March 17, 2007 – Board meeting canceled because of snowstorm

International Association of Medical Colleges

Meeting of the Founding School's Accreditation Oversight Chairs

La Guardia Marriott Courtyard
8:30 am August 31, 2006

Review of Standards, Data base document And Accreditation Protocol

Chaired by Bernard Ferguson, President

Recorded by David Fredrick, Secretary IAOMC

Bernie Ferguson. Good morning, it's time to start the meeting. As you know we are an open and transparent organization. So everyone should know what we think, and what we say. So we do tape all the meetings.

There have been some developments which everyone should be aware of. One is that our primary goal was first have acceptance in the United States and then our next mission is as to have the acceptance of the world generally. In the United States we've made great progress. We have sent questionnaire to all the state medical boards.

Have the gentleman from Poland been getting the e-mails I've sent to Hope?

Response No.

Bernie Ferguson. You should be on our e-mail list or it should be forwarded to you.

Comment. We did get to have a notice of this meeting.

Bernie Ferguson. I'm referring to our regular e-mails.

Comment. No

Bernie Ferguson. Well I have to get your e-mail addresses in order to keep you current. You should know exactly what's happening and where we are.

In the states we send a questionnaire to every state medical board. Tom would know because we sent the questionnaire to the New York state medical board. So every State of the Union got a questionnaire asking what they thought was important. And we sent it to Chairman of the medical board and the Administrator. Because we are trying to merge administrators and physicians and educators so we are going in exactly the direction they're looking for. As of this time I can report that one quarter of the states have responded. This is a marvelous return. It shows that one quarter was unanimous in this regard; they want regulator observers to accompany the site visitors and they all thought that was a very good idea. They wanted an advisory Council in which they could be part, and they could see what was happening, and make suggestions. This becomes more important as we go around the world.

Another thing that we had done, there were 31 nations in this world that didn't have any medical school at all. There were 30 million people within those 30 nations and so we extended an invitation to them to discuss a program for their citizens because they have nowhere to go. This is the first time I think anyone in the world has gone to nations that need to train physicians. I think they were suspicious and I had calls from six or seven countries asking how much is this going to cost? How much do we have to pay just to be members? I told them membership is for those medical schools that have been approved.

There is no charge for those who wish to become a member of the government regulator section. There were two countries that have written that I'd like to work out some type of programs. They were the Solomon Islands and Cape Verde. They are small countries, each have about 475,495 people. But still they do have a few that would like to be educated to become doctors. So we have done some unique things.

Some background. There is it an acceptance of this country to the fact that we are on the verge of fairly dynamic change. Regulators are very upset with medical education's distance education. How far you can go with it? What can they accept for licensure? Some of the illustrations they provide are how do you learn psychiatry from the computer? In dealing with patients you need people, you need eye contact. How to deal with the individual patient? Students are not going to get this from the computer. That's what's State regulators are saying. So they're upset with the existing system. And they were unanimous in their response to the questionnaire on distance learning. They felt this should be on the agenda of the Advisory Council and regulators should be part of the Advisory Council. Questions such as; where should good medical education begin? Where does it end? What can be accepted? And what cannot? The line between black and white keeps moving, discovery is dynamic, and there is new software coming out everyday.

David Fredrick I can tell you Bernie -

Bernie Ferguson. Before you speak, would you please announce your name. This will make it easier for the transcriber.

Dave Frederick Before we go any further Bernie. I think we should all introduce ourselves and what schools we represent.

Bernie Ferguson Okay

I'm Paul from the medical University in Lubin: Poland.

Bernie Ferguson. Thank you.

I am (Name unclear) from the English program at the University of Silesia, Poland.

(Name unclear) I too am from the English program at the University of Silesia

My name is Nancy Perry from Ross University I am the Vice President of academic affairs and the dean of clinical sciences

I am Thomas Monahan and I am the Executive Secretary of the New York State board for medicine. We have met before.

I'm Bernie Ferguson I'm the President of IAOMC.

I am Dave Frederick and I'm the President of Saba University.

I'm Gordon Green Chief academic officer of Saint Matthews University.

I'm David Brown from St. George's University.

Bernie Ferguson The only one who's missing is the American University of the Caribbean. I was not certain whether they'd be here not this morning. So Nancy, you were talking about distance education program.

Nancy Perri Recent amendments to the Higher Education reauthorization act US Department of Education has stated that any component of the international medical schools curriculum that has distance education would be ineligible for title IV funding. And there a handful of schools that are eligible to be participate in title IV funding. So this is an interesting recent development.

Bernie Ferguson. So that is a proposal and we are expecting the Higher Education bill will be passed this year. So we will be heard from in that regard.

Thomas Monahan. So that's **any** component.

Nancy Perri. **Any** component!

Bernie Ferguson. Thanks Nancy, that's one thing that is very helpful to know. In the United States the Secretary of Education has an agenda which she could not get through Congress. Politicians said, we will not accept what you propose because it is not politically acceptable. And they told her that you need to get a consensus amongst educational organizations in the country. And if you have consensus, then we will pass the things you recommended. So Margaret Spellings, the Secretary of Education appointed Charles Miller as the committee chair to make recommendations on the Future of Education. He brought together the major players in education. They went through multiple drafts of the final report which is to be submitted in October. So Charles Miller is somewhat of a key policy maker.

The Chronicle of Higher Education, which is a major publication of higher education in the United States, had offered a forum of questions and answers with Charles Miller. Our IAOMC sent a question and it was one of the questions selected to be asked. The forum was yesterday at 11 o'clock when I was on a train. I was able to get a transcript. Our question was; IAOMC, a global medical education accreditor, has adopted total openness and transparency as is its protocol. I inserted our website address within the question. This was because we are not known outside the medical education arena. Also, I knew he would want some background check quick- to know who we are, and what we are about. He chose our question to respond to on the Internet forum. He rephrase the question that question might be posed as what about the accreditation process should be not be publicly available? And his answer was "very little" should be kept within. Now he is for openness and transparency, state medical boards are for openness and transparency. And

we have adopted that policy in our first meeting of March 2005. This is the trend and this is where it's going. We are the blueprint for openness and transparency. So that's where we stand on the national and where we stand on the States. In sum we are doing quite well.

But the major point of all is the accreditation process itself. And that's why we are here. This is the first time were actually doing it. So we would like to do it fairly quickly. We are fortunate to have with us Tom Monahan who has been helpful to us as an advisor. New York is the only state which has an accrediting process in the United States. That's because it's Constitution has the Regents as a separate recognized body. So Tom has been going to medical schools in New York State on behalf of the Regents to accredit them.

This is why the entry-level to get into IAOMC was to be approved by a state and you had to have standards that are comparable to those used in the United States as determined by the US Department of Education. Now it's time to go over the standards, the protocol, make sure everyone understands. If you have any questions that should be raised now. Any discussion on what needs to be done will be had now.

So everyone has before them a copy of the accreditation process and you'll note our process is somewhat distinct. It will be an evaluator in the first instance who will be send the database document. This was written not only for this group but for any countries schools anywhere in the world. Some of them are not familiar because they have not gone through an accreditation process. Our process has been written in stages. The first stage is the submission of the document. It will be checked to see if it is complete and if it's clear. Or if it needs to be modified in any way. The reason for that is we're trying to not to trick any school, anywhere in the world. There is no political agenda at all. What were trying to do is to determine those that are accreditable to accredit them. And those that are not - to tell them exactly what you need to do. So if they fill the form out incorrectly during the first step's review - they'll know. If they pass that then they'll get a substantial review for apparent compliance.

I have gone through many medical schools websites and as I look at them there are some things at they are doing and I don't think they would be a accreditable. I'll give you one illustration. There was a school that was accepting people who were nurse practitioners, physicians assistants and a whole series of other types of people with certifications in different types of medicine, such as chiropractors or podiatrist. In academia the Dean has the option to recognize such credits as will comply with their particular curriculum. To generally announce on their website that people with these backgrounds will be recognized without having done a careful study of each particular course etc. is not acceptable in academia. So if someone sent an application to IAOMC they would be apparently not acceptable. And they would be told that they are apparently not acceptable. We need more information on how you are doing this, more detail because this is not the way it should be done. So without apparent compliance they will be tabled until they provide the information. They will be told what standards this type of thing

violates. So the idea is not to trick anybody. It is to explain everything in detail in stages and to tell them what they need to do.

A lot it is not all that clear such as in distance education. They don't realize what a great value it is or can be. It can be of enormous value and here the U.S. Congress is ready to throw it out. The trouble is they don't understand where to draw the line. So we will draw the line for them.

So now assuming they have satisfactorily completed the first reviews the scheduled date for the site visit is next.

One of the purposes of the meeting today is to have a sense from each school about the timetable for the faculty and the participating faculty. We need to know the timetable that it's going to take to get the database document back. Because our site visitors for the most part are very busy people and you can't call them up just before you expect them. Because that just is not going to work. We need to have notice long in advance. Many of them have never been site visiting before. They may be medical educators but they have to be an upper-level for seven years. We need to begin scheduling them now.

COMMENT Is it possible to do things in the following way? For example, if the committee's decided it would be ready for November 2007, and assuming all the documents by the end of September. It would be some kind of stimulus for the medical schools to stick with such a date. What you think about something like that for a site visit in 2008 or fixing two or three critical dates. With a date to be completed before then? If they are not complying with the date they would be affected. So may we do it this way?

Bernie Ferguson Why don't we have the speaker provide his initials before he speaks? Such as the EK so that transcriber will know. Yes I think would be possible for the fixing of the day as long as we had a date we could work with and we can have some that expectation. The way it has been structured is the chairman of the regulating committee is very strong. Because the seven as subcommittees reports to that chair and that chair is the one who oversees the accreditation. There will be no difference anywhere in the world. There will be those that are on top of their assignment, those who will say I'll have it two years from Tuesday. This is the same all over the world. The chair will say wait a minute! You **will** have this done because I'm the chair and we all have priorities but this is the schedule and your date is not acceptable. So go back and rethink it with your subcommittee or maybe we need another person to serve as the schools Chair. That's the reason why the chair was a strong. Because everybody has a full plate and time is the enemy, and a strong chair can fairly well direct priorities. So as long as you can come back with the dates, how you do that internally, whether it's consensus of the senior committee, or hearing from all the sub committees on the timeframe. There are some schools will fast-track this and there are some that will sleep. But we are anxious to get it going forward. We have great momentum with the states. There is great momentum on the federal level and we'd like to keep that momentum.

Once we're through our accreditation, then we open up to the rest of the world's schools. We have schools that have said to us, such as in Chile, we would like to join this. I have been dealing with a professor in one of the schools of Iraq. He has written there is corruption within the nation as far as admissions are concerned and he would like to have an external group come in. It would be useful to the medical education of that nation. He would like to see standards to which they must adhere. Because it seems there is widespread corruption. Some students are there for political reasons and he would like to see that Iraq at this time and we could use an output measure. I suggested we begin with the National Board of Medical examiners subject exams. I asked if he would authorize me. He is in charge of pediatrics so I could attempt to get the pediatric subject exam. We start with pediatrics and see how this works out. So the rest of the departments can be assured. Because they're nervous about the external exams. IAOMC would be helping in Iraq. There is a lot we can and will do.

So we need to get this process accelerated. At an earlier meeting it was decided we must first deal with accreditation ourselves and then we look out to other schools. and have them enter the process. We did have one school inquire of us. I questioned the policy and it was reaffirmed. That was a school in India. We will not accept an application from the outside until we finish internally. If anyone is going to be extended or forgotten or anyone is not going to be at a meeting such as this are we all to be delayed. And I will be talking Yife Tien. Should we hold up progress forward or should we say we want this done promptly? Or just begin to accept other schools. That is, in a nutshell, our sense of time.

Notice that there's an appeal process, so if there's a difference, it will come to the board. So that is our process. And as reported in another section, if anyone thinks of a better process, at any time, it's open amendment but not willy-nilly. This is the first time we are doing this. Again, if there's a better way and someone has some suggestions or editorial comments they will be appreciated. Now our protocol is next.

Dave Fredrick. One question, at what point will we the IAOMC make a presentation to the NCFMEA? Once the school has been accredited by our organization? Will this be at their very next meeting? And I imagine the NCFMEA will want to do some kind of evaluation of the IAOMC which will be part of their initial assessment. What do you think Tom?

Tom Monahan I was going to raise that point. The NCFMEA hasn't met recently and the group itself has diminished in size.

Nancy Perry. And there is no Chair.

Thomas Monahan. There are only two people on this committee today. Maldonado I think is one

Nancy Perry. I'm not sure. The next meeting should be announced. But there is no chairman, so it will be difficult for them consider anything.

Bernie Ferguson Its all pending Miller and Spellings. It's not just in NCFMEA there are several other committees that have been unable to meet because Margaret Spellings hasn't made appointments. She wants openness and transparency and she wants to see the Higher Education act passed. She also wants rules to implement the Higher Education act. Perhaps then she'll convene these meetings. I think the NCFMEA decisions had several flaws - as I see it. They had reviewed the standards, but what about the process and how visible was it? Now some countries would approve of an accreditors report saying that it complies with their standards. But how valid was that countries review? There were countries that had been approved by NCFMEA and there were some serious questions about some of those accreditors. As a matter of fact there has very recently been a challenge to an accreditor. And it was a about a school in Tublisi, Russia. The school was approved by an accreditor and that accreditor had been approved by the USDOE as a regular accrediting body. It could go overseas to accredit. Because an accreditor has the choice to go overseas if they choose. There was an article in the Chronicle of Higher Education Thursday, August 29 e-mail. The American Academy for Liberal Organization, an accrediting organization, has defended its position to accredit of an American-style institution that's in the former Republic of Georgia. This despite the fact the Universities co-owner was ordered by an injunction issued by an American court to stop its business. The American university of the Humanities is an English language campus. It was founded in Georgia in 1995 and enrolls some 125 students. It has four areas of specialty; liberal arts, business administration, law, and diplomacy. The American Academy for Liberal Education accredited the school in June, 2005 after sending a team to the University. "The idea that this is a phony institution is just nonsense" Jeffrey E. Wallin President of the accrediting organization said Monday. His organization is a recognized national body that credits 35 institutions in the US and is recognized by the US Department of Education including four outside the US. Concern started spreading among officials interested in routing out diploma mills when it became known the Georgian Institute's chief founder had lost a civil case in the state of Hawaii"s Office of Consumer protection. Hassan Passats is also known as Henry Passats, was found in contempt for not respecting the ruling of the previous year that ordered him to shut down the international higher education network that he owned, the American Institute of Hawaii. The texts of the courts rulings are available at the office of consumer affairs at a website. The institute at Tublisi Georgia is part of a now-defunct network. Its website provided little information on the study programs and none on faculty members. It still is owned by Mr. Savisi along with 4 Georgian partners according to the accreditor. In June of the same month the contempt ruling was handed down the accreditor board ordered the group to investigate whether Mr. Savisi's role in the Georgian institution and raise questions about his accreditation. Mr. Wallen sent a letter to Mr. Savsi. A lawyer wrote back saying his client had an appeal of the Hawaiian court ruling. It also said we are looking into it to Mr. Savarese's connection to see if there's any reason to yank his accreditation. In fact we don't have any concern with the Georgian Institute. Mr Wallin said his confidence is backed up is backed up by my visit to the institution carried out in May 2005 by an official accrediting body with two outside scholars. The team spent two days at the school in Tublisi poring over the syllabi and sitting in with students in six classes. The level of classroom discussion was impressive. The school had no full-time

faculty. Mr. Zelnick said the faculty members, many of whom still held senior positions in the government, or nonprofit organizations, were well published and highly motivated. The team's report concluded there are many colleges with real campuses that would envy AUH-T for its academic and collegiate accomplishments. As for Mr. Savisi the courtroom in Hawaii raised quite troubling questions that activities his activities with other institutions in the network which were partly reopen with the American University for the Humanities. The court rulings under 1999 state law that American University of Hawaii did not have the right to issue degrees. It did not enroll the minimum of 25 students in the state and did not acknowledge on this website that was unaccredited. The court specifically enjoined the network from issuing law and medical degrees.

This is a recognized accreditor of the US Department of Education. NCFMEA has been suspended as have other committees in the US Department of Education. This is the type of thing that they're going to try to change.

Thomas Monahan How does it work? NCFMEA basically recognizes the governments that have acceptable accrediting standards. But does NCFMEA a recognize individual accreditors?

Dave Frederick. Not that I'm aware of. It's my understanding that what NCFMEA does is first, an accrediting body submits an application for their approval of a particular school on behalf of a government. The very first thing that NCFMEA does to evaluate the evaluating body. The question is does this have evaluating body have the accrediting standards of the LCME? Because the value of being approved by the NCFMEA is that your school is now than accredited by applying that standards that are deemed by the US Department of Education to be equivalent to the LCME's standards. They don't do accredit individual accreditors. They did not say an accreditor within that accredited body is not appropriate.

Thomas Monahan. But to look at IAOMC it would have to be an accreditor and on behalf of some government.

David Frederick. Right, but what happens is -

Bernie Ferguson. Anyone of you being approved by IAOMC could then go to the Department of the Education saying your governments have approved IAOMC. In our case we have a trail everything is explained, everything is out there, the state boards are-

Dave Frederick. Bernie I think the way the process works is that, let's say that all of us here go through this accreditation process and that we are deemed accredited and before anything can happen the first thing we have to do is that Saba University will have to go before the government of Saba and ask for the government of Saba to give the IAOMC a letter indicating that the government wishes IAOMC to be a recognized accrediting body. Now once that's done then that allows us to bring all of our database document and say we're approved. Then it will be up to you the president of the IAOMC to present this to the NCFMEA. At that point the very first thing NCFMEA will do will look up, first of

all, the standards of the IAOMC to be sure that the standards are appropriate. Which is the reason we developed our standards in conformity with New York, California, LCME and all of the other bodies. That we feel comfortable that the Department of Education will look at other states our standards will be equivalent to the LCME. Once they do that then they will review individually each school that you have approved. And if they accept that then not only is the IAOMC approved by NCFMEA but the schools that they have accredited

Thomas Monahan. The critical juncture is the connection with the government.

Nancy Perry. On behalf of Ross University as we deal with the Dominican medical board which is our accrediting agency. It will be very difficult in the sessions we have had with the DMB because they're not prepared to let go of that authority. And quite frankly it would be difficult because it's a statue. So we would be going into parliament of the Minister of Health and Social Security would have to recognize another accreditor to Department of Health and social security would have to recognize another accreditor such as CACM. And the Dominican medical board is not even prepared to accommodate CACM.

David Frederick. Our approach to that on Saba has been to basically say - first of all we have to educate the government.

Nancy Perri. Right

David Fredrick. And we went to the government and said we're already accredited by a ACCM but there is nothing that prohibits a school from being accredited by three or four different accrediting bodies as a matter of fact it would be a good advantage because they have multiple oversight. Now if they can buy into that where they recognize, okay being accredited by more than one accrediting body doesn't diminish the fact that we're accredited by a ACCM or New York - or anyone else. So to be accredited by IAOMC only increases our enhances our visibility and credibility. Saba has bought into that and so do we understand completely

Thomas Monahan. But there is going to be a political discussion that has to take place in each jurisdiction be it in Poland, Dominica, or Grenada or anywhere else.

David Frederick. As long as they don't think you were taking anything away from them .Which really isn't, you can be accredited by the government of Poland as well as the IAOMC or anyone else

Bernie Ferguson. This is coming at a time when we're coming to a global dimension. If we take Grenada if you had been approved in the Grenada and all nations are proud nation that all people with power love their power and don't want to see it diminished. But we now have a global world and it isn't that your authorized to practice in Grenada and your authorized to practice in the United States. The graduates may wish to go someplace else in the world. And there is no global accreditor anywhere so to have

accreditation in for a Grenada and in the Caribbean, that's fine but what about the rest of the world? This will eventually cover Korea China anyplace in the world and say these are global standards. And this is the first time has been global standards so it makes sense for any country, including Dominica. And yes, it will take some explanation as Dave has shown us today. We don't preclude the local governments.

Comment My name is (Unclear) our Minister of Health provides for the education and medical school. The point of view for us is that the English divisions is to make qualifications for the different countries and the US and Canada. And I'm sure that to be a member of this organization would be very powerful. Of course accepting these very nice standards for the quality of education also for our political powers for the people who create education policies. We got in this organization to understand as the idea is coming from the United States. We go a little bit different in European Union. However, reading very careful the accreditation standards it is very important here to provide the European standards, and everywhere, just universal – absolutely, I'm sure.

Bernie Ferguson. And we are starting in Europe with a meeting in Genoa with the AMME. We'll be in Genoa and we are introducing this to Europe. And if there are incompatibility with European standards we will sit down and discuss it. This is not in concrete medical education has been changing. In our lifetime what has come down is just amazing. And it will continue to change.

Thomas Monahan. The situation in Poland is interesting because in essence you've got two separate programs. You have got a six-year program which is basically the European program and then you've got the four-year English program so the question then is to come, which program?

Response. In Poland we have the six-year program.

Thomas Monahan. You don't have the four-year English language program anymore?

Response. It is not accepted by the European Union. In Poland we must comply with the European Union standards. There are penalties, we are working on this.

Thomas Monahan we looking at two different standards on these programs

Response. We are being evaluated for this for your program at this time it is really not accepted by the European Union

Bernie Ferguson. This can be done, they curriculum can be merged. On the American standard it requires four years of college and they take courses –

Response. So we are doing this

Bernie Ferguson. So you can see the Dean has academic discretion around the world. As long as the Ministry of Health or the Dean says that the Dean can compare curriculum

between colleges. There are accelerated programs here. We do have early admissions and accept some of the college credits in medical schools.

Response. We do the same thing. But the European Union will not accept

Thomas Monahan. Would European Union accept the Hungarian programs that are six years in length but either in English or German as opposed to a six year program in Hungarian?

Response. I have no idea about that, I'm not sure about the Hungarian or foreign. But I can tell you about Poland, it is a six year program. Right now you can begin with a high school diploma or we go to credit hours..

Thomas Monahan. So basically with advanced standing, so it's still a six-year program

Response. Exactly.

Thomas Monahan. So it's a pure English program?

Response. Yeah.

Bernie Ferguson. There's another assurance that could be provided to the European Union if it became a hotly contested issue. We are coming here in education circles to the output measures as key indicators. Which is to say, if a final or licensing exam is given in Europe, and students are required to take it, the school's past rate could be monitored? A high pass rate would ensure that they have the knowledge that they're required to have and the education provided by their school is satisfactory. Does the European Union have a common exam?

Response. There is a very interesting, important question. There is a license, but no sorry, it is a bad situation, in five or six countries, including Poland. Our Minister of Health cannot just discount the problem to exclude this exam. Its final, its licensing time. This is three years old. No its two years. Some of the European countries do not accept the licensing exam. There was a time the European countries did not accept the license. The question is what should be the standard? Should it be exam or no. I think the exam should be after the residents. Or one year after the graduation. And then everybody should pass a license exam finally. The medical diploma? or the license? Also important is they come work in Europe.

Gordon Green. That's similar to the medical Council in Canada. It requires you after one year of training to take a license exam to practice. You also have to pass the Fellowship and the national exam. It's similar timing.

Response. We have to also keep in mind two passwords the first one is academic education and its not that connected with all the requirements which are necessary to get the diploma, M.D. The second is a question of right, which is the national A level. And

this is the right to work as a clinical physician. I think that we have to first to focus on this university level because this is more universal. The same in the European community. That the requirements for license are very different. This is also as to policy as we can follow the doctors from the east who are working for less. For example this is medical surplus. But I think we have more focus for the medical university dedication.
. .
Bernie Ferguson. This is where accreditation will be very useful

Comment. That is a very important comment if you know the situation in Europe now looking for the doctor's problem. In Europe right now this is a doctor's problem and a patient problem is a huge immigration doctors from Poland going to the United Kingdom and to Italy and Spain. Spain right now it is similar in Germany the German doctors are going to the United Kingdom and now my colleagues very careful to except the diplomat after the study and a license is not accepted in the United Kingdom and Germany so you must have a license. And now, no matter what one would call it is a very important horizon.

RW. I believe that our organization IAOMC should speak clearly to the academic process diploma, not the license. Because there are different cultures and different licensing requirements. But to be able to take the exam you must have the dip;oma. Which is accepted in different countries. The license is not accepted but the diploma is accepted. you must have the diploma accepted after the studies. If someone has lost the license its not accepted in the United Kingdom in general. So you must have the license.

Nancy Perry. This is right, I agree. It's not unlike how the in the US has a three-part license examination. But step one in step two clearly measures the undergraduate education. They measure the value of the academic program.

RW. We look particularly at the first part of the diploma which we accept. The standards should be made in a way that everybody could meet the standards and get the diploma according to the if the standards are accepted in a particular country.

Bernie Ferguson. I agree not only as a globalism of people transferring between countries almost mandate that we have this organization, But apart from that, the rate of discovery in medicine has exceeded the ability of the institutions to deal with the change. When I first started about 25 or 30 years ago as an observer attorney there were 80 specialties and sub-specialties. Today it's 120. Nobody knows it all. And it's getting worse because the rate of discovery is accelerating. How you could cram it into one head to what it extent what knowledge is important in what country and licensure in our academic programs is becoming more difficult to handle. Who is to say we will spend more time in this discipline allowed a fifth year or six-year? Globally we are the only game in town. Where else are these questions being asked and answered? Where are they being considered and debated openly by everyone. We are there we are at the cutting edge.

Comment. This is very important also for our Polish student and people from English division it is also important. What is important for the Polish student who wishes to come here?

Bernard Ferguson for those who wish to go where they choose, where are the opportunity takes them.

Comment. We have to also remember that we have to find something between, some kind of I say a national or regional traditional medical education. In many countries some courses are one in others they are separate. The procedures are different. For example, internal medicine since the time of Ostler have been very clear-cut specialty. Now there is a question. What we will have to accept on one side? To have standards which are universal we have to focus on standards as it relates to diplomas. What does M.D. mean?

Thomas Monahan. I think it's important the standards have to be broad enough and general enough to accommodate a variety of types of medical education. Your right neurology and internal medicine is one course and others it is one. I think the standards that you've got are fine.

Bernie Ferguson. And if there is ever a wish to modify the standards in any way it's not in concrete, medical education is not in concrete, is changing so if anybody has a better idea we are ready to hear it anytime.

Thomas Monahan. if you look at the LCME standards and go to its website they change their standards on an ongoing basis is reviewed and amended on an ongoing basis. And I think these will have to be reviewed on an ongoing basis.

Bernie Ferguson. Our first step is right here. We are really off the ground when we are into the accreditation process especially when it is completed by six or seven schools.

Comment. How many schools is there now?

Bernie Ferguson. There are seven schools. That's including AUC and it is not here today so we may have six. I haven't heard at all as to what AUC intends.

David Brown. What timeframe do you anticipate completing this process?

Bernie Ferguson. The way its been structured with a strong central chair and one of the top administrators as the one fixing priorities. In many places there would not be seven committees specified. The details are here and been structured for a fast track. We've encouraged e-mail, conference calls, e-mail voting we've encouraged the type of things that minimize the labor intensity and the time frame. We are all here, everyone has reviewed this. Let's go around the table and get a rough idea starting with you, give us a rough idea when you will have the data base document back.

David Frederick. I would imagine that would probably take about less than 90 days. That's my best guess on having everything.

Gordon Green. Certainly by the end of the year

Bernie Ferguson Year end, which your best guess. It may be doable but it may be amended. Roughly, University of Lubin?

Comment - I think about four or five months. The end of January would be reasonable.

Bernie Ferguson. University of Silesia?

Comment - I think that is a good number.

Nancy Perri. Ross University's databases are being submitted today to the Dominican medical board. We could do this in 30 days. But we do have a Florida document to get out so I think we can do this in by the end of the year.

Bernie Ferguson that will work I will be able to go to is this the site visitor's and say this is a schedule of we should have a robust enough group that we can almost do them all simultaneously.

Thomas Monahan. I think an important part of the discussion is not just the database document and that is spelled out. Critical to the entire process is the involvement of faculty.

Bernie Ferguson. Faculty is the key. Here is something good from Poland while you could not have on the site visiting teams site visitors from your schools other Polish schools that have outstanding faculty that can agree to these standards. And faculty that can be trained in the in their role as site visitors. They should know we pay for the training. There should be at least one site visitor from Poland. There is no restriction its open to those who have the qualifications. They should submit their CV. They would provide a bridge. So it's up to you when you go back to Poland to say to your colleagues, you are from other Polish schools, and this is an international organization. They are looking for site visitors. We should have some from Poland on our site teams. That would be a good idea. And government observers? If the Minister of health wants to send somebody to check it out to find out if it's real, and it's okay? Someone from the Polish government should be there and ask questions.

Gordon Green. Are you planning to follow up with the state medical boards that have answered the questionnaires and start to identify folks that might want to accompany the site visiting team.

Bernie Ferguson. Some of the people who responded are prepared, they forwarded their own names. So yes Gordon we will follow up. Everything has been held up to date. Because you cannot go forward and have no date in the future. You've got to have some

time frames, they all have busy lives. The people we are dealing with especially. Tom why don't you start going through the accrediting standards

Thomas Monahan. Why don't we walk through the accrediting standards in the database document that I think everyone has received. Some people more familiar with this than others. The first standard - and as we walk through this if people of questions, just ask as we go. First medical school should be chartered or authorized to operate in the jurisdiction in which it operates. The institution must have a clearly written statement of the mission and objectives. This is pretty clear. It goes over to A2 which is almost a sub-set of A1. That is a legal authorization to operate. There ha d to be a definition or some discussion on what entity has the authority to issue the ability to operate. I can think of two Caribbean nations where there are multiple agency that issue permits to function and that has to get nailed on some documentation has to be submitted to clarify it.

Nancy Perry. Are you talking about a charter or the agreement with the government?

Thomas Monahan. I'm talking about who has the authority to allow a medical school to operate? I'm talking about St. Lucia where there are several entities that could issue permits. And there is a similar situation in Dominica. Standard A3 talks about organization and set forth in writing what the bylaws and it must be organized as a definable academic unit responsible for program of medical education of not less than 32 months which lead to the M.D. degree or equivalent. That's 32 months is really four academic years in the United States. And that is a standard used by most States in their applications are licensure. In the European standards and Poland it is six years. The issue that comes up sometimes people that come out of the US educational system and go into a five or 5 1/2 year program of medicine. They can have a deficit or problems when applied in different jurisdictions. I also raise a question about clinical chairs or clinical Directors I was not quite sure what that meant.

Bernie Ferguson. Some have a clinical director or DME and individual chairs so I'll make those clear

Nancy Perry. I would separate those out

Bernie Ferguson. okay

Thomas Monahan. You will have departments with clinical chairs for the care is what you're also run at DME and clinical hospital director said various clinical sites.

Bernie Ferguson. okay.

Comment - Next page on this list of clinical officers and of course however do you think it would be more universal if you specify the higher officer of power. Because this name has very different concepts in Europe. Some came from Latin some came from old tradition and of course all kinds of academic affairs must be at the University. Instead of

titles ask, who is responsible for administration? Who is responsible for education? I am sure even within the same university there may be a conflict in titles.

Thomas Monahan. If it's a chief administrative officer or other individual responsible for something like that

Gordon Green. So even a description of that person's activities or the application could say we call that here….

Comment. In Poland the Chief Academic officer would be the Director. We change a little bit.

Thomas Monahan. In the Polish system they are called Provost or something else.

Comment. However we are still making progress to be more in the international field. We have in Poland a vice director for student affairs. This could be easier if you said the officer responsible for, this would be more universal.

Thomas Monahan. Were down to I, clinical chairs or clinical hospital directors we will separate out clinical chairs but should there be some latitude for clinical Hospital directors?

Comment. In ours is the Director of the hospital which are proper to the University. But most of the directors are not involved in education and not supervise education. In education it is the chairs who are located in the hospital. Chairs for internal medicine, things like that. The chief administrative officer is also the Director of the hospital. This is the role. The Director is more administrative he does not provide the education. The structure of University it comes from the head of the University or the Director.

Thomas Monahan. Anything over on page 4

Comment. What do you mean by date of the most recent revision?

Bernie Ferguson. There is a requirement that there be a process of introspection or review. This is just as I have said repeatedly with IAOMC, nothing is in concrete. Take a look at it every so often and this is true for the medical schools themselves. There needs to be a review. What are we doing with this new formula for software was that mean to our department? And should we put in this new subject? And that type of thing. Some schools don't do this and that's not a good accreditation standard. They wind up way behind. Here in medical education particularly. The chief administrator at the US Department of Education at one time was Karen Kirschenstein. She said it is a very typical field because the people are smart, well reasoned, and they have individual opinions. So when you are in a position to decide this way or that way you're getting good arguments in both directions. She said it was like herding chickens. And so when you're dealing with strategic plans a lot of people may say, God do we have to do this again? That's the reality. So some don't do the plan and we need it.

Dave Frederick Can ask about number 11 there, indicate the number of their chair positions because were going back six or seven years.

Bernie Ferguson. I'll tell you why that exists. Stability is terribly important. There are some people are have a very high faculty turnover and Chairs are important so if you see schools that are changing chairs and an annual basis it implies there is some type of problem above the chairs. Why are we getting this? Change is perpetual. But on a regular basic something may be wrong somewhere.

Gordon Green. Bernie, the number vacant? Does that get at that thing? If you switch you know one person leaves -- --

David Frederick. And the other person becomes the department Chair and you never have a Department Chair. Ya, and that's what I'm getting at.

Bernie Ferguson. What should happen there should be something like a search committee and there should be some review. Yes, if there were enough notice it would be seamless and we would not be aware of the vacancy. However we could get a listing of the faculty and we could take a look at that to see if there are any changes.

Nancy Perry. Perhaps we could look at the if they were in a vacant chairs and how long are they vacant?

Thomas Monahan. That's a good point!

Dave Frederick. And you normally have that when you look at a faculty list and when the faculty was appointed to get the picture of that. At this point to go back six years, even though we keep accurate records, can be ugly, we would have a hell of a time consuming task.

Bernie Ferguson. Okay, what we will do is we will modify that to be the last three years.

Thomas Monahan. That's not just the basic sciences that were talking about that's clinical department chairs also.

Bernie Ferguson. Right.

Gordon Green. And so we're going to change it to three years --

Bernie Ferguson. Three years is more reasonable

Gordon Green. Three years. And changing the question to are there any vacant chair positions and if so how long of a vacant.

Comment. A question connected to number 12.A. The number of masters and doctoral students. This is may be, to some extent, a misunderstanding of the comparison of the names of our titles because you mean doctoral students that's one is a graduate M.D. or is this after PG would be better if you were M.D. students.

Bernie Ferguson. What happens here, in the basic sciences we have in many schools we have dental students. And they are in the medical schools courses for the basic sciences so the part of the faculty load. Then one worries about the ratio of teachers of M.D. students and others in MD classes. That's what we're trying to separate. Some people may be going its research and say I don't need the M.D.. So that's what happens here

Comment. Understand

Thomas Monahan. Your concerned with the use of the word doctoral --

Comment. Yes. Doctoral is more than M.D. Some people may be looking for research.

Gordon Green. But my feeling is that here is a Ph.D. so maybe here we can again clarify what you mean by Masters or Doctoral.

Thomas Monahan. Okay standard A4 the governing process. A4 governing system must be established which allows the institution to accomplish its stated goals and objectives in a providing a high-quality program of medical education. You find a lot of variety in governing systems. This is in the New York system the way that's worded understandable? Or soon should some changes be made there? For example down at the bottom or later on the page it talks about a governing body when an institution has more than one campus, etc.,etc.. Does that need be changed?

Comment. I think it is very complex. In the time of the communist there was no economic policy. After liberation is a there was such a bouncing around that one could have too much economics. The Universities established their own schedule etc. And at that moment we found that there is nowhere in the University is there a body to control. So now there is a Minister of health and we are all estates in the University and we think that accreditation of medical schools is a varied. But on the other hand the majority of government is in the field going to handle our economics. And this is long established, the learning ib for the University. And this is a very long tradition that the University this goes back to the middle-age. So I think we have to write an explanation of how it is in Poland. . Because I'm sure however we are controlled by the Minister of health and is an independent Polish accreditation medical school body, followed by the University.

Thomas Monahan. But the role of the department in Poland is much more autonomous per department for example in anatomy or whatever it might be.

Comment - Well they is a faculty division. We use the term faculty as a division. absolutely. Division counts it looks as a monthly division in the summer. The majority is connected with teaching and various factors. Some decision by creation of new

departments and the teaching level of the University are higher than the division. So this is the majority I think is in the hands of the division Council. Dean is the head of the division Council we used the term faculty term faculty because in Polish language the majority term faculty means the division of the University not the not the teacher. We call the faculty of medicine of the University, or faculty of dentistry --

Thomas Monahan. Right, so if you're looking for governing body for the institution it would be faculty Council.

Comment - Right then it also would be --

Thomas Monahan. When I say governing I don't mean government governing. The ultimate institutional --

Nancy Perry. Operations.

Comment. I think is very important. I'm agreed that the professional system and the creation system is independent of that. It comes from within the walls of the University. However each of the medical schools, the University and Poland has not titles. The government is responsible for the units and departments. The government institution is in control of the units and departments so we cannot create some politics however, we are very careful control from the government looking for finances for the money..

Comment – Correct, but the creation –In general there's a Director which is a central manager or Chairman of the University. Then, the Senate is chosen by election. There are the deans of every faculty and the general rules of that are decided in the Senate. But then the next level is faculty Council. We decide on the level of faculty to programs and at the same time they are decided by the Ministry of health.

Gordon Green. If you put the institutional governing system, would that make sense?

Comment. Yes

Gordon Green. Because that would be that would be whatever levels is responsible for the oversight of the medical school.

Thomas Monahan. And it is the institutional governing system.

Gordon Green. So that kind of separates it out the government from the institution.

Comment. So in different countries it may be different.

Thomas Monahan. On page 6, I have a circle around E which is in the middle of the page. It says, quote briefly describe the budgetary authority of the department chairs the sources of funding for department budgets". Now I know what that means in the

American system and I know what that means in the Caribbean system. How does that relate to the system that you have in Poland?

Comment - What we have is different in different medical schools. But in general every year is a council that says how much money they have. But the main source of the finances is the Minister of health. In this money has the provide the money financed the students educated on a regular basis which is free to our citizens. Of course students have some additional matters that they have to pay. Foreigners or something, so this is a second source of financing. There are also something for research but this is not a connected with education. Of course this goes to the University. Once a year there is a meeting of the top factors with the deans and they decide about the annual budget of University or the patients of the research etc. etc. and then it goes to the level of the Dean who is the head of the faculty division. And the Dean together with the vice Dean and the head of the Director's office established their own budget which is in the frame and rules of the general University which is not always the money enough that is needed. But the question is the authority of the faculty. The low-level as the department and the head of the department assist in medical education and use them on an annual basis.

Gordon Green. So it sounds like the question is certainly understandable.

Comment -Yes.

David Brown. Should that entry be G that follows that?

Bernie Ferguson. Yeah and I don't know why it's italicized either I'll check it.

Thomas Monahan. Next we have the Chief academic officer there are some changes there that we talked about her early on, is that different than the European system?

Gordon Green. While here we have the chief academic officer at the head of the medical school that's getting there.

Thomas Monahan Anything on page 7 that starts with administration? Is that your sense brought enough to cover the Polish system?

Comment Yes

Thomas Monahan, Down at the bottom of that page they talk about administration does not need modification.

Bernie Ferguson. Is that clear enough?

Gordon Green. I think perhaps changing the title some what from the one above.

Bernie Ferguson. Maybe we just takeout "administration"?

Thomas Monahan. Make it 5B1 or five B2?

Comment. Yeah. On page 8, "provide copies of their policy decisions showing the data and distribution of such decisions". Of course it is possible but they will be some discussion as to the minutes, to what extent they will be open to the world. I think if you can change it about some decision or final agreement because they say I want this so I want this and some schools will have some problems to disclose it. Maybe it will be to provide a final decision about the education quality of the educational program or establishment or some final. Because usually there is something which we discuss internal which we discuss but we agree and don't agree and finally there are such policies as an education.

Thomas Monahan. How about if you set something up with the governing Board minutes or final decisions? Does that cover it?

Comment - Yes because we do some strategy planning for next year but is what to stress? More biochemistry or education but maybe we don't want to disclose that the office of biochemistry is not good.

We need so much explanation, why? But I'm sure in my country it is not always clear what we are doing. But the conclusion means so much. I have some experience in Germany, England and the United States and we know from the chief of Department.

But when we go for accreditation and we are asked to disclose some minutes, there would be some discussion. So I think the final conclusion, final decision is to be enough.

Bernie Ferguson. I understand that while we are open and transparent when we sent a questionnaire to government administrators I did say that no name would be revealed and that we would maintain confidentiality. And the reason for that in this country is basically there are two parties, Democrats and Republicans and administrators will administer in accordance with the ruling body. So the administrator can give his individual honest opinion and it may not be in accordance with the current administration or the administration is coming into power. So administrators don't wish to put their necks out and they would not want to volunteer their open opinion in the political arena. This would not work. So I understand what you're saying. We are open and transparent but we do have some limits. Even when Charles Miller, the US Department of Education's Chair of the Committee considering the Future of Higher Education said, "very little" can be nontransparent.

Comment - We agree.

David Frederick. Can we put how far back these minutes go? We talked about last year's three years or how many years I? You know some people may think you need to go back five years.

Bernie Ferguson I think three years is reasonable.

Thomas Monahan I think three years is reasonable.

Bernie Ferguson. Now I think you begin to see why we had this meeting.

Thomas Monahan. Accountability, any issues with that one? Faculty?

Bernie Ferguson. The word "faculty". I should add "medical" faculty.

Thomas Monahan. What you're really talking about his individual faculty members. When they talk about faculty that talking about all of faculty.

Nancy Perry. Yeah.

Gordon Green. In Microsoft Word when you use faculty is at the group as well it will try to correct you.

Bernie Ferguson. So make it medical faculty members.

Thomas Monahan. You will also have to make some changes on page 9. How about faculty members?

Gordon Green. Faculty members are.

Bernie Ferguson. Faculty members are. Okay.

Thomas Monahan. Clinical Administration?

Bernie Ferguson. This is a particularly a sensitive area for places with distant campuses. There is within the Association of American medical colleges a distant campuses section. I have been if some of their meetings at the AAMC and to get the standards for distant campuses in the US. I know to compare with distance campuses and United States is this space that they will be looking for in particular. How do schools administration approved 50 hospitals in still other part of your medical schools program. Do they have a description of what they need for the school. How that varies? What type of records? This is a critical point for profit schools with distance campuses. Critical.

Nancy Perry. Even for the group on regional campuses. I attend those meetings and even in the AAMC and see if they are very vague tough in a how they're dealing with this particular issue and clinical oversight supervision. They are very, very vague. Florida Atlantic University challenged the LCME on this. They have three regional campuses in Pensacola, Tallahassee and Orlando and no faculty members. There was no clinical faculty appointed to the medical school and yet the LCME provisionally approved them. I agree we will looked at closely.

Bernie Ferguson. We will be looked at with intense scrutiny.

Thomas Monahan. I think what you have to think about too is, whether we like it or not, we are going to get held to a higher standard.

Nancy Perry. Oh, of course. Absolutely, that's my point, there is no doubt about it.

Thomas Monahan. You've got two methodologies, you've got places like Saba, Ross, St. George's and St. Matthews that you have both a relatively large numbers of clinical sites outside the place where it is located. And then you have places like Poland where you only have a couple. But the question remains the same, what system is in place to take care of that part of the educational structure?

Bernie Ferguson. I have read many site visits reports and there needs to be a specific protocol. Checked the library, talked to students, it can't be: I stopped in for coffee, I love the guy, we had a nice talk. This won't do. A very specific and a very clear protocol. The library is adequate, etc.

Thomas Monahan. A part of that discussion includes a need for a clinical affiliation agreement. That affiliation agreement has to specify certain things about, what the responsibilities of the clinical side are and what's a responsibility to the school.

David Frederick. I think in addition to that, we have had over the years of clinical medical handbook that goes to each clinical side that identifies the goals and objectives of each of the clinical rotations. So that not only are you looking for things like, is their library is there adequate clinical faculty and things like that but you want to look at is there some standardization of what the students are expected to participate in and look at each one of those? I'm sure everyone here has a clinical medical handbook.

Thomas Monahan. When was the last time you saw the clinical chair?

Bernie Ferguson. There are a number of questions that can be asked. Such is how many of your residents matched? How does your hospitals individually compare with pass rates on step two? Hospitals go up and down again. A great hospitals today can overtime have a big change. What suggestions have you made in visiting hospitals to improve the hospital's performance? So here's an ultra sensitive point. What effect have you, clinical Dean had in visiting these clinical sites? To the clinical Deans; what changes have you made? What are your analyses? What does your data show? This is for us the most important point. Basic sciences are really clear. Clinical sciences will be--

Nancy Perry. Very challenging.

Bernie Ferguson. Yes, we must be like Caesar's wife, purer than pure.

Thomas Monahan. Okay I'm on page 10. The medical school faculty must define the objectives of the school. Is that problematic from the European view?

Dave Frederick. Is this the faculty or the Board of Trustees? Realistically, you know -

Bernie Ferguson. The Board of Trustees makes the ultimate decision but the objectives or the mission -- what is supposed to happen is that the faculty and alumni and everybody has some input into what is the mission or the role. But this is ultimately decided by the board.

Thomas Monahan. It goes back to the strategic planning. It is from the bottom up, not the top down.

Bernie Ferguson. Right

Thomas Monahan. And how that process works it is supposed to be from the bottom up.

Bernie Ferguson. Yes so it would be a flaw if the Board were to sit around a table and make that decision without the input. You need to have comment from other than the board.

Thomas Monahan. You gentlemen okay with that section?

Comment Yes, I think the point would be our students are also in a Ph.D. program. Polish law would follow only when they graduate. So to some extent there are no more students. There are assistants or Ph.D. programs they are formally mostly a university graduation diploma program. And then they start an MD program. I don't think we have to change this. We get the sense of it.

Bernie Ferguson. Whenever there's a qualifier or modifier put an asterisk and put it at the bottom and explain. Or you can put it in the back as a supplement to explain the answer. There are 125 medical schools in the United States and 75 are government schools.

Comment. The government in the United States is different than that in Poland. Because for us the government limits the number of students we can get out. That is a government decision so it is not only financial but is some way of control. So the government University in America control is not exactly the same in the United States.

Bernie Ferguson. It is not the same in all the states. There are different committees within the states except.

Thomas Monahan. Curriculum design implementation and valuation -- I have a quick question on that. Is that a new standard or is it up for discussion? The content is fine, it is the numeration but I question.

Bernie Ferguson. For a curriculum design should be B2 or B3 ?. All I'll have review if that numeration. I will do that.

Thomas Monahan. I don't think anyone has a problem with B2 program structure?

Gordon Green. Interrum program calendar years. The top of the page 12. There is a program at Calgary that is a three-year program. I think there's a program that's three years as well.

Bernie Ferguson. What we tried to do was to follow the standards in the states that were used as a reference. California, New York and others this was the top standards. That's why we had this number of weeks and a number of years.

Gordon Green. If you go by weeks that might cover it. I think that Calgary has three solid years.

David Frederick. So we're back to the number of weeks. We definitely don't want to modify to reduce this in any way because then what would happen is you might have somebody who might even be accredited. Then they might have 120 weeks for some reason than their students would be ineligible for licensure in the United States in almost every state. I would not be a good idea so if we would have to keep the 132 weeks.

Thomas Monahan. Lets go back to Calgary for a second. In New York the regulation that requires a minimum number of 32 months of medical education only applies to non-LCME or AOA accredited institutions. We do have people who come through with what they call abbreviated or truncated programs. As long as there are credited in Canada or the U.S. that would be okay. The reason for that 32 months, at least in New York is that, that is generally accepted academic standard as well as the generally accepted licensure standard. So if you dilute that people don't have difficulty getting licensed in a lot of jurisdictions.

Gordon Green. But if we stuck with other than 132 weeks or months you have a different standard because here you get the first two summers off. You could have a program that was three consecutive years and still cover the same number of weeks.

Thomas Monahan. I think that the 132 weeks or the 32 months it solves the issue.

Gordon Green. I think what you're really talking about is the length of actual training.

Bernie Ferguson. You could have a trimester and you go all year around you could still cover on in 132 weeks of instruction.

Thomas Monahan. 32 months is got to be out in 132 weeks

Gordon Green. I wonder if we be sure and be consistent between pages 3 and 12

Nancy Perry. Yes I think so.

Bernie Ferguson. We could refer to both of the time frames or a single timeframe. I think it would be the same. We could go to the number of days to be sure.

Gordon Green. 132 weeks is a lot more specific. Months of training could raise more questions.

David Frederick. I was going to mention that one of the things that the site team is to be aware of is just what you're talking about. Pennsylvania for example counts the number of physical hours that a person sits in classes. And they do not count the vacation days. so if you have a school for example that has a four semester basic science program and 72 weeks of clinicals they are ineligible for licensure because they have insufficient time in medical school. So you're right if you have a school it said we have students here for 32 months and their gone for half of a month the one by weeks is probably the best thing to do. Pennsylvania says if go to a clinical on a Tuesday even if it goes to a Sunday it doesn't count because it has to be a week long. You have to start on a Monday and its Labor Day.

Thomas Monahan. You're in trouble.

Gordon Green Tom you might want or expand that because 132 weeks is 30 months.

Thomas Monahan. So are talking about 138 weeks. I wonder how California came up with 132 weeks.

Bernie Ferguson. I don't know.

Gordon Green. 139 weeks will cover your 32 months.

Bernie Ferguson. I don't know what difficulty that would make with our present standard.

Gordon Green. In order to fit in a New York its 32 months.

Thomas Monahan. Will have to draw a table.

Nancy Perry. Its 50 weeks a year.

Bernie Ferguson. So it's 139 weeks.

Thomas Monahan. Anything in that paragraph about, "clinical instruction must cover all major systems and include important aspects of preventive acute chronic, continuing, rehabilitative and end-of-life care." Okay, Pages 13 through the top of 15 are basically charts and data. I know in all of the Caribbean schools it's okay. But do they fit the European schools?

Comment - Of course the subjects, yes. There may be different names but they will be covered by exams the same course. For example, alcoholism will be covered on the

psychiatry. We would have more hours in psychiatry. For example, you may have a difference between psychology and psychiatric. We will make an explanation.

Gordon Green. By footnoting that - It's a question of course description.

David Frederick. If you run into a problem -- and I don't know this because it's not my area. Its more in your area, Nancy but on 14 because it talks about clinical instruction. And then it talks about actual clock hours of lecture. Boy, when you go a thirty hospitals in 27 states how you come up with the number of clock hours and lecture, wow, take dermatology.

Nancy Perry. What we did was because we had a response to our database was to take an average of where the subject is offered and make a footnote that this is the average number of lecture hours. Its more clear-cut in the core areas but in the electives you are right.

Comment I think this is very complex with us. It depends on the site of the education. Of course in the basic education it's the best site. There are also terminals which is a type of discussion and lectures which are twice a week lectures. Lectures are in limited numbers. We count seminars. We have patient bedside training in limited numbers.

Thomas Monahan. Yeah we have that. Everyone here has that.

Gordon Green. The thing about that is ward rounds. And often times people have a formal presentation about a diabetic patient. And there will be a formal lecture on diabetes. You call that a lecture? Or do you call that a seminar?

Comment – Not classical lecture. It is a practical lecture, like in the sense that it is still a lecture.

Gordon Green. But it's a formal prepared lecture?

Nancy Perry. I would interpret or the way I would look at it would be as in ACGME. Their residency training program. You must have x-number of mortality and morbidity conference and that's how I clocked it with the students. O course this much more didactic training.

David Frederick. On location of instruction, let’s take psychiatry as a good example. We have five psychiatric hospitals. We do an average to get the number of clock hour instruction of lecture. What we have to do a when we put down as location of hospital?

Nancy Perry. What we do is grid all clinical rotation sites, what is being done there, what I say is see the attachment of all hospitals for core and elective rotations. You know about core hospitals and electives because it's in the table.

Gordon Green. Would it be helpful to break that down into a more formal and informal? So informal would be more ward rounds and formal would be grand Rounds.

Thomas Monahan. A big order, it's going to be a lot of work for somebody

Gordon Green. It is.

Thomas Monahan. I think your better off with Nancy's approach. Just do an average. The other pain in the neck is separating out all hospitals where you do rotations and separating out core rotations and elective rotations. Most people are talking about a significant number of institutions.

Nancy Perry. I have one person in the office that just deals with hospitals. She just did a real neat grid that we give to students with all the contact information will rotations that are that are available in institutions. It's really a secretarial task for someone to do it.

Thomas Monahan. Beside that, it's a good thing to have anyway. Because the students are constantly calling asking for information.

Comment. A question about the clinical training program. What does it mean, "preceptorship"? On page 14.

David Frederick. Preceptorship, what does it mean?

Nancy Perry. I took that to be the old sub internship that if it's available in the teaching hospitals. The senior student functions more as a first-year resident. It's an older term that's how I interpreted it. Bernie, I'm assuming this came from the DMB, I think this is an old LCME the term.

Bernie Ferguson. It is, as a matter of fact most, or many boards will not allow preceptorship's for profit or Caribbean schools.

David Frederick. Should we eliminate this?

Bernie Ferguson. Those places that require written affiliation agreements to say that it must be with a major teaching hospital to assure the quality of the students training program because there is graduate training program within the hospital. The difficulty with preceptorship's is the physician who is the preceptor teaching the student. This arrangement raises questions. In what field is a physician preceptor teaching the student? Is that preceptor board certified in that particular subject? And then the practice that the preceptor is engaged in, what type of practice does the physician have? Can they bring the student into the hospital where the physician has admission privileges ss an attending physician? What exposure will the student have? And how specialized is the doctor? And what does this preceptorship really mean? It gets pretty technical. And here, consider this, I think the American University of Samoa has a program in which you learn the computer or six or eight weeks on Samoa and then you go home and learn the

rest of medicine by computer. You're supposed to have an overseer who is a physician who will review what you're doing. We'll suppose you have someone is in some remote subspecialty, is he qualified to take care of the basic sciences and all of the core rotations? The answer is you can't do that. So the idea of deleting that term is a good one and I'll do that.

Thomas Monahan. What about ambulatory medicine? Is it clear to everybody?

Comment. And what about the subject which are not included but which are mandatory in some countries? For example, in Poland every MD has to have forensic medicine. We have separated away so there is a clinical difference. So maybe there will be some overlap to in another subject. The basic sciences that is not in clinical.

Gordon Green. Are we just go back to ambulatory medicine? Because one of the main pushes us to make sure of the ambulatory versus the hospital based medicine. And each one of the basis -- I'm a little confused about having a specific mention. Because ambulatory should be a part of internal medicine and pediatrics.

Thomas Monahan. That's a goal to question it is not a separate and distinct rotation.

Gordon Green. If you if you take this in a separate ambulatory rotation and they have it, it would be a part of internal medicine or a department.

Nancy Perry. I had to address this grid but then there was a section in the database where I had to complete where I gave evidence that the student received training in ambulatory chronic care where I gave a narrative. I think this is an older version that were looking at.

Gordon Green. But I think in some of these documents they want to specify or at least indicate that there is a ambulatory training.

Comment. Then there is a question that's also connected with clinical clerkship. I understand what clinical clerkship means. The majority of clinical clerkships is just a part of the subject. So internal medicine has its own clerkship. We have another opening in the summer when the student can spend one month of clinical clerkship during the summer. And it was not pediatrics but it was a part of the clerkship. But it was much like training in a clinical subject. What does this mean in America, clinical clerkship?

Nancy Perry. Is it you rotate such as in clinical medicine.

Comment. Okay

Gordon Green. What do you think we need to be more specific then?

Comment. No I think we have to make in asterisk and a footnote at and describe. Because I'm sure that it is impossible tonight a universal table for all topics.

Gordon Green. But if we were to describe a clinical clerkship and in brackets time spent in the above rotations.

Thomas Monahan. Or in relation to the core rotations or something like that --

Comment. Good idea.

Thomas Monahan. We are on page 15, those items G through I, does G or E need to be changed? How does the school retain control?

Gordon Green. Or how does the faculty retain control?

Thomas Monahan. Or how does the members of the faculty of your medical school and the medical school retain control? There are two parts to this. And then on the bottom faculty members must be sufficient in number.

David Frederick. I'm going to be really curious to see the ratio of faculty should be sufficient to assure effective instruction. Boy that is an open-ended question.

Nancy Perry. That's when you hold individual meetings with the faculty -- it is where you ask the faculty are they comfortable with the staffing for the academic program. There is no magic number I've look for the magic number and in most US schools when they have eight hundred clinical faculty when you total up a ratio is --

Bernie Ferguson. I did a study once using the educational issue of JAMA in September. And when you look at the faculty numbers and watch the clinical faculty numbers rise each year over the course of years. It's now become an honor a position, "I'd like to be on the faculty". It's come to that type of thing now.

Nancy Perry. Right! I

Gordon Green. Case has 5000 clinical faculty so the faculty ratio is --

David Frederick. On the other hand, I'm thinking of some schools that I am familiar with there was one guy who was -- I think he was 82 years old, no offense to anyone in here who is over 76. But he taught everything from bear wolf to Virginia Wolf, he taught everything in a now know I'm just wondering. Its not for us to discuss here anyway. I know there is some places that have hundreds and hundreds of students and I'm wondering what is an acceptable number?

Thomas Monahan. One of the questions it Bob Ross posed to me is, just tell me the number.

David Brown. In B3 where they say use of faculties it's used as a group and I think they mean individual faculty member. We need a modification.

Gordon Green. I completely agree the person is the last sentence is similar to the first. It should be the medical school faculty not the faculty. So your right its now referring to a body as opposed to individual members.

Bernie Ferguson. I was never sensitive to that distinction. I'll take care of it.

Thomas Monahan. Any issues on page 16? Okay. On page 17 second sentence that says residents and fellows. How does that language fit with the Europeans?

Comment. We used the name or the title university teacher. So this is common in the faculty in America so unless you are not a university teacher or a university division he is not a faculty teacher. The division Council specifies it to be a teacher and if you are not full-time paid you have not the right to teach. So I think it is very clear. It's even illegal to teach if you have no appointment.

Thomas Monahan. I'm looking at page 18, "complete the table below regarding faculty departments and chairs" do you think it should be modified?

Comment. There are differences between the countries and I think it would be difficult. The title is not according to United States in our country. We have two titles. This came from Austria, in the 19th century, the Ph.D. in the second Ph.D. so computation

Both exist in Europe the title doctor. It is not so in Germany it is associate professor.

Gordon Green. I was just wondering if we could remove the word faculty and substitute medical school or nothing at all.

Thomas Monahan. I think you could either take it out completely or add basic science or clinical science departments or chairs. That'll do it. A quick editorial on the top of 19 number one briefly describe how delete the next two words and how. And a number to how the academic environment should be provides close interaction.

Comment. Can I ask one question? What is the evaluation for the department chief and chairs? What are the criteria for that

Nancy Perry. The department chair evaluation. The Department Chairs report to the Dean of the school. The Dean is responsible for evaluation of the chairs. The way we do it is the Dean actually gives the chair measurable goals. Some are very tangible and some are not. i.e. Some outcome measurements, how the student is doing on the national board exam, teaching styles the student peer review. And so the evaluation is based on what the faculty member has accomplished.

Comment. The evaluation is based on the input factor of the research?

Gordon Green. Can we add, where it says describe at the beginning of the second point

Thomas Monahan. Where are you Gordon.

Gordon Green. It says how the academic – just to complete the sentence grammatically. Describe how the academic climate…

Nancy Perry. We don't do much research. We pride ourselves on our teaching.

Thomas Monahan. The rest has to do with student services, admission or selection.

Comment. I see some problems in the answers to the questions on page 22, Number 15. This year was the first year for changes in admission. Like in other European countries we have to pay more attention to the averages in the high school examinations. This is the entrance examination for admissions for the University. But this is the independent state control and a general level by the State committee and the certification of high school graduation and points a for chemistry, biology, physics, and on the basic level and on the extended level. Review of these points is a significant part of the admission examination. There are some additional things given by the University. And I think the majority of European countries --

Gordon Green. It's like after you do A levels you go into medicine in Britain.

Comment. But this is important to other you in Europe countries. You're absolutely right but I think in each of these points - because we have just biology, chemistry, physics and a foreign language.

Thomas Monahan. But that's covered on number 11, isn't it?

David Brown. But it only states years in college. It doesn't mention high school

Gordon Green. But the pre-medicals GPA stated their would be applicable to A levels what they're talking about is what is equivalent.

David Brown. Perhaps it should be a parallel here what's called a six year program?

Bernie Ferguson. Yes, perhaps we should have another table for six-year programs.

Nancy Perri. For the first two years, yeah. It could be something of a where the school would make a choice between the four year table or six-year table.

Bernie Ferguson. So could I leave it to the Polish schools to provide a table for a six-year program? Then applicants can complete one or the other.

Comment. Okay

Thomas Monahan. Anything on pages 23 or 24?

David Frederick. I'm just wondering what our thoughts are about breaking each year down in terms of the MCAT. The things for each student for each particular year. We can come up with that from our computer charges wondering --

Nancy Perry. It's a lot of work. You really got to do a lot of work. I to provided it I had no choice. We have an institutional databank so we did it.

David Frederick. I wonder the rationale.

Nancy Perry. I think what they want to see was on the entering class on the upswing? Is there an improvement in quality of the incoming class? Any accreditor wants to know are you're attracting better students because you're a better institution year by year.

Thomas Monahan. Yeah there are two parts to it. As Nancy just described, one is, as the size of the entering class grows is there a dilution in terms of the standards?

Gordon Green. Is it necessary to break down the MCATS? Or just take an average MCAT score?

Nancy Perry. I don't make it means much to a regulator. It means a lot to an academic assessment program, but I don't think it means a lot to an accrediting agency, I may be wrong.

Thomas Monahan. This really came out of discussions related to the size of the student body. I'm not wedded to this the way it is stated.

Gordon Green. It seems to me that if you have more than 20 of 30 students and you are missing a shift in the MCAT's you would be able to tease out the specific shift.

Thomas Monahan. Gordon are you suggesting something?

Gordon Green. I'm not suggesting anything. Okeey

Thomas Monahan. We're almost done Gordon.

David Brown. On the table on page 22 and 23. First your matriculating – I understand that but on the next paragraph, what is "second year matriculating".

Nancy Perry. I think that should read, "second-year class".

Comment. Another question on point 20 on page 24, "student expenses for a typical school year". Because in some countries like in Poland there are national students. They don't pay. And there are international students, and they do pay, two categories. We have to discuss. OK.

Thomas Monahan. An anything on page 25?

David Brown. Tom, what was your comment about 32? It should be i.e. lowercase.on page 25.

Thomas Monahan. You're right.

Gordon Green. 36 should we change at the three years?

Bernie Ferguson. That makes sense.

Thomas Monahan. Okay, I'm on page 27any concerns about that?

Gordon Green. I think that resident positions in an accredited postgraduate program did work for the Europeans as well.

Comment. An explanation they do not take part in 20. Except those employed as a junior assistant. But they must be a teacher and employed as a teacher at the University.

Gordon Green. So if you have a student who completes a medical degree and goes on to specialize in pediatrics, what would you call that person when they are in pediatrics?

Comment. Yes, a resident well there are two tracks. Professional track as you do in a residence, and you have no right to teach. You a postgraduate student in pediatrics and you will be board qualified in pediatrics. And some of them in if they are employed as a teacher they teach but not because they are residents, but because they are employed by the University as a junior assistant or regular assistant. Which means they have the position as a university teacher. You can make the residency in a teaching hospital that is not associated with any teaching. But if you're working at the University and in the same time you are being employed and paid as a teacher if the hospital has the right to train in pediatrics. So it's not equal, resident and a position to teach.

Gordon Green. When you're a medical student and your on the ward say, you would be shoulder with a pediatric resident?

Comment. Yes or no, but all the responsibilities for education of medical students are in the hands of you so-called University teachers. Whether they are residents or not. But they basically are employed by the University.

David Brown. This sentence is okay.

Thomas Monahan. But I've got a question about that sentence. I want to make sure were all on the same page. By that do we mean that when you going to be doing for core clerkships that there will be an accredited training program in that particular field ? You don't want to talk about it?

David Frederick. I don't think we want to go there.

Thomas Monahan. Well I have to talk about that sentence because what does that sentence really mean? There are hospitals out there that have approved family practice programs where some institutions are doing cores.

Gordon Green. It goes even further because there are institutions there that have establish residency programs as an alternate site and not a main campus site that don't have residents there 24-7 every month. So you might have residents or you might not.

Thomas Monahan. OK takes us into the field, what are we talking about?

Bernie Ferguson. Remember we will have clinical site visitors from various schools and all schools are not the same.

David Frederick. I think if we had that as a criteria to your which of course is what one or two states in the United States that have that. I don't know that any school and a foreign school would be able to make that criteria, totally. We have a few of them that are like that. Because, I don't think every clinical site is going to have a residency.

Thomas Monahan. I don't know of any.

Nancy Perri. Right.

David Brown. The reason for doing this is not so that residents are there but rather that the program as a whole is certified. So that it could be the attending that are doing the teaching and the residents may not, and that's okay

Thomas Monahan. It all depends, depends on what you mean by that. Do you mean that they have to be accredited internal medicine rotation that has an accredited internal medicine program? This is they may not have the residents physically there but they have to have a program.

Nancy Perri. A program that has to be accredited.

Bernie Ferguson. States vary on this.

Thomas Monahan. I mean this may be vague enough to cover all bases but at some point you're going to have to deal with it.

Nancy Perri. That's a good point. There is some comfort in knowing that there are residents at the institution but that the institution has another level of accreditation by the ACGME or the AOA.

Comment. I like much this more that the US system isn't severe. So I think there is a relation between the residents and the medical students, there is a team. Which includes house officers, students and residents, and this is very good. We underline the point of

the system. The intention is much more to look for the cooperation between this group. The relation providing cooperation. This is much better. I do not hear that the resident is responsible for the medical education of the medical student.

Gordon Green. What you are speaking of Tom is to say clerkships are in teaching hospitals where there is training which is accredited in that area.

Thomas Monahan. That's the nub of the issue, I'm not sure you want to say it.

Gordon Green. So you want to leave it a bit more open.

David Brown. I think you better.

Thomas Monahan. I don't know of any school that I have visited or had a connection to that meets the standard of an ACGME accredited residency training in all of those fields in which they did a rotation.

Gordon Green. So essentially what were asking is the core clerkships occurred in hospitals where there is accredited residency training programs.

Bernie Ferguson. There are states that require it to be

Thomas Monahan. Well I know there are.

Nancy Perri. Yeah.

Gordon Green. There are but what we're saying if we make it that finite we're going to completely take away from a number of schools -

Nancy Perri. I don't know whether we want to go there because the state of California, and that is the gold standard, a residency training program in family medicine and you put a student into that institution anything you do is considered teaching for the purpose of licensure.

David Frederick. So maybe the wording that we want is that it have a residency program or is considered a teaching hospital or teaching institution. And teaching institution covers those that have family practice. There are some hospitals for examples that, I'm thinking of one in Massachusetts, it is a U. Mass. affiliated teaching hospital and they have a family practice residency that has a resident come and spends like three months a year, something like that. They are teaching hospitals that are affiliated with U. Mass. but they don't have a direct resident program there, but it still is an acceptable training hospital. So I'm wondering if we use the term a residency program or a teaching hospital if that might give us some flexibility.

Bernie Ferguson. There is a problem of an affiliate of an affiliate. This is to say they are not listed in the Green book. But they can show that they have residents rotating through

their on one segment of whatever program they are in. And in some states they will give you a pass while others will not.

Nancy Perri. You right.

Bernie Ferguson. So there is no uniformity in the states and it gets her difficult here because also varying in the states is the education itself. In some states you see one, do one and teach one. There are other states as they wait a minute you are a medical student you do not do medical acts. It would be the unlawful practice of medicine. That varies between hospitals. And there are differences enormously with directors and is a place where we'd best not go because is not defined anywhere. So keep it general and leave it to the medical educators to determine validity from the overall view. Because we are not doing this for one particular state or even the United States.

Gordon Green. Can I put language for it? The required cores should be conducted in a hospital where accredited postgraduate training or affiliation with an accredited postgraduate training for residents exist. That's pretty broad when we put in an affiliation and then it's up to the institution themselves to assure that students, if they want to reach all 50 states.

Thomas Monahan. It just has to be broad enough to cover it.

Bernie Ferguson. So we just delete the words resident positions in.

Gordon Green. Put it at the end - for any programs or affiliations are in brackets. That would certain really fit in your requirements. Or would it because in Poland you would be doing clinical training and programs that don't have residency training programs is that not right.

Comment. Yes

David Frederick. Just using the word "teaching" hospital and incorporate more things that are in there. Because a place could be a teaching hospital if it has an affiliation and may not have a residency program.

Gordon Green. But it does kind of screw things up.

Thomas Monahan. Because as a lack of definition of what is a teaching hospital.

Gordon Green. Could we consider it on a case-by-case basis by allowing the hospital to describe the relationship? In Poland they would say the program established by these criteria. In the US they would say teaching hospitals accredited by an ACGME accredited residency training program. Anything less than that --

David Frederick. On the other hand what we're doing as an international accrediting body is not -- were obviously looking at the US more critically than anyplace else.

However, licensing boards in the United States consider any hospital that's outside the United States as a teaching hospital. And if are looking at international schools if a medical school says we have students in this particular hospital it becomes a teaching hospital by definition. The fact it is there. So we are really looking at two things, how it works in the US in terms of language and how to be recognized internationally.

Bernie Ferguson. Some states have gotten to the point of saying that it also depends on where the hospital is. It isn't that you could send students to some remote clinic in Guyana and that is a teaching hospital because we say its teaching hospital. And Guyana says it's a teaching hospital. But they don't have the pharmacology and they don't have the resources or staff and its not teaching in terms of the first class medical education. Remember state courts have individual members and most of them are doctors and they'll say I knew somebody you who knows of that hospital and we have to crack down on the school because this is not a teaching hospital and who are we kidding? This is ultra sensitive I have heard from people who have said we will not accept hospital training it was done in a Caribbean hospital.

Thomas Monahan. How about if you do this, required core clerkships shall be conducted in teaching hospitals -- and then go on with the rest of Gordon's language. And then if you have a situation such as they have in Poland they could simply provide an addendum explaining that their concept of a teaching hospital is not the same as an ACGME program.

Bernie Ferguson. That would work. You put an asterisk or footnote explaining what a teaching hospital is.

Comment. Would it be possible to remove the word resident? A conducted in hospitals that are teaching medical students? Positions or residents that are employed for teaching by the hospital?

Thomas Monahan. Well you could do that or maybe you could do that by attaching an addendum.

David Frederick. Your addendum would cover that by explaining how you're teaching.

Bernie Ferguson. It could be a hospitalist. In many places the people doing the teaching are faculty and they are working in the hospital full time and teaching as well. So an addendum- an asterisk explaining how it works in Poland would be satisfactory.

Thomas Monahan. I'm up to page 28 now.

Bernie Ferguson. I should have a general statement in front explaining when there is a different system to place an asterisk and explaining how the system being reviewed is comparable to the standard. I'll do that.

Thomas Monahan. I just had two comments on page 28. One I think there should be something about the people at dispersed clinical sites having faculty appointments of some sort. And I don't know if you also want to put something there about what the role of clinical department chairs is or should be in the oversight of students.

Nancy Perri. They need should be on the medical school to establish and maintain control.

Thomas Monahan. Would role do the clinical shares serve?

Nancy Perri. Ya.

Thomas Monahan. That's exactly what we're looking for.

Nancy Perri. On 29 I probably would take out four on graduate medical education training.

Thomas Monahan. Over on page 30 number nine explain how the buildings are fully adequate for the purpose. Explain how the buildings are adequate for the purpose they are intended to serve. Put the word all our before adequate.

Thomas Monahan. Page 32 number 12, how far back do you want to go with this?

Bernie Ferguson. Three years.

Thomas Monahan. On number 15 take out the reference to Ross.

Bernie Ferguson. I guess you know where I got this from.

David Brown. On number 20 should we have something about internet terminals? Or on page 33 internet terminals under library facilities.

Bernie Ferguson. We do have two blanks to put that in.

Comment. How do you go so deeply into the library? My question is because our library changes and in America this is the same. In Poland we save space. In spite of regular volumes you have electronic access with recorders there. I'm afraid that this impression is not exactly the situation because of library loans. There are interlibrary loans, so you see I have the feeling this is slightly different from the traditional library. The library is not the library that we know.

Bernie Ferguson. This is a development of library science. The computer is becoming more important than the library.

Comment. So maybe the number of computer sites in the library or the number of electronic journal subscriptions, or the access to the data base, this would be more the situation of libraries.

Thomas Monahan. Because some of the library holdings and then under library facilities you could something about internet terminals.

Thomas Monahan. On page 34 the financial section, the way its worded there is fine for the US system. But is that OK with you folks?

Comment Yes, the finances are handled once a year submitted and once a year accepted by council to the University and such protocol is sent to the Minister. This is open so we can translate it. In some countries sending financial information there is some problems. Sending financial information from some governments may be difficult. In Poland the government is very strict about the finances.

Thomas Monahan. You would be able to provide copies of audited financial statements?

Comment. Depends what is required. General is okay.

Bernie Ferguson. What I suggest is this will vary from country to country. As a matter of fact in the United States – I previously mentioned there were 75 government schools- they get their money from the legislatures. There are two parts of the legislature. They come with a single set of statistics. This is done by committee. In many states it is impossible to get those figures. The states will not release this information. One hears who are you? why do you want this information? So I think what we would do here is to say this is the Ministry of Health and say the Ministry will provide a general statement as attached.

Comment. I think also there is some reputation to take that. The prices are totally different. The right amount in dollars is different. If we take the salary of a full time Professor in Poland is lower than a salary in America. However, that is the salary in Poland. However, the most important point is the training. You need to know the situation of the economics there. The Director is providing the Chief of the University a good economy? At the moment we have a very good situation in my University. However, the power is very restrictive when it comes to looking for the program at everything. So the income and outcome is looking very good. So internationally the question is can the University cover the responsibility for a good quality education. The question could go like this, is there sufficient funds for the education? The economics changes. Every year we have the audit which checks exactly. First, the money and then everything. The point here is that the University can be responsible for good quality in looking for the financial situation. If the question is, are there sufficient funds for the good quality education?

Bernie Ferguson. Audited statement and certification would be ideal.

Comment. If I can say one comment. We can see the complex of medical education and second it is good to see the personality of the people who come to visit.

Bernie Ferguson. Earlier I had suggested when you return to Poland to get some educators from other Polish medical schools and they can serve as a bridge. And now we have gone through this such as the last topic in which we say, wait its different in Poland because the salaries are different. That bridge in understanding by Polish site visitors who are also medical educators should be able to explain. Wait a minute in Poland it is different and this is the way it works here. So I again urge you when you return lets get some CV's of people that are qualified and lets get them on the review team for your school.

Comment. They have to be full time employees of other medical schools?

Bernie Ferguson. They don't have to be but they should be.

Comment. A question, on page 21, what does a PGY 1 mean?

Thomas Monahan. First year graduate training.

Bernie Ferguson. Is there anything anyone wants to add, subtract, delete, modify amend or supplement? Hearing none the meeting is closed.

I, Bernard Ferguson certify I have listened to the tape recording of the meeting and compared the transcription and believe it is a true and substantially accurate representation of what had been said.

Signed on this 6th day of September, 2006

S/S

March 17, 2007 – Board meeting canceled because of snowstorm