRITERIA.

41. EVALUATION OF LEARNING

THE ASSESSMENT OF STUDENT LEARNING REQUIRES TOOLS TO MEASURE KNOWLEDGE, THINKING SKILLS, PSYCHOMOTOR SKILLS, ATTITUDES, AND SKILLS IN LINE CONSISTENT WITH THE ACADEMIC PROGRAMS.

TABLE 8. EVALUATION OF LEARNING

41.1. ASSESSMENT OF KNOWLEDGE CONSISTENT WITH THE ACADEMIC PROGRAMS.

41.2. ASSESSMENT OF THINKING SKILLS CONSISTENT WITH THE ACADEMIC PROGRAMS.

41.3. EVALUATION OF PSYCHOMOTOR SKILLS CONSISTENT WITH THE ACADEMIC PROGRAMS.

41.4. ASSESSMENT OF ATTITUDES

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008. PP. 53-55.

### **Analyst Remarks to Narrative**

The agency's policies COMAEM's standards outlined in its accreditation handbook demonstrate that the country allows its institutions to establish their own systems for evaluating student achievement. However, there is no evidence that/how the agency is assessing the institutions' application of student evaluation in its accreditation review.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.2: Student Achievement, Question 3**

### **Country Narrative**

N/A

### **Analyst Remarks to Narrative**

Review of the documents suggests that COMAEM does not establish minimum student performance outcome standards. Also the agency failed to provide any response nor any documentation of the agency's application of its requirement in the accreditation review and decision-making process.

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.3: Student Services**

### **Country Narrative**

#### 32. COUNSELING

THE SCHOOL OR FACULTY PROVIDES ITS STUDENTS WITH ACADEMIC AND PEDAGOGIC ADVICE BY QUALIFIED PERSONNEL.

32.1. THE SCHOOL OR FACULTY PROVIDES COUNSELING BY QUALIFIED ACADEMIC PERSONNEL.

32.2. THE SCHOOL OR FACULTY PROVIDES COUNSELLING BY QUALIFIED PERSONNEL.

#### 33. MEDICAL SERVICES AND SAFETY AND HEALTH COMMITTEE

THE SCHOOL OR FACULTY PROVIDES STUDENTS WITH ACCESS TO MEDICAL SERVICES AND HAS A HEALTH AND SAFETY COMMITTEE DULY CONSTITUTED FOR THE PURPOSE OF PREVENTING RISK FACTORS IN THE INSTITUTIONAL ACTIVITIES OF THE COMMUNITY.

33.1. THE SCHOOL OR FACULTY PROVIDES ITS STUDENTS WITH ACCESS TO MEDICAL SERVICES.

33.2. THE SCHOOL OR COLLEGE HAS A HEALTH AND SAFETY COMMITTEE.

#### 60. ADMINISTRATIVE INFRASTRUCTURE, CULTURAL, SPORTS, AND RECREATION

THE SCHOOL OR COLLEGE HAS SPACES FOR ADMINISTRATIVE SERVICES, INFRASTRUCTURE AND CULTURAL AND SPORTS ACTIVITIES, AND RECREATIONAL ACTIVITIES.

#### TABLE 12. ADMINISTRATIVE INFRASTRUCTURE

#### TABLE 13. CULTURAL INFRASTRUCTURE, SPORTS, AND RECREATION

60.1. ADMINISTRATIVE SERVICES HAVE ADEQUATE SPACE.

60.2. IT HAS INFRASTRUCTURE AND CULTURAL, SPORTS, AND RECREATIONAL ACTIVITIES.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION

SYSTEM 2008. PP. 46-47, 82.

### **Analyst Remarks to Narrative**

COMAEM accreditation handbook outlines its standards and criteria regarding student support services. Each school is expected to have a functional academic advising system, as well as; a competent referral system to deal with the necessary services for all kinds of issues and problems; and available services such as guidance, dental, medical and others.. The agency provided a completed self study demonstrating an institution's self evaluation of this requirement However, no evidence of how the agency defines its expectation for those student services is provided nor is there any evidence of the assessment of student services in the accreditation review and decision-making process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 5.4: Student Complaints, Question 1**

### **Country Narrative**

SELF-ASSESSMENT DOCUMENT DOES NOT INCLUDE A SECTION FOR STUDENT COMPLAINTS. HOWEVER, THE DIRECTOR AND TECHNICAL COUNCIL AND ATTEND SCHOOL EACH SUCH RESOLVE COMPLAINTS.

### **Analyst Remarks to Narrative**

It is not clear that the agency has standard/criterion requiring institutions to have grievance mechanisms in place. It is also not clear how this criterion is applied to institutions nor is there evidence of its inclusion in the accreditation review process. More information is needed.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.4: Student Complaints, Question 2**

**Country Narrative**

SELF-ASSESSMENT DOCUMENT DOES NOT INCLUDE A SECTION FOR STUDENT COMPLAINTS. HOWEVER, THE DIRECTOR AND TECHNICAL COUNCIL AND ATTEND SCHOOL EACH SUCH RESOLVE COMPLAINTS.

**Analyst Remarks to Narrative**

There is no evidence that COMAEM has a policy or procedures in place to accept complaints from students regarding an institution or that any other mechanism is provided to students that may enable students to refer complaints to a higher government entity for review and adjudication as is common practice in US accreditation.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.4: Student Complaints, Question 3**

**Country Narrative**

SELF-ASSESSMENT DOCUMENT DOES NOT INCLUDE A SECTION FOR STUDENT COMPLAINTS. HOWEVER, THE DIRECTOR AND TECHNICAL COUNCIL AND ATTEND SCHOOL EACH SUCH RESOLVE COMPLAINTS.

**Analyst Remarks to Narrative**

The Department staff could not verify the agency's role in adjudicating student complaints against medical schools located in the country. No additional COMAEM procedures or other documentation are provided.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.4: Student Complaints, Question 4**

**Country Narrative**

N/A

**Analyst Remarks to Narrative**

COMAEM did not provide any documentation verifying the application and documentation of this process or any evidence that it assesses an institution on its record of student complaints in the accreditation review process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 5.4: Student Complaints, Question 5**

**Country Narrative**

SELF-ASSESSMENT DOCUMENT DOES NOT INCLUDE A SECTION FOR STUDENT COMPLAINTS. HOWEVER, THE DIRECTOR AND TECHNICAL COUNCIL AND ATTEND SCHOOL EACH SUCH RESOLVE COMPLAINTS.

**Analyst Remarks to Narrative**

COMAEM did not provide any documentation of the agency's monitoring of the process or evidence of its consideration of an institution's record of student complaints in the reaccreditation process

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.1: Finances, Question 1**

### **Country Narrative**

PUBLIC SCHOOLS RECEIVE FEDERAL GRANT MAINLY ABOUT 80%. ARE OTHER SOURCES OF STATE GOVERNMENTS AND EQUITY. PRIVATE SCHOOL TUITION CHARGE AND RECEIVE INSTITUTIONAL SUPPORT.

#### **53. SOURCES OF FUNDING**

THE SCHOOL OR FACULTY HAS FUNDING SOURCES TO ENSURE COMPLIANCE OF THEIR PROGRAMS AND THEIR AVAILABILITY COINCIDES WITH THE CYCLE OF OPERATION OF THE SCHOOL.

53.1. FUNDING SOURCES ARE IDENTIFIED AND ENSURE COMPLIANCE WITH PROGRAMS.

53.2. THEIR AVAILABILITY COINCIDES WITH THE INSTITUTIONAL OPERATING CYCLE.

#### **55. RESOURCES TO SUPPORT TEACHING AND LEARNING**

THE SCHOOL OR FACULTY HAS RESOURCES TO SUPPORT TEACHING AND LEARNING CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

##### **GENERAL INSTITUTION DATA**

##### **TABLE 9. RESOURCES TO SUPPORT TEACHING AND LEARNING**

55.1. THE CHARACTERISTICS OF AUDIOVISUAL RESOURCES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55.2. THE CHARACTERISTICS OF THE ANATOMICAL MODELS ARE MORPHOLOGICALLY AND FUNCTIONALLY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

55.3. THE CHARACTERISTICS OF THE ANIMAL FACILITY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55.4. THE CHARACTERISTICS OF THE SPECIMENS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP. 69, 72-73.

### **Analyst Remarks to Narrative**

COMAEM standards require that "the school or faculty has funding sources to ensure compliance of their programs and their availability coincides with the cycle of operations of the school" and the narrative provides a brief statement on financing. COMAEM documents do not address institutional financing.

The agency does have standards and quality criteria regarding financial management, that include the clear delineation of business functions, the qualifications of the financial managers, preparation of the budget, and the expectation of effective financial management in carrying out the educational objectives. It is not clear how these expectations are defined in qualitative terms and applied to institutions nor is there documented evidence of their inclusion in the accreditation review process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.1: Finances, Question 2**

### **Country Narrative**

REVIEWS AND APPROVES EACH UNIVERSITY EDUCATIONAL PROGRAMS

### **Analyst Remarks to Narrative**

The agency provided no evidence of the process of how an institution determines the size and scope of a program or of a review of these requirements when included in the accreditation review process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.2: Facilities, Question 1**

### **Country Narrative**

#### **54. ACADEMIC INFRASTRUCTURE**

THE QUANTITY AND QUALITY OF THE ACADEMIC INFRASTRUCTURE OF THE SCHOOL OR FACULTY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

GENERAL INSTITUTIONAL DATA

TABLE 1. ACADEMIC PROGRAMS

TABLE 6. ACADEMIC INFRASTRUCTURE

54.1. THE CHARACTERISTICS OF THE CLASSROOMS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

54.2. THE CHARACTERISTICS OF LABORATORIES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

54.3. THE CHARACTERISTICS OF THE AMPHITHEATER ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

54.4. THE CHARACTERISTICS OF THE TEACHING OPERATING ROOM ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

54.5. THE CHARACTERISTICS OF THE STUDY ROOMS ARE CONGRUENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

54.6. THE CHARACTERISTICS OF MULTIPURPOSE ROOMS AND / OR AUDITORIUMS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

54.7. THE CHARACTERISTICS OF THE COMPUTER INFRASTRUCTURE ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

#### **55. RESOURCES TO SUPPORT TEACHING AND LEARNING**

THE SCHOOL OR FACULTY HAS RESOURCES TO SUPPORT TEACHING AND LEARNING CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

GENERAL INSTITUTION DATA

TABLE 9. RESOURCES TO SUPPORT TEACHING AND LEARNING

55.1. THE CHARACTERISTICS OF AUDIOVISUAL RESOURCES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55.2. THE CHARACTERISTICS OF THE ANATOMICAL MODELS ARE MORPHOLOGICALLY AND FUNCTIONALLY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

55.3. THE CHARACTERISTICS OF THE ANIMAL FACILITY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55.4. THE CHARACTERISTICS OF THE SPECIMENS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

#### **56. TEACHING STAFF INFRASTRUCTURE**

THE TEACHING STAFF OF THE SCHOOL OR FACULTY HAS CUBICLES, WORK AREAS AND / OR RESEARCH LABORATORIES, CONFERENCE

ROOMS AND COMPUTER RESOURCES ACCORDING TO THEIR ROLE.  
TABLE 7. TEACHING STAFF  
TABLE 10. TEACHING STAFF INFRASTRUCTURE  
56.1. TIME PROFESSORS HAVE FULL CUBICLES.  
56.2. PART TIME PROFESSORS HAVE WORK AREAS.  
56.3. TEACHERS HAVE MEETING ROOMS.  
56.4. TEACHERS HAVE RESEARCH LABORATORIES THAT ARE  
CONSISTENT WITH THE FUNCTION THEY PLAY.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION  
SYSTEM 2008, PP 70-75.

### **Analyst Remarks to Narrative**

The agency's narrative and accreditation handbook outline the standards which identified the facilities and equipment requirements it expects of an authorized medical school. COMAEM also has standards/criteria for library and clinical facilities, administrative support staff, laboratories and the humane care of animals. The agency also provided a completed self study that demonstrates the institution's self evaluation of this requirement. However, there is no evidence provided that demonstrates the evaluation of COMAEM's facility standards in the accreditation review process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.2: Facilities, Question 2**

### **Country Narrative**

54. ACADEMIC INFRASTRUCTURE  
THE QUANTITY AND QUALITY OF THE ACADEMIC INFRASTRUCTURE OF  
THE SCHOOL OR FACULTY ARE CONSISTENT WITH THE EDUCATIONAL  
MODEL AND ENROLLMENT.  
GENERAL INSTITUTIONAL DATA  
TABLE 1. ACADEMIC PROGRAMS  
TABLE 6. ACADEMIC INFRASTRUCTURE

54.1. THE CHARACTERISTICS OF THE CLASSROOMS ARE CONSISTENT  
WITH THE EDUCATIONAL MODEL AND REGISTRATION.

- 54.2. THE CHARACTERISTICS OF LABORATORIES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.
- 54.3. THE CHARACTERISTICS OF THE AMPHITHEATER ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 54.4. THE CHARACTERISTICS OF THE TEACHING OPERATING ROOM ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 54.5. THE CHARACTERISTICS OF THE STUDY ROOMS ARE CONGRUENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.
- 54.6. THE CHARACTERISTICS OF MULTIPURPOSE ROOMS AND / OR AUDITORIUMS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 54.7. THE CHARACTERISTICS OF THE COMPUTER INFRASTRUCTURE ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.

55. RESOURCES TO SUPPORT TEACHING AND LEARNING  
THE SCHOOL OR FACULTY HAS RESOURCES TO SUPPORT TEACHING AND LEARNING CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

GENERAL INSTITUTION DATA

TABLE 9. RESOURCES TO SUPPORT TEACHING AND LEARNING

- 55.1. THE CHARACTERISTICS OF AUDIOVISUAL RESOURCES ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 55.2. THE CHARACTERISTICS OF THE ANATOMICAL MODELS ARE MORPHOLOGICALLY AND FUNCTIONALLY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.
- 55.3. THE CHARACTERISTICS OF THE ANIMAL FACILITY ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND REGISTRATION.
- 55.4. THE CHARACTERISTICS OF THE SPECIMENS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND ENROLLMENT.

56. TEACHING STAFF INFRASTRUCTURE

THE TEACHING STAFF OF THE SCHOOL OR FACULTY HAS CUBICLES, WORK AREAS AND / OR RESEARCH LABORATORIES, CONFERENCE ROOMS AND COMPUTER RESOURCES ACCORDING TO THEIR ROLE.

TABLE 7. TEACHING STAFF

TABLE 10. TEACHING STAFF INFRASTRUCTURE

- 56.1. TIME PROFESSORS HAVE FULL CUBICLES.
- 56.2. PART TIME PROFESSORS HAVE WORK AREAS.
- 56.3. TEACHERS HAVE MEETING ROOMS.
- 56.4. TEACHERS HAVE RESEARCH LABORATORIES THAT ARE CONSISTENT WITH THE FUNCTION THEY PLAY.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 70-75.

**Analyst Remarks to Narrative**

The agency has identified facilities and equipment requirements it expects of an authorized medical school. COMAEM also has standards/criteria for library and clinical facilities. However, it is not clear that these criteria are applied to institutions nor is there evidence of their application in the accreditation review process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Subsection 6.3: Faculty, Question 1**

#### **Country Narrative**

##### **36. TRAINING AND TEACHING EXPERIENCE**

ALL SCHOOL TEACHERS OR FACULTY REQUIRE TRAINING AND PROFESSIONAL EXPERIENCE, DISCIPLINARY AND EDUCATIONAL ORIENTED TO THE SUBJECT THEY TEACH, CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

##### **TABLE 7. TEACHING STAFF**

36.1. TEACHERS ARE TRAINED AND HAVE DISCIPLINARY AND TEACHING EXPERIENCE.

36.2. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS IS DISCIPLINE-ORIENTED TAUGHT.

36.3. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

##### **37. TRAINING AND TEACHING UPDATE**

THE SCHOOL OR FACULTY IS DEVELOPING A TRAINING PROGRAM AND UPDATING IT FAVORS THE TEACHING PRACTICE.

37.1. IT HAS DEVELOPED A TRAINING PROGRAM FOR UPDATING OF TEACHERS.

37.2. THE TRAINING PROGRAM AND UPDATING FAVORS TEACHING PRACTICE.

##### **38. STIMULUS PROGRAMS**

THE SCHOOL OR FACULTY HAS A REGULATED PROGRAM OF INCENTIVES TO TEACHERS WHICH ARE ASSIGNED BY THE ELECTED BODIES OR THEIR EQUIVALENT.

38.1. IT DEVELOPS A REGLAMENTED INCENTIVE PROGRAM FOR PROFESSORS.

38.2. INCENTIVES FOR TEACHERS ARE ASSIGNED BY THE ELECTED BODIES.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 50-52.

### **Analyst Remarks to Narrative**

The agency provided its standards addressing faculty qualifications, training and development and evaluation of performance. The Department could not find any documentation that demonstrates that COMAEM establishes any student to faculty ratio of its medical schools in proportion to its mission. Also, there is no evidence of any review for adherence with the requirement during the accreditation review and decision process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.3: Faculty, Question 2**

### **Country Narrative**

36. TRAINING AND TEACHING EXPERIENCE  
ALL SCHOOL TEACHERS OR FACULTY REQUIRE TRAINING AND PROFESSIONAL EXPERIENCE, DISCIPLINARY AND EDUCATIONAL ORIENTED TO THE SUBJECT THEY TEACH, CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

TABLE 7. TEACHING STAFF

36.1. TEACHERS ARE TRAINED AND HAVE DISCIPLINARY AND TEACHING EXPERIENCE.

36.2. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS IS DISCIPLINE-ORIENTED TAUGHT.

36.3. TRAINING AND PROFESSIONAL EXPERIENCE TEACHERS ARE CONSISTENT WITH THE EDUCATIONAL MODEL AND CURRICULUM.

37. TRAINING AND TEACHING UPDATE

THE SCHOOL OR FACULTY IS DEVELOPING A TRAINING PROGRAM AND UPDATING IT FAVORS THE TEACHING PRACTICE.

37.1. IT HAS DEVELOPED A TRAINING PROGRAM FOR UPDATING OF TEACHERS.

37.2. THE TRAINING PROGRAM AND UPDATING FAVORS TEACHING PRACTICE.

38. STIMULUS PROGRAMS

THE SCHOOL OR FACULTY HAS A REGULATED PROGRAM OF INCENTIVES TO TEACHERS WHICH ARE ASSIGNED BY THE ELECTED BODIES OR THEIR EQUIVALENT.

38.1. IT DEVELOPS A REGLAMENTED INCENTIVE PROGRAM FOR PROFESSORS.

38.2. INCENTIVES FOR TEACHERS ARE ASSIGNED BY THE ELECTED BODIES.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 50-52.

**Analyst Remarks to Narrative**

COMAEM's standards and criteria regarding faculty qualifications are outlined in its accreditation handbook. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 6.3: Faculty, Question 3**

**Country Narrative**

IN GENERAL THERE IS NOT CONFLICT OF INTERES WITH THE CLINICAL FIELD FACULTY, BECAUSE AT THE END OF THEIR DAY ENGAGED BY THE INSTITUTION ARE FREE FOR THEIR PRIVATE PRACTICE.

**Analyst Remarks to Narrative**

COMAEM did not provide any documentation demonstrating that it has written requirements guarding against conflict of interest among its medical school faculty.

## **Country Response**

No Response Submitted

## **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Subsection 6.4: Library**

### **Country Narrative**

57. BIBLIOHEMEROTECA

THE SCHOOL OR FACULTY HAS A BIBLIOHEMEROTECA WITH AN EFFICIENT ORGANIZATION, A PROFESSIONAL STAFF THAT OPERATES AND OVERSEES THE OPERATION, PROVIDES GUIDANCE, ADVICE AND TRAINING TO USERS, A COLLECTION OF UPDATED, CATALOGED AND SUFFICIENT; MECHANISMS FOR THE ACQUISITION AND SUBSCRIPTION TO MATERIALS CONSISTENT WITH THE ACADEMIC, INSTITUTIONAL, AND COMPUTER TECHNOLOGY TO LOCATE AND RETRIEVE INFORMATION. IF THE LIBRARY IS SHARED WITH ANOTHER INSTITUTION OR THERE IS A GEOGRAPHIC DISPERSION FACTOR THEN IT OUGHT TO HAVE A SUBSIDIARY LIBRARY AND / OR INSTITUTIONAL AGREEMENTS.

TABLE 11. BIBLIOHEMEROTECA

57.1. IT HAS AN EFFICIENT ORGANIZATION.

57.2. DOES IT HAVE A PROFESSIONAL STAFF TO OPERATE AND SUPERVISE THE OPERATION.

57.3. THE STAFF OFFERS GUIDANCE, ADVICE AND TRAINING TO USERS.

57.4. IT HAS AN ACTUALIZED BIBLIOGRAPHY WHICH IS CATALOGED AND SUFFICIENT.

57.5. IT HAS AN ACTUALIZED HEMEROGRAPHY WHICH IS CATALOGED AND SUFFICIENT.

57.6. HAS THE MECHANISMS FOR THE ACQUISITION AND SUBSCRIPTION OF NEW MATERIALS.

57.7. IT HAS COMPUTERS TO QUERY AND RETRIEVE INFORMATION.

57.8. IT HAS MECHANISMS OF ACCESS IF THE LIBRARY IS SHARED OR IF IT PRESENTS A GEOGRAPHICAL DISPERSION FACTOR.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 76-79.

THERE ARE NOT ESTABLISH NATIONAL STANDARS RELATED TO THE QUALITY OF A MEDICAL SCHOOL'S LIBRARY

### **Analyst Remarks to Narrative**

The agency has standards and criteria regarding library resources. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 6.5: Clinical Teaching Facilities, Question 1**

**Country Narrative**

EACH HAS MEDICAL SCHOOL AFFILIATION AGREEMENTS WITH EDUCATIONAL INSTITUTIONS BOTH PUBLIC CLINIC (HEALTH DEPARTMENT) AND PRIVATE.

**Analyst Remarks to Narrative**

COMAEM standards establishes the requirement regarding affiliation agreements; However, there is no evidence of review of affiliation agreements as a part of the accreditation review process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Subsection 6.5: Clinical Teaching Facilities, Question 2**

**Country Narrative**

#### 49. SYSTEM PLANNING

THE PLANNING SYSTEM OF THE SCHOOL OR FACULTY IS BASED ON THE COMPREHENSIVE AND SYSTEMATIC INSTITUTIONAL ASSESSMENT, HAS A MULTIDISCIPLINARY GROUP OF EXPERTS THAT AFFECTS THE SYSTEM AND ITS IMPLEMENTATION THROUGHOUT THE DEVELOPMENT PLAN AND THE RESPECTIVE INSTITUTIONAL PROGRAMS IN THE MEDIUM AND LONG RUN.

49.1. THE PLANNING SYSTEM IS BASED ON THE ASSESSMENT INSTITUTIONAL.

49.2. THE MULTIDISCIPLINARY GROUP OF EXPERTS AFFECT THE PLANNING AND EXECUTION OF SYSTEM.

49.3. THE PLANNING IS EXECUTED BY MEANS OF A DEVELOPMENT PLAN.

49.4. THE PLANNING IS CARRIED OUT BY MEANS OF INSTITUTIONAL PROGRAMS.

#### 45. CLINICAL ASSESSMENT OF FIELDS

THE EVALUATION OF CLINICAL AREAS BY THE SCHOOL OR FACULTY IS BASED ON CURRENT REGULATIONS.

45.1. THE EVALUATION OF THE CLINICAL FIELDS IS ACCORDING TO REGULATIONS.

#### 50. INTERINSTITUTIONAL AGREEMENTS

THE SCHOOL OR FACULTY HAS AGREEMENTS WITH HEALTH INSTITUTIONS IN WHICH BOTH ACCEPT THE RESPONSIBILITY OF IMPROVING THE QUALITY OF EDUCATION, MEDICAL ATTENTION, AND STRENGTHENING RESEARCH BY WORKING TOGETHER.

50.1. ALL AGREEMENTS WITH HEALTHCARE INSTITUTIONS ARE CURRENT AND UPDATED.

50.2. THE AGREEMENTS OBLIGATE THE INSTITUTIONS TO IMPROVE THE QUALITY OF EDUCATION, HEALTHCARE, AND TO STRENGTHEN RESEARCH.

SEE COMAEM. THE NATIONAL MEDICAL EDUCATION ACREDITATION SYSTEM 2008, PP 64, 60, 65.

#### **Analyst Remarks to Narrative**

COMAEM has established standards requiring the institution to evaluate all the institutions' clinical teaching sites, including the review of the most current agreements between the institution and its clinical site. However, no documentation was provided evidencing the application of these requirements during the accreditation review process

#### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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## **Part 3: Accreditation/Approval Processes and Procedures**

### **Section 1: Site Visit, Question 1**

#### **Country Narrative**

THE ANSWER IS COMAEM 2008 PROCEDURES MANUAL

#### **Analyst Remarks to Narrative**

This section requests information and evidence of COMAEM's policies, procedures and evidence of its conduct of on-site reviews as part of the accreditation review and decision-making process. The narrative did not provides a description of a site visit process and documentation is not sufficiently comprehensive to assess its similarity to US accreditation. The excerpts from the completed self study that was provided did not address the information requested regarding site visits.

No assessment can be made from the information provided.

#### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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### **Section 1: Site Visit, Question 2**

#### **Country Narrative**

THE ANSWER IS COMAEM 2008 PROCEDURES MANUAL

#### **Analyst Remarks to Narrative**

While it is understood that the procedures outlined by the agency requires the site team to validate the information of the self study, it remains unclear what is the nature of the assessment the site team does against the COMAEM standards and requirements to verify that the information is accurate and reflects the quality expected by the agency for granting accreditation and how that assessment is documented by the site team . For example, do site team evaluators complete worksheets describing how the institution meets or does not meet accreditation requirements? More specific information and more comprehensive documentation is needed to assess its similarity to US accreditation which is a thoroughly documented process.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

### **Country Narrative**

EACH INSTITUTION AGREES TO SUBMIT A COMPLIANCE PROGRAM OF THE RECOMMENDATIONS OF THE COUNCIL, TO REVIEW THE VERIFICATION REPORT.

### **Analyst Remarks to Narrative**

Apart from providing the Evaluator manual, COMAEM did not provide evidence of any additional training of its evaluators on its standards or procedures. Also, it did not provide any resumes of evaluators and its decision making body, to demonstrate the qualifications of its site team members or decision making body. The NCFMEA may wish to request that the country provide more documentation verifying the qualification of the agency's site team members and decision making body.

### **Country Response**

No Response Submitted

### **Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 3: Re-evaluation and Monitoring, Question 1**

**Country Narrative**

EVERY 5 YEARS

**Analyst Remarks to Narrative**

The agency narrative indicates a 5 year period between the revaluation process. However, unlike US accreditation, there is no evidence of comprehensive written policies and procedures to guide the accreditation process.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 3: Re-evaluation and Monitoring, Question 2**

**Country Narrative**

EVERY 5 YEARS

**Analyst Remarks to Narrative**

COMAEM did not provide written policies, procedures and documented evidence of its monitoring of its accredited institutions during their accreditation period.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 4: Substantive Change**

**Country Narrative**

EVERY SCHOOL OF MEDICINE ANNOUNCES THE PROGRAM UPDATES AND CHANGE OF THE OFFICERS.

**Analyst Remarks to Narrative**

COMAEM did not provide documentation of the agency's substantive change policies and procedures or their application.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

**Country Narrative**

VERIFIERS HAVE NO CONFLICT OF INTEREST IN THE PROCESS OF ACCREDITATION (SEE MANUAL OF ETHICS).

**Analyst Remarks to Narrative**

Insufficient information and documentation was provided to demonstrate the application of effective conflict of interest policies and procedures.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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

**Country Narrative**

SO FAR THERE HAS BEEN NO DISAGREEMENT IN THE PERFORMANCE OF SELF-ASSESSMENT AND ACCREDITATION PROCESS.

**Analyst Remarks to Narrative**

COMAEM did not provide any documentation demonstrating the application of the process to demonstrate its safeguards against conflicts of interest or the inconsistent application of standards.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 6: Accrediting/Approval Decisions, Question 1**

**Country Narrative**

GROUP OF TRUSTEES OF COMAEM REVIEW AND ANALIZE ALL THE DOCUMENTATION RELATING TO THE SELF-ASSESSMENT VISIT VERIFICATION AND REPORT OF EACH EVENT. THIS INFORMATION PERMITS THE DECISIONS TAKEN FOR ACCREDITATION OR NOT ACCREDITATION.

**Analyst Remarks to Narrative**

The agency's narrative outlines procedures that may help to ensure that decisions are based on standards. However, no documentation of COMAEM's assessment and decisions to support and verify the narrative was provided. More information and documentation, as appropriate, of its application of its decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 6: Accrediting/Approval Decisions, Question 2****Country Narrative**

GROUP OF TRUSTEES OF COMAEM REVIEW AND ANALIZE ALL THE DOCUMENTATION RELATING TO THE SELF-ASSESSMENT VISIT VERIFICATION AND REPORT OF EACH EVENT. THIS INFORMATION PERMITS THE DECISIONS TAKEN FOR ACCREDITATION OR NOT ACCREDITATION.

**Analyst Remarks to Narrative**

The agency's narrative helped describe its documentation review process, but did not include any documentation regarding the performance of the medical school graduates as required by this section. Also it provided no evidence of its application of the policy in the accreditation decision-making process. More information and evidence of how this information on performance of medical school graduate is used in the decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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**Section 6: Accrediting/Approval Decisions, Question 3****Country Narrative**

N/A

**Analyst Remarks to Narrative**

The agency has no policy that establishes student performance outcomes thresholds; and it provided no evidence of its application of the policy in the accreditation decision-making process. More information and evidence of how this information is used in the decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

**Country Response**

No Response Submitted

**Analyst Remarks to Response**

The agency failed to respond to the draft staff analysis.

Staff Conclusion: Additional Information requested

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