

U.S. Department of Education



**Staff Analysis
of the
Standards Submitted by
The Cayman Islands
for the Evaluation of Medical Schools**

September 5, 2002

U.S. Department of Education

**Staff Analysis
of the Standards Used by**

Cayman Islands

for the Evaluation of Medical Schools

Prepared August 2002

Background

This is an initial application submitted by the Government of the Cayman Islands. The Cayman Islands has established no governmental body to conduct accreditation activities of medical schools in the country. Rather, it has officially designated the Accreditation Commission on Colleges of Medicine (ACCM) as the entity responsible for reviewing and accrediting St. Matthew's University, School of Medicine, the sole medical school in the country. St. Matthew's relocated from the country of Belize to the Cayman Islands in April 2002.

ACCM is also the designated accreditor of the Government of St. Maarten for the evaluation and accreditation of the American University of the Caribbean (AUC), the medical school that used to be located on Montserrat. ACCM had had an agreement with the government of Montserrat to serve as the accrediting body for that island. Montserrat's standards were reviewed by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) in September 1997, and were found to be comparable to those in the United States. When AUC was forced to relocate to St. Maarten after the volcano erupted on Montserrat, the government of St. Maarten officially designated ACCM for its accreditation of the medical school as long as the school remained in St. Maarten. Accordingly, the NCFMEA, at its March 1998 meeting, determined that the accreditation system used by St. Maarten for its review of AUC is comparable.

In 2000, the Government of Belize designated the ACCM as the entity responsible for evaluating and accrediting St. Matthew's University School of Medicine located in San Pedro, Belize and submitted a petition to the NCFMEA for a determination of comparability. As the ACCM had not yet completed an on-site evaluation of the school by that time, the NCFMEA agreed on a one-year determination of comparability for Belize that was extended for one additional year at the NCFMEA's September 2001 meeting.

As stated in the staff analysis of the report from Belize, St. Matthew's` University School of Medicine moved from Belize in April 2002 and since May 2002 is located and operating in the Cayman Islands.

This report is an analysis of the initial application for a determination of comparability submitted by the Government of the Cayman Islands.

Summary of Findings

The Accreditation Commission on Colleges of Medicine (ACCM) has been formally designated by the government of the Cayman Islands as the entity responsible for reviewing and accrediting St. Matthew's University School of Medicine. The NCFMEA has previously reviewed ACCM's accreditation standards and processes as part of its comparability assessments of the accreditation systems used by Montserrat, St. Maarten, and Belize. Department staff has reviewed the ACCM's standards and processes and concludes that the ACCM's standards under its new agreement with the Government of the Cayman Islands, remain comparable to the standards currently used to accredit medical schools in the United States.

Staff Analysis

The National Committee on Foreign Medical Education and Accreditation is charged with determining whether the standards and procedures for accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are comparable to the standards and procedures for accreditation applied to M.D. programs in the United States.

In making this determination, the Committee uses the following guidelines which it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree. The Committee wishes to make it clear that these are, in fact, guidelines and that a foreign country's review and approval process can differ substantially from these guidelines and still be determined to be comparable to the standards used in the United States, provided the foreign country can demonstrate that its standards and processes of evaluation are effective alternatives to those used in the United States.

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

There should be a clearly designated body responsible for evaluating the quality of medical education in the foreign country, and that body should have clear authority to accredit/approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

In its declaration of June 26, 2002, the Government of the Cayman Islands states that it officially recognizes the Accreditation Commission on Colleges of Medicine (ACCM) for "the sole purpose of (a) ensuring that the St. Matthew's University School of Medicine of Grand Cayman meets standards comparable to those in the United States as are applied to medical schools and (b) ensuring the public and the United States Department of Education that St. Matthew's University School of Medicine is providing a quality and meaningful medical education." It also states that the ACCM "is authorized to work with and to receive reports and information from the United States Department of Education on behalf of the Cayman Island Government" The resolution is in effect no longer than the duration of the operation of St. Matthew's University School of Medicine in the Cayman Islands.

Documentation:

Resolution, Government of Cayman Islands and the Accreditation Commission on Colleges of Medicine, signed by Hon. Roy Bodden, Minister of Education, Human Resources and Culture, and by O. Conor Ward, Chairman, ACCM, dated June, 26, 2002

PART II: Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following:

1. Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for

licensure, provide competent medical care, and have the educational background necessary for continued learning.

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

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

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

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

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

4. Is there reason to believe that the objectives are being achieved?
What is the evidence?"

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

- (1) Is properly stated.
- (2) Is publicized and distributed among its students, faculty, and the public.
- (3) Seeks to sponsor a program that fulfills or exceeds requirements to achieve accreditation.
- (4) Graduates only individuals who have acquired a critical amount of knowledge and skills to advance and complete postgraduate training.
- (5) Seeks to graduate only individuals who are able to secure licensure, provide quality patient care, and who have the capacity to keep his medical knowledge current through self-learning after he completes his training."

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

The ACCM Accreditation Report reflects that the ACCM reviews the USMLE Step 1 results to evaluate the extent to which the institution is accomplishing its educational goal of preparing students to enter the medical profession.

Documentation:

Elements, pp. 2-3

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

Protocol, pp. 17-18 and 31

St. Matthew's University School of Medicine, Accreditation Report, June 2002, p.4

2. Governance

- (a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the institution's administration. The external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

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

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

With respect to the legal authorization of the medical school, the Profile requires a medical school to give the date of its charter by state/provincial government, together with the type of charter (not for-profit or commercial/for-profit). The Protocol requires the team to report whether the medical school is licensed by the appropriate governmental or regulatory authority to offer courses of instruction in medicine and to award the M.D. degree. *However, there appeared to be no references in the Accreditation Report regarding ACCM's verification of the legal authorizations to operate for either the Cayman Islands or the Windham, Maine campuses.*

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

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

- (1) Establishing broad institutional policies.**
- (2) Providing institutional direction.**
- (3) Securing financial resources.**
- (4) Selecting the chief executive officer, the chief academic officer, and their deputies.**

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

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

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

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

- (1) Establishing broad institutional policies.
- (2) Providing institutional direction.
- (3) Securing financial resources.
- (4) Selecting the chief executive officer.
- (5) Assisting in the selection of other officers of the college.
- (6) Overseeing the management's performance of its duties and responsibilities."

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

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

Documentation:
Elements, pp. 3-4

Profile, Element 2, Corporate Organization: II/III. Governance and Administration, C. Governing Body, Items 5 and 6.
Protocol, pp. 18 and 31
St. Matthew's University School of Medicine, Accreditation Report, June 2002

3. Administration

- (a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.**
 - (i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and other administrative functions that the medical school performs.**
 - (ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.**
 - (iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.**

Effective administration

Element 3 establishes the Commission's requirements regarding administration:

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

Also, Element 2 establishes that the institution's by-laws and codes of regulation delineate the roles, duties, and responsibilities of the chief, associate, and assistant administrative officers; the chief academic officer and his deputies; and the faculty.

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

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

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

The Commission's Profile requests information on faculty by-laws (if any). Finally, it requests information on the major permanent medical school faculty committees (names, number of members, who appoints the committee, to whom the committee reports, whether the committee is advisory and/or decision-making, etc).

Documentation:

Elements, Element 2 and 3, pp. 3-6

Profile, Element 3, Medical School Governance/Administration, E. Items 12-24

Protocol, pp. 16, 31-32

St. Matthew's University School of Medicine, Accreditation Report, June 2002

- (b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

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

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

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

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

Documentation:

Elements, p. 5

Profile, Element 3, Medical School Governance/Administration, E. Items 12-24

Protocol, pp. 16, 31-32

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to –

- (i) Admissions**
- (ii) Hiring, retention, promotion, and discipline of faculty; and**
- (iii) All phases of the curriculum, including the clinical education portion;**

With regard to the role of faculty in admissions, Element 6 states:

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

Element 8 addresses the role of faculty in hiring of faculty:

"The recruitment and selection of faculty – as well as all other academic policies of the institution – shall be the result of the collective efforts of the chief academic officer, department heads, faculty representatives, and the administration. "

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

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

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

ACCM's implementation of these requirements is reflected in its Accreditation Report.

Documentation:

Elements, pp. 7, 15,19

Profile, Element 6, Admissions; Element 4, Curriculum, B. Design and Management , Item4.; Element 6, Admissions, Admissions Committee, A. Item1.

Protocol, pp. 18-21

St. Matthew's University School of Medicine, Accreditation Report, June 2002, pp. 5, 7, 10, 12, 18, and 23.

(b) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that –

- (i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and**
- (ii) There is consistency in student evaluations at all sites.**

Element 3 addresses the comparability of the education experience at geographically separated sites:

"The chief academic officer shall ensure that the students at satellite health care facilities receive the same curricular material, same quality of education and the same standard of student evaluation found at the parent campus. To achieve this goal and to implement the academic policies of the institution, the dean shall appoint – at each satellite health care facility – an assistant dean (who reports directly to the dean), departmental faculty (who reports to their respective divisional heads), and administrative personnel (who report directly to his supervisor at the parent campus)."

The Commission's Profile requires the medical school, if it has geographically separated programs, to provide information on the administration of those programs as well.

The Commission's Protocol requires the on-site inspection team to meet with officials at the school's satellite health facilities to determine the effectiveness of the administration of those facilities and the comparability of the services provided to those at the main facility.

The Accreditation Report clearly reflects that the ACCM conducted on-site inspections of the satellite facilities and the Maine campus and evaluated the effectiveness of those facilities and educational services. Of note is that the Report reflects ACCM's observation that different tests and evaluations are given at different campuses (main and Maine) for the same subjects. However, it appears that this is not considered to reflect any lack of consistency in student evaluations.

Documentation:

Elements, pp. 5-6

Profile, Element 3, Medical School Governance/Administration; F. Geographically Separated Programs, Item 15.

Protocol, pp. 18-19, 32

St. Matthew's University School of Medicine, Accreditation Report, June 2002, pp. 6 and 14

4. Educational Program

(a) *Duration*: The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

Length of Educational Program

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

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

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

Documentation:

Elements, p. 7

Profile, Element 4, Curriculum, Educational Program, A. Duration. Item 1-2.

Protocol, pp. 20-24, 32-33

(b) *Curricular Content:* The medical school's curriculum must provide students with general professional education, i.e. the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including--

(A) The contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

Curriculum

Element 4 states in general that "the program shall provide a general and broad learning in the principal medical disciplines." With regard to basic science, Element 4 states that the curriculum "shall allow students to acquire - through didactic and practical instruction - current understanding and advances in the biomedical science disciplines representing anatomy, histology, physiology, biochemistry, psychology, medical ethics, neuroscience, biostatistics, microbiology, immunology, pathology, pharmacology, and preventive medicine."

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

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

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

ACCM's evaluation of the curriculum is reported in its Accreditation Report, which reflects that course syllabi at the two campuses are not the same.

Documentation:

Elements, pp. 7-8

Profile, Element 4, Curriculum

Protocol, pp. 20-24, 32-38

St. Matthew's University School of Medicine, Accreditation Report, June 2002, pp. 14

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of a series of selected patients having the major and common types of disease problems represented in the clerkship

Element 4 states that the clinical program "shall be oriented towards primary care...The curriculum shall also provide instruction in current understanding and advances in the fundamental diagnosis, treatment, management, prevention, and rehabilitation of major and commonly occurring, acute, and chronic diseases. They shall be presented in an integrated and multi-disciplinary approach in areas of:

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

ACCM's evaluation of the curriculum is reflected in the Accreditation Report and in the institution's establishment of an Advanced Integrated Programme (AIS) in Belize and Maine to address concerns for greater patient contact prior to clinical clerkships.

Clerkships

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

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

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

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

Medical schools are required to "maintain - in force at all times - an affiliation agreement with each health care facility where students are present."

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

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

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

The Accreditation Report reflects that the Inspection Committee conducted on-site visits to nine affiliated hospitals (US and UK) and one affiliated family practice (US) between 2001 and 2002 as part of its evaluation of the institution.

Documentation:

Elements, pp. 7-9

Profile, Element 4, Curriculum.

Protocol, pp. 20-24, 32-38

St. Matthew's University School of Medicine, Accreditation Report, June 2002, p. 6-9

- (iii) **Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and pathology.**

Element 4 states " In order to avoid curricular isolation and narrowness of focus, the clinical program shall introduce principles in the practice of medicine in one field, which incorporates diagnostic and therapeutic techniques from other clinical areas, in an integrated and multidisciplinary approach."

Documentation:

Elements, p. 8

- (iv) **Ethical, behavioral, and socioeconomic subjects pertinent to medicine.**

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

Documentation:
Elements, p. 8

- (v) **Communications skills integral to the education and function of physicians, including communication with patients, families, colleagues, and other health professionals.**

Element 6, Admissions, states that the admissions committee should include proficiency of an applicant's writing skills and verbal communication skills in the admissions criteria.

Element 4, Curriculum, states that the faculty focus is to include the professional development of the medical student. In mentoring clinical students, the faculty is expected to regularly observe, critique, promote the development of values, attitudes, and conduct that physicians must practice in order to develop trusting working relationships with patients.

Documentation:
Elements, pp. 11, 15

(b) Design, Implementation, and Evaluation

- (i) **There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.**
- (ii) **The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national**

norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

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

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

Element 4 further states:

"..the curriculum committee shall evaluate continuously curricular weaknesses, goals, content, effectiveness, method of instruction, and the degree to which the institutional goals are achieved. Curricular effectiveness may be measured by student attrition rate, student performance on standardized examinations, percentage of graduates accepted into residency training programs, percentage of eligible graduates passing the USMLE and professional licensure exams, follow-ups of graduates in employment, and sampling the opinions of students and graduates."

The Profile requires each institution to address the design, indicators, implementation, and revisions to curriculum as a result of the evaluation process.

The Protocol requires the team to review and report on the institution's system of program evaluation. The team reports on the indicators utilized by the curriculum committee to appraise program outcomes such as scores on exams including standardized and licensing exams, graduation rates, residency acceptance rates, the employment status of graduates, and student and graduate surveys. The teams reports on the mechanisms used by the institution to monitor the quality of instruction and the breadth and depth of course content, the mechanisms used to collect information, and to what extent the institution has used the information to appraise and improve curriculum, courses, and instruction.

Documentation:

Elements, pp. 11-12

Profile, Element 4, Curriculum Evaluation

Protocol, p. 35

5. Medical Students

(a) Admissions, Recruiting, and Publications

(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.

(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records

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

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

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

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

- (1) Grade point average.
- (2) The type and degree of difficulty of courses the applicant enrolled in.
- (3) Scores on the medical school admission test.
- (4) Proficiency of the applicant's writing skills.
- (5) Proficiency of the applicant's verbal communications skills.
- (6) Personal hygiene and grooming standards of the applicant.
- (7) Evaluations from college pre-professional committees or undergraduate faculty members.
- (8) Ability of the applicant to communicate effectively and to articulate his motivation, experience, and other matters during a personal interview.

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

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

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

Element 6 also requires the institution to publish its admissions policy in its academic catalog. However, there is no reference in the Commission's Elements to the other requirements for school publications and advertising.

Regarding student records, Element 5 states the following:

"Standard due process shall apply with respect to student notification, evidentiary presentation, student's right to review the accuracy of his records and to prepare a response for his defense. With the exception of the faculty and the administration, student records shall be kept confidential."

The Profile requires schools to submit a copy of its disciplinary and due process procedures.

The Protocol requires that site teams review and report on the process for student appeals and the general view of students concerning the program's effectiveness in carrying out the student disciplinary and appeals proceedings.

Documentation:

Elements, pp. 13, 15-16

Profile, Element 6, Admissions, Medical Students.

Protocol, pp. 19-20, 38-40

(b) Evaluation of Student Achievement

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.

Monitoring of Students' Academic Progress

Element 5 establishes the Commission's requirements for student promotion and evaluation. Basically, the Commission requires the existence of a student promotion and evaluation committee comprised of faculty members and charged with establishing "several methods for assessing the level of student knowledge and skills as compared to performance levels of students at other institutions." This committee shall "define, publish, and equally enforce" rules that consist of methods of student evaluation, grading system, standards of achievement for

promotion, standards of achievement for graduation, standards of achievement for honor roll, processes and criteria for student dismissals, process for appeals...." The committee shall also define and recommend to the chief academic officer "the degree of proficiency a student must attain before he is promoted to the next academic level and ultimately to graduation...."

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

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

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

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

Documentation:

Elements, pp. 13-14

Profile, Element 5, Student Promotion and Evaluation: G. Evaluation of Student Achievement, Items 26-42; H. Academic Counseling, Items 43-45

Protocol, pp. 19 and 38-39

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health

counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

Element 10 establishes the Commission's requirements for student services. The Commission requires that institutions provide basic medical services to their students and their families. Also, as a part of an educational and prevention effort, all students shall be vaccinated against communicable diseases prior to matriculation. Students shall also be educated in the treatment and prevention of other infectious and environmental diseases. Element 10 also requires that students have access to confidential psychological counseling on campus.

The institution is required to provide an orientation to all new students whereby they may become familiar with institutional services.

The Profile requires programs to describe their student amenities and the institution's system to ensure students security. The institution is required to describe the accessibility, confidentiality, and effectiveness of the student personal counseling services and of the preventive and therapeutic health services.

The Protocol directs site teams to report on whether the college provides student counseling, including confidential psychological counseling. The team is also to report on the availability and cost of health and disability insurance for students and their families, institutional policies for disease prevention, vaccination and environmental perils and to report if students are familiar with these policies. Finally, the team is to report the level of student satisfaction with the health and counseling services.

Documentation:

Elements, p. 23

Profile, Element 10, Student Services, Student Health, Items 35-40

Protocol, pp. 21 and 43-44

6. Resources for the Educational Program

(a) Finances: The medical school must have adequate financial resources for the size and scope of its educational program.

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for

the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

Finances

Element 7 requires an institution to possess sufficient financial resources to carry out its mission, possess an adequate reserve of funds, and have alternative sources of income to avoid dependence on student fees. Specifically, the Commission requires that debt not exceed 50 percent of total assets. Element 7 also addresses the role and responsibility of the Chief Financial Officer in budget planning and compliance.

The Profile requires institutions to submit financial reports (income, expenses, assets and liabilities) for a three-year period.

The Protocol directs the team to review the institution's fiscal resources and report on the prevailing sources of income, the fiscal stability of the institution, the effectiveness of the chief financial officer in controlling the budget without adversely impacting educational quality, and the roles of the department heads and faculty representatives in developing the instructional budget including whether their roles are advisory or participatory in final budget decisions. The team also reviews and reports on student fees and refund policies and their impact on recruitment and enrollment as well as the Title IV student loan default and prevention management process.

Physical facilities

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

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

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

"...the institution's affiliated clinical teaching facilities shall also be of sufficient size, quality, and accessibility to serve the needs of the institution...The medical school shall maintain - in force at all times - an

affiliation agreement with each health care facility where students are present...Such agreement shall include...classrooms, library resources, student study areas, and quiet sleeping quarters for students scheduled to take calls."

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

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

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

The Accreditation Report includes an evaluation of the facilities at the Cayman Islands campus based on a June 2002 visitation to the campus.

Documentation:

Elements, pp. 17, 24

Profile, Element 7, Fiscal Resources; Element 11, Facilities and Equipment.

Protocol, pp. 20, 22 and 40-41, 44

St. Matthew's University School of Medicine, Accreditation Report, June 2002, pp. 16-21

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

Faculty

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

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

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

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

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

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

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

Documentation:

Elements, pp. 19-20
Profile, Element 8, Faculty and Instructional Personnel.
Protocol, pp. 20, 40-43

(d) Library: The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

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

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

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

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

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

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

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

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

Documentation:
Elements, pp. 21-22, 24-25
Profile, Element 9, Library; Element 11, Facilities and Equipment
Protocol, pp. 21, 24

(e) Clinical Teaching Facilities The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

Element 11 requires the following:

"The medical school shall maintain – in force at all times—an affiliation agreement with each health care facility where students are present. The agreement shall be in writing and shall outline the roles and responsibilities of both parties in the education process. "

The Profile requires the institution to name each clinical facility used in the teaching program, its affiliation, type of ownership, and size. It also requires an analysis from the hospital administrator regarding the relationship between the school and the hospital.

The Protocol requires the team to conduct an inspection of the teaching hospitals, their major clinical departments, ambulatory facilities, hospital libraries, and to discuss with hospital executives the role and responsibilities of the hospital and college and the relationship with the college.

The team is to report whether the college's affiliations are written and whether the affiliation agreements contain provisions, which outline the roles and responsibilities of the hospital and college in the education process. Specifically, these are to include:

- a. educational objectives,
- b. faculty and department chief appointments and responsibilities,
- c. evaluation procedures,
- d. classrooms, library, student study areas, and sleeping rooms for students scheduled to take calls.

The Accreditation Report reflects that the Inspection Committee noted that there was no formal teaching contract in place at one facility used by St. Matthew's University students though no follow-on action was requested.

Documentation:

Elements, p. 25

Profile, Element 11, Facilities and Equipment.

Protocol, pp. 24, 44-45

PART III Accreditation/Approval Processes and Procedures

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process must include a thorough on-site review of the school (and all its geographically separated sites, if any) during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review should include, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

The Commission requires a comprehensive on-site inspection of each medical school seeking accreditation or reaccreditation. The term "on-site inspection," as used by the Commission, means on-site inspection of the parent campus, all satellite health care facilities, and all sites where the college maintains an educational presence. According to the Commission, the inspection lasts four and one-half days. However, if the medical school has a satellite health care facility, the inspection of that facility will take an additional two and one-half days.

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

interviews, including the subjects to be discussed with each group or individual interviewed.

Documentation:

Protocol, Introduction, p. 1

Protocol, Section VII, pp. 17-25

2. Qualified On-Site Evaluators

The accreditation/approval process must use competent and knowledgeable individuals, qualified by experience and training in the basic or clinical sciences, responsible for the on-site evaluation, policy-making, and decision-making.

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

- (1) An earned M.D. from a medical college.
- (2) Completion of postgraduate training.
- (3) Specialty certification from a recognized medical society.
- (4) Experience as a chief medical officer of a medical college.
- (5) Experience as a chief or senior faculty of a clinical department at a medical college.
- (6) Experience as a chief or senior faculty of a basic science department at a medical college. For example, a surgeon may have teaching responsibilities in the department of anatomy and a cardiologist may teach cardiovascular physiology in the department of physiology.
- (7) Experience as an administrator at a postgraduate teaching hospital.
- (8) Experience in undergraduate and graduate education, teaching, research, and patient care.
- (9) Experience in the medical school evaluation process."

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

Documentation:
Protocol, p. 2

(3) Re-evaluation and Monitoring

The accreditation/approval process must provide for the regular reevaluation of accredited/approved medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

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

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

Documentation:
Elements, Preface, p. 1
Protocol, Section XIV, p. 59

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

According to Commission Protocol, the Commission uses an annual survey to monitor compliance with the Elements. In addition, colleges undergoing a change in ownership or establishing a new branch campus are required to complete appropriate portions of the Profile. The Commission will schedule an on-site visit within six months of notification to determine whether the new

ownership and/or the college and its new branch campus can continue to comply with the Elements of Accreditation.

The Accreditation Report reflects St. Matthew's University notification of its move from Belize to the Cayman Islands and ACCM's review of the institution for compliance with the standards. However, not all Elements appear to have been addressed. (Element 5: Student Promotion and Evaluation and Element 10: Student Services)

Documentation:

Protocol, Section XIII, p. 57

St. Matthew's University School of Medicine, Accreditation Report, June 2002, pp. 3, 17

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

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

Controls against Conflicts of Interest

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

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

- (1) Was employed by the medical college seeking accreditation. Employment is meant as a full-time faculty member, administrator, or consultant to the college.
- (2) Was employed by another institution that has a substantial contractual business relationship with the medical college seeking accreditation.
- (3) Was employed by another institution that has the same ownership or governance as the medical college seeking accreditation.

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

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

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

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

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

Controls against the Inconsistent Application of Standards

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

It is the Commission's policy that the inspection teams that conduct the on-site reviews of medical schools are composed of the Commissioners themselves. The policy states further that, in general, each team is comprised of at least three Commissioners.

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

Documentation:

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

6. Accrediting/Approval Decisions

The accreditation/approval process must ensure that all accreditation/approval decisions are based on the accreditation/approval standards. It must also ensure that the decisions are based, in part, on an evaluation of the performance of students after graduation from the medical school.

All of the principal steps in the Commission's accreditation process are keyed to the accreditation standards or Elements. The Profile requires medical schools to provide extensive (and very specific) information that documents compliance with each of the Elements. The structured on-site inspection, with its series of predetermined questions to be asked each of the relevant constituencies, is likewise keyed to each of the Elements. The performance of students against outcome indicators such as performance on licensing examinations, residency acceptance rates, and the employment status of graduates is reviewed by site reviewers during their review of an institution's compliance with program evaluation requirements. *The Accreditation Report reflects that Inspection Committee members reviewed the USMLE Step 1 scores of St. Matthew's students.* The Commissioners double as on-site inspectors, thus enabling that accrediting decisions are based solely on the evidence of a medical school's compliance with the Elements, as verified by the site visit.

The Accreditation Report reflects that the Commission made an accreditation decision in June 2002 after completing on-site evaluations of the St. Matthews University School of Medicine campuses (Belize, Cayman Islands and Windham, Maine) and its clinical clerkship sites.

Documentation:

St. Matthew's University School of Medicine, Accreditation Report, June 2002, p.24